Credence Care Ltd

Burrough Farm

Inspection report

Churchill Way
Northam
Bideford
Devon
EX39 1SU
Tel: 01237 472579

Date of inspection visit: 14 and 17 August 2015
Date of publication: 12/10/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

An unannounced inspection was completed at this service on 14 and 17 August 2015. Credence Care limited is registered to provider accommodation and support for up to 10 people at Burrough Farm and also provides personal care to people in their own home in the Bideford area. The service provides this support to people with learning disabilities.

A registered manager was in post who is also part of the limited company who runs the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2014 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves

Summary of findings

or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. The registered manager told us these were waiting to be approved.

People said they felt safe and well cared for. Staff knew people's needs and preferences and had the right training and support to enable them to deliver care safely and effectively. Care and support was being well planned and any risks were identified and actions put in place to minimise these.

People were offered a variety of activities and outings and their human rights was respected promoted. People had opportunities to access the local community.

Healthcare professionals said people's healthcare needs were being well met and the staff team were proactive in seeking advice in a timely way to ensure this.

There were enough staff available both at the home and to provide personal care for people in their own home.

People spoke highly about the staff group who supported them and we observed care and support being delivered in a kind and compassionate way. Relatives who we spoke with confirmed their views were considered and they were kept informed of any changes in people's needs and wishes.

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity.

The provider ensured the home was safe and that audits were used to review the quality of care and support being provided, taking into consideration the views of people using the service and the staff working there.

The ethos and culture of the service as to promote independence for as long as possible and ensure people were given choices in all aspects of their daily lives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Recruitment practices were robust to demonstrate that staff were suitable to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Good

Is the service effective?
The service was effective.

People were supported by staff who were trained and supported to meet their emotional and health care needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People were supported to access healthcare services to meet their needs.

People were supported to eat and drink in an unrushed and supported way

Good

Is the service caring?
The service was caring.

People were treated with dignity, kindness and respect.

People were involved in planning their care and support and their wishes respected.

Good

Is the service responsive?
The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People's or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good

Is the service well-led?
The service was well-led.

The home was well-run by the registered manager and provider who supported their staff team and knew the people living at the home well and promoted an open and inclusive culture.

Good

Summary of findings

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was an on-going process.

Burrough Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 17 August and was unannounced. On the first day of the inspection the inspector was joined by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert has direct experience of someone in their family using this type of service.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met with 14 people using the service, some within the care home and some who receive personal care within their own home, to gain their views about the care and support they received. We also met with five care staff, the registered manager and the providers. We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we spoke with three relatives and two health care professionals.

Good

Is the service safe?

Our findings

People told us they felt safe at this service. One person said "I feel safe, yes." "I feel safe here." Relatives confirmed people were given opportunities to remain independent but in an environment where "Staff monitored and supported to ensure people were safe."

Staff understood how to identify possible concerns and abuse and knew who they should report this too. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been no safeguarding concerns raised in the last 12 months.

Staff recruitment files showed that robust checks were completed in line with regulations to ensure new staff were suitable to work with vulnerable adults. New staff were required to complete an application form and any gaps in employment were checked. Their last employer was asked for a reference and the registered manager said where this information had not been forthcoming she would follow up with a phone call.

Staff understood how to work in a way which ensured people's human rights were protected. For example when one person was not always respecting other people's space and belongings, the registered manager acted swiftly to ensure the person understood this was not acceptable. They also spent time talking with people about how they felt about this situation and gave reassures that they had a right to feel safe and could talk to staff about any concerns. People confirmed they were able to talk with their keyworker, other staff or the registered manager if anything was worrying them.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, people at risk of falls had been assessed by healthcare professionals and walking aids had been supplied. We saw staff monitor the use of this equipment and gently remind one person to use their frame to enable them to mobilise safely. One person was at risk of choking when eating. Whilst out for lunch a member of staff sat beside this person. Their food was cut up small and they were regularly but gently reminded to eat small mouthfuls. On the way back in the bus, staff continually observed this person. Staff said this was because this person sometimes holds food in their mouth.

Where people were at risk of deteriorating mental health, the registered manager was in close liaison with the consultant psychiatrist and other healthcare professionals to ensure the risks were reduced and people were supported with medication if needed, but also with emotional support.

There were enough staff on duty each shift within the home and to offer people personal care within their own home. Staff confirmed there were normally three care staff per shift at Burrough Farm and at least one member of staff rostered to provider personal care to people in the community as needed. On Mondays and Fridays there was an additional member of staff rostered on as on these days there were additional opportunities to go out and about into the community.

Medicines were well managed and people received their medicines at the time it was prescribed. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medication totals in the home and where appropriate staff had double signed entries to help prevent possible errors. There were care plans for medicines which were not prescribed for daily administration, which included what staff should consider before considering administering a medicine, which might include directing staff to offer other options such as a hot drink, a chat, some quiet time in their room. A signature list for staff administering medicines was in place to help with auditing staff practice. Audits were completed monthly and any actions needed were highlighted to staff to action. The local pharmacist completed annual audits and at their last visit a recommendation was made in respect of homely remedies, which the registered manager had actioned.

Each person had a personal evacuation plan in the event of a fire and fire risks had been fully considered, together with regular checks on fire equipment, training and evacuation procedures. Maintenance records were up to date, and safety checks were completed by the provider on a weekly and monthly basis to ensure the environment was safe and well maintained.

Good

Is the service effective?

Our findings

New staff were required to complete an induction programme which was being reviewed to ensure that the new nationally recognised care certificate was completed. This ensures new staff have a comprehensive induction covering all aspects of care. One newer member of staff confirmed they had been given the information to follow to complete the care certificate within a 12 week period. Before starting as part of the staff team, newer members of staff were given two or three shifts to work alongside more experienced staff so that they had an opportunity to get to know people's needs and the operational ways of working in the service.

People were supported to have their needs met by staff who understood these and were given training and support to provide care and support effectively. Training included all aspects of health and safety as well as some more specialised areas such as working with people with autism, epilepsy and specific healthcare conditions. Staff confirmed his training was ongoing and they had found it useful. One staff member said ''I am really enjoying all the training, it has helped me to better understand the role and the needs of people who live here.'' Staff also confirmed they had regular one to one supervision with the registered manager. This was an opportunity for them to discuss how their role was going and identify any training needs they may have. One staff member said ''The manager is really good, you can talk to her about anything and she always finds time to check you are okay.'' Records of supervisions confirmed this support was being offered and staff signed to say they agreed with what had been discussed.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The registered manager advised there were current deprivation of liberty safeguards applications (DoLS) were in the process of being looked at. Care staff confirmed they had completed training in this area of care, which records confirmed, but not all were clear about how this act worked in practice. Staff did understand the principles of ensuring people were given choices and where possible consent gained. We saw examples of where people had lacked capacity to make a decision about a serious healthcare issue. The service had involved an independent advocate to ensure the right decision was made in respect of their healthcare. This was recorded as a best interest decision and showed the service was upholding people's rights and acting within The MCA.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed and people were involved in meal preparation where possible and also in menu choices. Staff said rotational meal plan. There was a different meal plan for summer and winter. Staff told us people decided what meals go on the plan during discussions at 'residents meetings'. If people do not like the meals they could have something different. The main meal was eaten in the evening with snack type foods for lunch (soup, sandwich). People were also offered supper in the later evening. Where people needed a specific diet or consistency due to risk of choking, this was well documented and staff were aware of these needs. People said they enjoyed their meals. On the first day of the inspection there was a meal out for lunch which people had enjoyed and they were then having a birthday tea and one person had been busy helping staff prepare cakes for this event. People were excited about this and said they really enjoyed birthdays and eating cakes.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. Two healthcare professionals were contacted following the inspection and confirmed that they were contacted appropriately for advice and support when needed by the care team at this service. One person was able to confirm they had their healthcare needs met and we observed another being closely monitored and discussions with staff confirmed they took a proactive approach in liaising with healthcare professionals to ensure health needs were being followed up.

Good

Is the service caring?

Our findings

People and their relatives were confident that all the staff team who worked with them were caring in their approach and upheld people's respect and dignity. We observed many examples of acts of kindness being shown by staff in the way they worked with people. We also observed a friendly atmosphere with much banter between people and staff. One relative said ''The staff are so kind and caring not just to my relative but to me too. Nothing is too much trouble. They really are lovely.''

Staff understood the importance of offering people choice and respecting people's wishes. Support was offered in a gentle way and when people did not follow staff advice, such as choice of footwear when going out, their choice was respected. Staff ensured that in their everyday practice, they provided people with dignity and respect; ensuring people had support to dress but also allowing people to show their individual styles and maximising independence in activities of daily living. Care plans centred on what people could do for themselves instead of what they couldn't do. Staff offered support when needed but allowed people time to try tasks for themselves, such as putting on coats and getting ready to go out. Staff did not rush people and waited patiently for them to get ready with good humour.

Staff were respectful when they spoke about how they supported people living at the home. They knew people's preferences and showed affection towards people. For example when discussing one person who had been through a period of mental ill-health, staff described them in a positive way and showed empathy for their agitation and said they talked at length to each other about the best ways to support this person.

Where people were being supported in their own home, staff supported people to maximise their independence and offer support only when needed. One person said they could manage their own personal care but needed help sometimes and staff came when the needed it.

Good

Is the service responsive?

Our findings

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by care staff. This meant staff knew how to respond to individual circumstances or situations. Comprehensive assessment were in place which were person centred and were reviewed as needs changed. Daily routines were based on a person's preference and choice. For example, choosing to stay in their room for breakfast or staying for later for a chat with night staff. Staff confirmed they referred to people's plans to ensure they deliver the right care in a consistent way. Any small changes to people's needs were discussed with staff following each shift. There wasa communication book for staff to refer to where care plans had changed and staff needed to read up on who was best to support the person. This showed the service was responsive to people's needs and any changes in their needs.

People were cared for in an individualised way. Individual care plans were on people's bedroom walls, showing basic care needs in word and picture form. For example, 'I prefer a bath in the evening, I like to soak. I am independent with this.' 'I am a diabetic so I need help to choose the right foods.' 'I clean my own teeth but need help with my dentures.' 'I need help with my medication.' One person said they had been asked about their views about the way they would like to be supported and agreed the plan on their wall was how staff supported them. Staff confirmed how they worked to provide individualised care, ensuring people's needs were met in a way they wished. This also included where staff had agreed what worked well for the person where their communication was limited and they lacked capacity to decide how best their care should be delivered. Staff were skilled at reading people's body language and non-verbal cues to ensure they were responsive to people's changing needs and moods. One staff member said ''For some people here, you need to give them space and if they don't want help with their care at a particular time, you leave it and go back later. Some people respond better to some staff than others and we use this to make sure people get what they need.''

People were offered a variety of activities and outings both in groups and as individuals. People said they enjoyed the activities on offer and it was clear where people had hobbies and interests, these were encouraged and people were assisted to pursue them. Some people were avid collectors of particular items and enjoyed trawling charity shops and car boots for more collectables. There was a large range of games and puzzles available for people. Staff described ways in which they encouraged people to be involved in everyday activities within the home such as baking, helping with laying the table and recycling. One person told us how they like to go to the next town on the minibus to sit and watch what is going on around them. Another person said "we ride around on the bus." "We go to the pub sometimes for a drink." "We do arts and crafts at a special place on Mondays."

Staff confirmed people who wanted to go out were able to do so. Staff said they often took people out for a drive in the bus so that they got a change of scenery. People could go to a club on Mondays and a room was rented in Bideford where people could do art and craft activities once a week. Once a month people could attend a local church group, which provided a variety of activities and trips. Some people told us that they were going on a trip to Bude the next day with the church group.

The service had a complaints policy and process which was posted in areas of the home and given to people and their relatives. Complaints were dealt with effectively and records were kept of actions to resolve any concerns. Relatives confirmed they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.

Good

Is the service well-led?

Our findings

The registered manager is also the registered provider. There was a clear ethos of promoting people's independence within a homely environment. Staff understood the ethos and worked to support this approach. Staff said their views were listened to and the registered manager was open and inclusive. Staff confirmed they had handover meetings, staff team meeting and regular one to one meetings with the registered manager.

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. Relatives we spoke with also confirmed their views were considered and they had in the past been asked to complete surveys. One relative said there were social events families were invited to and the registered manager was always on the end of a phone to discuss any issues, concerns or suggestions.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. One person had recently fallen and fractured a bone. As a result of this the provider looked at the access into the home and made changes to make the step more accessible to prevent further injuries occurring if possible.

The service had a range of audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Where audits had identified issues, actions were taken to address these. For example where medicine records were not complete, staff were reminded to double check they had completed this. A robust system was in operation to audit the safekeeping of people's monies. This included an audit trail of where monies were being spent and access to the safe was only available to the registered manager. If people needed cash when she was not available, staff had access to a float.

Healthcare professionals confirmed there was a good partnership working with the service and it was clear the registered manager worked to ensure there were also good links with the local community. For example, they had recently started to use the community room of an older people's service to offer craft activities and consideration was being given this to extend this to the wider community.