

Supported Living UK Limited Foxhills Farm

Inspection report

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Date of inspection visit:
27 April 2016

Date of publication:
21 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 27 April 2016. Foxhills Farm provides support and accommodation for up to four people who live with a learning disability. At the time of our inspection there were four people living in the service.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

Procedures in relation to recruitment of staff had not been followed, which meant people's safety had not always been considered.

Risks associated with people's care were identified and plans had been developed to reduce any risks. Incidents and accidents were monitored on an individual basis. Medicines were stored safely and administered as prescribed. Fire safety checks were being carried out by staff, and there were no immediate concerns but as the fire officer has not visited the service we have referred the service to them

Staffing levels were planned to meet the needs of people. Staff received appropriate training and support to meet people's needs.. People had developed good relationships with staff who were caring and knowledgeable in their approach. People were treated with dignity and respect. People's support plans had been updated to reflect people's current needs. Staff had tried to include people in the development of the care plans. Two people told us they felt safe and people's relatives told us people were well looked after and safe at the home. There were clear procedures in place for safeguarding people at risk and staff were aware of their responsibilities and the procedures to follow in keeping people safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff had a good understanding of DoLS and the action they needed to take. Applications had been made to the local authority and considerations had been given to updating the applications. Staff demonstrated a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's physical and emotional health was monitored and appropriate referrals to health professionals had been made.

Details of the complaints procedure were displayed around the home in a pictorial format. The home had a complaints procedure. The registered manager operated an open door policy and encouraged staff to make suggestions or discuss any issues of concerns. A system of audits was in place and used to identify where

improvements could be made.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment procedures were not followed to ensure the safety of people.

Staffing levels were adequate to ensure people's needs were met.

Staff had been trained in the safeguarding of adults and incidents had been reported appropriately.

Risk assessments were included in care plans and detailed how risks could be minimised.

The management of medicines was safe.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they had the skills to meet the needs of people. Staff received regular supervision.

People were protected from inadequate nutrition and hydration.

Staff understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and privacy and their independence was promoted.

Staff demonstrated a good understanding of people's needs and knew them well.

Is the service responsive?

Good ●

The service was responsive.

People has personalised support plans.

Activities were provided to meet people's individual preferences.

There had been no recent complaints and the procedure was displayed around the home in pictorial format.

Is the service well-led?

Good ●

The service was well led.

The registered manager was available and provided a "hands on" approach to support. Staff felt listened to and supported.

There was a system in place to monitor the service and where improvements were needed, plans were developed and monitored to ensure actions were carried out.

Foxhills 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 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.

This inspection took place on 27 April 2016 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection we reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

Two people shared their views and four relatives were contacted to share their views on the service received from staff at Foxhills Farm. During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at people's records, including support plans, medicines records and risk assessments. We viewed accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with the registered manager and four staff members.

Is the service safe?

Our findings

One person told us they felt safe and relatives told us they had no concerns about the safety of their relatives being cared and supported at Foxhills Farm.

We looked at two staff recruitment records., These did not contain all of the required information to ensure correct procedures had been followed to keep people safe. There was a mixture of information missing, including photographic evidence, references and details of staffs qualifications and work experience. The registered manager accepted this was an error and stated they would take immediate action.

The lack of ensuring all appropriate checks had been undertaken on staff to ensure peoples safety was a breach of Regulation 19 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff had a good knowledge of the types of abuse and what action they should take if they suspected any abuse was happening. Staff had knowledge of safeguarding people at risk and had received training to support this. Staff were aware of the policies regarding safeguarding and which agencies should be informed if there were safeguarding concerns. The home had its own policy and procedure relating to what action should be taken if abuse was suspected. A copy of the local authority safeguarding procedures was not available, but the registered manager stated they would download a copy.

People were supported to have as much freedom as possible in terms of accessing all areas of the home, garden and the community. Risk assessments had been completed. These clearly identified the risk, stated who could be at risk and the consequences of the risk. They recorded the action to take to reduce the risk and they included the person's comments and views. Risks had been reviewed on a monthly basis and where necessary changes had been made to ensure the risk taking was still safe. Staff were aware of the risks relating to people and signed people's risk assessments to demonstrate they were aware of the risks.

Risk assessments had been carried out on the home. There were procedures in place in case of emergency situations in the home including fire, flood or loss of power. The registered manager had completed a fire risk assessment but the service had not been visited by the fire officer. Although there were no immediate concerns, we referred the location to the fire safety officer to ensure the fire risk assessment and procedures in place ensured people's safety at all times.

Staffing levels were planned and sufficient to meet the needs of people and duty rotas reflected this. Staffing levels showed various patterns which were planned to ensure people were supported to take part in activities they enjoyed. Staff told us there was always enough staff on duty to meet people's needs. They advised us they supported each other and worked well as a team. The registered manager told us the home did not use agency staff as permanent staff picked up any available hours. Staff told us they had picked up extra hours over the last two weeks due to staff sickness. They advised they preferred to do this to ensure there was consistency for people, who did not always respond well to new agency staff, who did not know their needs.

The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. Records showed the amount of medicines received into the home were recorded. People were prescribed medicines to be given when required (PRN) and there were clear protocols in place for their use. Medicine administration records (MAR) showed these were recorded so staff could monitor their use. All staff involved with medicines completed training in the safe administration of medicines. Staff were required to undertake an annual competency assessment to ensure they were safe to administer medicines.

Is the service effective?

Our findings

A relative told us the staff were skilled and the dynamics of the staff had contributed to their relative "Being happier in their own skin than they have for some time".

The home used a training matrix to record what training staff had undertaken and when the training was due for renewal. A range of training methods were used, from on-line to more practical face to face training. The registered manager and another member of senior staff had completed a Strategies for Crisis Intervention and Prevention (SCIP) instructors course, which enabled them to train staff in the management of behaviours which may present challenges. This also ensured that only staff who had received this training could use the SCIP approved techniques. Staff told us they found the training to be good and equipped them to do their job safely and effectively. When members of staff completed the E learning subjects they completed a test and from there they were given an overall score. Staff training records also included records of supervision sessions. It was clear staff were receiving regular supervision. Staff told us they felt supported in their role and could ask for support at any time.

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. Staff told us if people were unable to express themselves vocally they tried to establish if people liked certain things by watching their behaviour and patterns of behaviour. The registered manager and staff knew how to undertake assessments of capacity and when these may need to be completed. Where best interests decisions had been made it was recorded in the person's records that they were unable to understand the decision being made.

The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications to deprive people of their liberty had been made to the local authority and the registered manager understood the need to ensure these were in date and still reflected people's current restraints.

People were supported to have a sufficient amount to eat and drink and received a balanced diet. People's preferences regarding their meals had been recorded. Staff were aware of people's preferences with food choices and these were incorporated into people's meals. Records of people's nutritional intake were recorded on a daily basis. People had risks identified in their support plans and support from staff was

provided to minimise these risks. Where appropriate, referrals had been made to the speech and language therapist team and their advice had been added to support plans. Meal times were relaxed and not rushed and people who enjoyed eating out were supported to do this on a regular basis.

People's support plans had details of health and social professionals who supported them. Details of any referrals and appointments were maintained in people's records. Records of on-going appointments and advice were recorded and where necessary the advice was written into the care plan.

Is the service caring?

Our findings

One person and relatives told us the staff working in the home were very caring. Relatives told us they were kept informed of their relatives progress and of any on-going concerns regarding their welfare.

The home had a static staff group and did not use agency staff. The staff were cheerful and the atmosphere at the home was relaxed and people seemed contented and happy. We observed positive and caring interactions between people and members of staff. Staff spoke to people in a kind, calm and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance or space and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff and the registered manager.

Staff members engaged with people before any decisions regarding their care and treatment were made. People were engaged with varied activities, including going shopping, going for a walk and indoor activities. Staff ensured people wanted to take part in these activities. Records included information on people's preferences and what was important to them. Information on people's personal histories was included. The registered manager advised us they would always consider people first when planning the day.

Efforts had been made to ensure people had been involved with making decisions about the care and support they received from staff. Examples of people's preferences and goals were included in their care plans. All the people living at Foxhills Farm had family who were also involved in the on-going care of their relatives. They were invited to reviews of their relatives care. Some parts of people's records were pictorial to help people understand and be part of them. The registered manager told us house meetings had been tried but at the current time these did not work as people found it difficult to engage in a group setting. Monthly reviews of people's individual support and care took place and people were invited to participate; the registered manager told us it was usual for people to have chosen not to be involved.

People were encouraged to be independent and there were appropriate risk assessments in place to support people being independent. Staff ensured people's privacy was protected by providing all aspects of personal care in their own rooms. When we walked round the home staff asked each person if we could see their rooms.

Is the service responsive?

Our findings

One person told us how they had enjoyed their day out, which had included all the activities they enjoyed. A relative told us, "Staff know my relative as a person; they know what they like as a person".

People had assessments before they moved into the home and where possible people were encouraged to visit the home before they moved in, to ensure the home was suitable for them. From these assessments individual care and support plans were developed.

People had individual files which contained personalised support plans. People's records had been updated and included people's preferences, choices, likes and dislikes. Families had been involved in discussions about their relative's care and helped make choices and decisions about how their relative received their support. This included making choices about who they received support from and when this took place.

Staff were knowledgeable about people's needs. They were able to explain what care and support was required for each individual. The registered manager had ensured other professionals had been involved in people's care. They had engaged community professionals to look at the support being provided and how this could be improved to change the outcomes for people in a positive way. Communication books and handovers between shifts were used to communicate any information amongst staff about each person for each day; this included healthcare appointments, activities and additional requests for staff to review people's care plans and risk assessments.

Activities were personalised, people and staff spoke of their enjoyment of having and providing personalised and individualised activities. The registered manager advised the staff team were still working on finding and trying out new activities for people.

Each person's bedroom had been personalised to reflect their likes and personalities. The décor of the home had also been decorated to match people's likes and choices. The dining room had a farm animal theme painted on the walls and people had decorated their own table placemats with pictures of things which they were interested in.

The home had a complaints procedure and this was available in pictorial format. People were asked at monthly reviews if they had any complaints or if there was anything they did not like. The registered manager told us they had not received any complaints.

Is the service well-led?

Our findings

Relatives told us they felt the home was well managed. They told us they could access the registered manager at any time and were confident they would be listened to and their comments would be considered.

The service was managed by the registered manager who was supported by senior support workers. The registered manager took an active role in the daily running of the service and had a 'hands on' approach to supporting people who used the service and the staff. Staff told us the registered manager was always available if they needed to speak to them. They said they were approachable, supportive and listened to them. Staff were aware of the homes values and were clear people were at the heart of all decisions.

All staff confirmed they felt listened to and able to make suggestions on how the running of the home could be improved. Staff meetings recorded staff suggestions and changes which had been required and demonstrated a culture of learning and improvement. Staff who were not able to attend the meetings signed to say they had read and agreed with the minutes of the meeting.

The registered manager completed an audit which covered all aspects of the service. Some audits were delegated to other staff members, but these were regularly checked to ensure they were being completed thoroughly. Accidents and incidents were recorded and whilst there was clear auditing on an individual basis we suggested there should be an analysis of the overall incidents and accidents. The registered manager agreed this would be a good idea and would give a more accurate analysis.

Annual surveys with relatives and staff had been undertaken. Feedback was positive and where areas could be improved these had been identified and an action plan developed. The registered manager told us it was not possible to carry out these surveys with people living in the home but had consulted people's relatives and gained their views. The registered manager reported staff were able to tell from people's behaviour and communication methods if people liked or disliked an aspect of their care. Each person was discussed in detail at the monthly staff meetings ensuring their needs were being met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been followed to ensure the safety of people. Regulation 19 (2) (a) paragraph (1), or (b) (3) (a) |