

Welmede Housing Association Limited

Church Farm Bungalow

Inspection report

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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

Church Farm Bungalow provides accommodation, care and support for a maximum of 12 adults with learning disabilities who also have physical disabilities and/or sensory impairments. There were 10 people using the service at the time of our inspection.

The inspection took place on 11 September 2015 and was unannounced.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

Risks to people had been assessed and control measures had been put in place to minimise these risks. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Summary of findings

There were always enough staff on duty to keep people safe and meet their needs in a timely way.

The provider had a robust recruitment procedure to help ensure only suitable staff were employed.

Staff had access to the training and support they needed and worked well together as a team.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant that people's support and care was provided in the least restrictive way.

People's nutritional needs had been assessed and dietary needs were managed effectively. People were encouraged to be involved in choosing what they ate.

Medicines were managed safely. People's health needs were monitored and staff had taken appropriate action when they identified a change in a person's needs. Staff worked closely with healthcare professionals where necessary to ensure that people received the care they needed.

People had good relationships with the staff who supported them. Staff were kind and caring and treated people with respect. They supported people in a way that maintained their dignity and promoted independence. Relatives said that staff were dedicated and worked hard to ensure people's needs were met.

People's needs had been assessed before they moved into the service and kept under review,.. Care plans were

person-centred and reflected people's individual needs, preferences and goals. They provided detailed information for staff about how to provide care in the way the person preferred.

People were involved in decisions that affected them. Staff liaised effectively with other people who could support the person in making decisions, such as relatives and healthcare professionals.

People had opportunities to go out regularly and to be involved in their local community. They had access to a range of activities and were supported to enjoy active social lives. People were supported to maintain relationships with their families and to share in celebrations and events.

Relatives and staff told us the registered manager was approachable and supportive and provided good leadership for the service. They said the registered manager encouraged contributions to the improvement and development of the service.

Staff understood the provider's philosophy of care and upheld these values in their work, treating people with respect, promoting choice and decision-making and supporting people to participate in their community. The provider had obtained best practice guidance where appropriate and these guidelines had been embedded in staff practice.

Records relating to people's care and the health and safety of the premises were accurate, up to date and stored appropriately. There were effective systems of quality monitoring and auditing. The service improvement plan demonstrated that an action plan was drawn up to address any shortfalls identified.

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.

There were procedures in place for safeguarding people and staff were clear about their responsibilities should they suspect abuse.

Risk assessments had been carried out to keep people safe whilst promoting their independence.

There were enough staff to meet people's needs and provide their care in a safe way.

People were kept safe by the provider's recruitment procedures.

Medicines were stored securely and managed safely.

Good



Is the service effective?

The service was effective.

People received consistent care from staff who knew their needs well.

Staff had access to the support and training they needed to provide effective care.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Dietary needs were managed effectively and people were involved in choosing what they ate.

Health needs were monitored and people were supported to obtain treatment when they needed it.

Staff communicated effectively with healthcare professionals about people's care and followed any guidelines they put in place.

Good



Is the service caring?

The service was caring.

People had positive relationships with the staff who supported them.

Staff were kind and caring and worked hard to ensure people's needs were met.

Staff treated people with respect and promoted their independence.

Staff encouraged people to make decisions about their day-to-day lives and supported their choices.

Good



Is the service responsive?

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care they needed.

Care plans were person-centred and reflected people's individual needs, preferences and goals.

Staff supported people to have their say about the care they received and responded to their feedback.

People were supported to go out regularly and to be involved in their local community.

Good



Summary of findings

Staff supported people to maintain relationships with their families.

There were appropriate procedures for managing complaints.

Is the service well-led?

The service was well led.

There was an open culture in which people, their relatives and staff were encouraged to contribute to the improvement and development of the service.

Staff told us that morale was good and that the registered manager provided effective leadership.

Staff understood the provider's philosophy of care and upheld these values in their work.

The provider had obtained best practice guidance where appropriate and these guidelines had been embedded in staff practice.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

There were effective systems of quality monitoring and action was taken to address any shortfalls identified.

Good



Church Farm Bungalow

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 was 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.

The inspection took place on 11 September 2015 and was unannounced. Due to the small size of this service, the inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR) as this inspection was brought forward. The PIR 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 the inspection we spoke with three people who lived at the service, five staff and a visiting professional. Some people were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with three relatives and two healthcare professionals after the inspection to hear their views about the care people received.

The service was last inspected on 22 May 2013 and there were no concerns identified.

Is the service safe?

Our findings

Relatives told us they had confidence their family members were safe at the service. They said there were always enough staff on duty to meet people's needs and provide their care in a safe way. One relative told us, "I'm entirely confident that she's safe there. It's nice knowing I don't have to worry about her because she's looked after incredibly well." We observed during our inspection that people's needs were met promptly and that people were not rushed when receiving care. Staff told us that there were always enough staff available to provide people's care and support in an unhurried way.

People were kept safe because staff were aware of safeguarding procedures and how to report concerns. The local multi-agency safeguarding procedures were available in the service and staff were aware of the provider's whistle-blowing policy, which enabled them to raise concerns with external agencies if necessary. Staff said they had received training which made clear their responsibility to report should they suspect abuse was taking place. Training records indicated that staff attended safeguarding training in their induction and at regular intervals thereafter. Staff told us that safeguarding had been discussed at team meetings and that the registered manager had reminded them of the requirement to report any concerns they had about abuse or poor practice.

People were kept safe by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

Medicines were stored securely and managed safely. There were appropriate arrangements for the ordering and disposal of medicines and stocks were checked and recorded regularly. All staff responsible for administering medicines had been trained and their competency had been assessed. Each person had an individual medicines profile that contained information about the medicines they took, protocols for any PRN (as required) medicines and details of any medicines to which they were allergic.

The service had introduced measures to increase accountability and reduce the risk of errors being made. For example a second member of staff always checked that the member of staff responsible for medicines had administered them correctly. Both staff signed the medication administration record (MAR) and were required to sign the shift plan to confirm that medicines had been administered correctly.

Staff had carried out risk assessments to keep people safe whilst promoting their independence. For example any risks to people presented by them accessing the community had been assessed. Where risks had been identified, control measures had been put in place to minimise the likelihood of the risk occurring. Staff were aware of people's individual risk assessments and told us that these documents were reviewed regularly to ensure they remained accurate and relevant. In the event of an incident or accident, a clear record had been made and the event discussed to identify any action needed to prevent a recurrence.

The service had obtained specialist equipment and adaptations where necessary to provide people's care in a safe way, such as profiling beds, adapted baths and hoists. We found that specialist equipment and adaptations were checked regularly to ensure they were safe for use and appropriate for people's needs.

The fire procedures and evacuation strategy were displayed in the service and staff were aware of these. Staff attended fire safety training in their induction and regular refresher training thereafter. Each person had a personal evacuation plan which detailed their needs should they need to evacuate the building. Fire drills were held regularly and had been arranged at different times of day to present staff with the range of conditions in which they may have to carry out evacuations. Staff carried out regular checks on the fire alarm system and the system had been serviced by a fire safety engineer in July 2015.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency. The provider had developed a business continuity plan which detailed the action to be taken in the event of an emergency, such as flood, fire or adverse weather conditions.

Is the service effective?

Our findings

People were supported by an effective staff team who had the support and training they needed to do their jobs. All the staff we spoke with had worked with the people living at the service for some years, which meant they had a good understanding of people's needs and how to communicate effectively with them. Relatives told us that this was important as their family members had complex communication needs. One relative told us, "The staff all know her really well because they have worked with her for years. She's very happy and well looked after." The healthcare professionals we spoke with told us that staff communicated effectively with them about people's needs and followed any guidelines they put in place. One healthcare professional told us, "The standard of care is very good. The staff are very receptive to our advice."

Staff were positive about their roles and worked well together as a team. One member of staff told us, "We all help each other out" and another said, "We all support one another." Staff said they had access to good management support and opportunities for supervision and appraisal. New staff attended an induction when they joined the team, which included shadowing an experienced colleague. Staff told us that they were expected to develop a detailed understanding of people's needs during their induction through reading their care plans and observing how they preferred their care and support to be provided. Core training, such as safeguarding, fire safety, moving and handling, food safety and infection control, were delivered in the induction and refresher training sessions provided regularly. Staff were able to provide effective care because they had attended training in the specific needs of the people they supported, such as epilepsy, diabetes and individual moving and handling requirements.

Staff shared and communicated information about people's needs effectively. Staff beginning their shift attended a handover at which they were briefed about any changes in people's needs or in the way their care was delivered. Staff were also expected to read the communication book at the start of their shift plan to ensure that they were up to date with any changes. The minutes of team meetings demonstrated that staff regularly discussed people's needs, health and well-being and whether the support they received was meeting their needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA protects people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. DoLS ensure that people receive the care and treatment they need in the least restrictive manner. Staff told us that they had attended training in the MCA and DoLS and explained how they applied the principles of the legislation in their work. Staff said that best interests meetings had been held for people who required support when decisions about their care were being made and that an independent mental capacity advocate had been appointed to support the person. The registered manager had applied to the local authority for DoLS authorisations where people were subject to any restrictions in the provision of their care.

People's nutritional needs had been assessed and any dietary needs recorded in their care plans. Where people had specific dietary needs, these were managed effectively. A speech and language therapist had been involved in developing guidance for people with swallowing difficulties and, where necessary, staff had maintained accurate records of food and fluids on the advice of a dietitian. People's care plans contained guidance for staff about the support they needed to eat and drink, such as the consistency of food and fluids, their positioning, any adaptations they needed and any foods to avoid. Where people had developed dietary needs after admission, staff had attended training to enable them to meet those needs. For example when one person developed the need to receive their nutrition through a PEG (Percutaneous Endoscopic Gastroscopy) tube, staff attended training to ensure they could support the person appropriately.

There was a weekly menu and staff told us they used photographs to encourage people's involvement in choosing what appeared on the menu. During the inspection we observed the lunchtime meal and saw that staff were available to support people with eating and drinking. We observed that staff supported people at an appropriate pace and in a way that maintained their dignity, comfort and safety.

People's health needs were monitored effectively and people were supported to obtain treatment when they needed it. Relatives told us that staff had always sought the advice of healthcare professionals promptly if their family members had become unwell. We found that staff had

Is the service effective?

taken appropriate action when they identified a change in a person's needs. For example staff had arranged an appointment for one person with their GP due to an increase in the frequency of seizures. The registered manager had reminded staff to document the seizures appropriately in order that an accurate record of the seizures could be provided to the GP.

A health action plan had been developed for each person that recorded their health needs and how care should be

provided to ensure their needs were met. Health action plans also contained any guidance from healthcare professionals about the delivery of people's care and the outcomes of any healthcare appointments. The service had developed effective relationships with healthcare professionals, including GPs, district nurses, speech and language therapists and physiotherapists, to ensure that people received the care and treatment they needed.

Is the service caring?

Our findings

People told us that they got on well with staff and that staff were kind. One person said, "I'm very happy. I like the staff. Staff are very kind." Relatives told us that their family members received good care at the service. One relative said, "The care is really good, I can't fault it" and another relative told us, "We've always been very happy with the care. I've never had a worry." A third relative said of their family member, "She's looked after really well. We feel very lucky to have found this place."

Relatives said that staff were kind and caring and worked hard to ensure people's needs were met. One relative told us, "The staff are very dedicated people. They're always polite, always respectful but she has a laugh with them too." Another relative said of the staff, "They're lovely people. This place is incredibly caring and there's a very peaceful, happy atmosphere." Relatives told us that staff had provided good care when their family members had been unwell. One relative told us, "When she was ill, they got her back to health incredibly quickly."

One person was in hospital at the time of our inspection. Staff had continued to support the person during their hospital stay at the request of healthcare professionals, who identified that the person responded better to staff from the service. Staff visited the person twice each day to support them with personal care and eating and drinking. Staff had also ensured that the person's relatives were kept informed about their progress and had taken the person's favourite music to enable them to listen to this in hospital.

Staff were friendly and proactive in their interactions with people and it was clear that people had positive relationships with the staff who supported them. Staff

communicated effectively and made sure that people understood what was happening during care and support. Staff treated people with respect and supported them in a manner that maintained their privacy and dignity. Staff were attentive to people's needs, regularly checking that they were comfortable and content.

Relatives told us that staff were always available if they needed to discuss their family member's care and that staff communicated with them well. One relative told us that they had valued the registered manager's communication with them during a period in which their family member had been unwell. The relative said, "She was very good, she was in touch with us all the time and kept us up to date with everything."

Staff explained how they encouraged people to make choices and decisions about their day-to-day lives. They told us that they used visual cues, such as showing people different food items to encourage them to make a choice about what they ate. Staff also gave examples of how they supported people to maintain their independence, such as encouraging them to eat their meals with minimum support.

The provider had produced important information about the service, such as the complaints procedure and Service User Guide, in a range of formats to ensure that it was accessible to people. The service had also obtained important information in accessible formats, such as an easy-read version of the MCA and DoLS. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed. Staff had received training in this policy and understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

People's needs had been assessed before they moved in to ensure that the staff could provide the care and support they needed. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided clear information for staff about how to provide care and support in the way the person preferred. Care plans were reviewed regularly to ensure that they continued to reflect people's needs. Staff told us that any amendments to people's care plans were discussed to ensure that all staff were familiar with the changes.

Relatives told us that the provider contacted them to ask for their views about the care and support their family members received. They said they were consulted when decisions were being made that affected their family member and that any suggestions they made had received an appropriate response. Staff supported people to have their say about the care and support they received and responded to their feedback. People met with their keyworkers regularly to give their views about the service they received and residents' meetings were held regularly. Minutes of these meetings demonstrated that people were asked what they would like to see on the menu, which in-house activities they would like to see arranged and where they would like to visit outside the service.

Relatives told us they could visit their family members whenever they wished and that they were always made welcome by staff. They said staff worked hard to enable people to maintain relationships with their families. One relative told us, "I can't get up to see her now so they bring her to me. They're always willing to put themselves out."

People had opportunities to go out regularly and to be involved in their local community. Staff supported people to access local places of worship, shops, cafes and other community resources. The service had access to vehicles which meant that people were able to choose when and where they wished to go. Each person had a planned programme for the week which reflected their individual interests. Records of the support people received showed that these programmes were delivered but remained flexible enough to change if people's needs changed. A range of in-house activities were provided every week, including art, music, reflexology and aromatherapy. One relative told us, "They have plenty of things going on in the house. She loves the activities, the music and the painting." People were also able to access other sessions organised by the provider and local resource centres.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. The complaints procedure was available in the service and an easy-read version had been developed, which aimed to provide people who lived at the service with an accessible means of registering any concerns they had. We checked the complaints record and found that no complaints had been received. None of the relatives we spoke with had made a complaint but all said they would feel comfortable doing so if necessary and were confident that any concerns they raised would be dealt with appropriately.

Is the service well-led?

Our findings

Relatives told us that the registered manager provided good leadership and managed the service effectively. One relative said, “The manager is very good. She sets a good example” and another told us, “The manager is excellent. It’s very well run.” Staff said the registered manager was approachable and supportive. They told us there was an open culture in which people were able to express their views and were listened to. One member of staff said, “Staff are not frightened to speak up and they know they’ll be listened to. It’s a very open working environment. We always try and resolve any issues.”

Staff said the registered manager and provider encouraged them to contribute to the improvement and development of the service. One member of staff told us, “We are encouraged to make suggestions. They are prepared to listen to ideas and are open to change.” Staff understood the provider’s philosophy of care and upheld these values in their work, treating people with respect, promoting choice and decision-making and supporting people to participate in their community. The provider had obtained best practice guidance where appropriate, such as the MCA/DoLS Code of Practice and Royal Pharmaceutical Society guidance on the handling of medicines in care homes, and these guidelines had been embedded in staff practice.

The staffing structure comprised the registered manager, a team leader, care workers, a cook and a cleaner. Staff said

that they met regularly as a team and that they had opportunities to discuss any changes in people’s needs, which ensured that they provided care in a consistent way. There was a well-organised shift plan in place, which ensured accountability for the completion of key tasks during each shift. For example the shift plan identified which member of staff was responsible for administering and checking medicines and for accompanying people to appointments.

Records relating to people’s care were accurate, up to date and stored appropriately. Staff maintained daily records for each person, which provided information about the care they received, their health, the medicines they took and the activities they took part in. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.

The provider ensured that people received a high quality service through effective systems of quality monitoring and auditing. Staff carried out a programme of regular audits checking standards in key areas of the service, including medicines management, risk assessments, accidents and incidents and infection control. The provider’s health and safety manager carried out checks to ensure the safety of the premises. There was a continuous improvement plan for the service, which demonstrated that an action plan was drawn up to address any shortfalls identified.