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Scott's View at South Farm

Inspection report

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Date of inspection visit:
03 May 2017

Date of publication:
13 July 2017

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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

We inspected Scott's View at South Farm on 3 May 2017. The inspection was announced.

Scott's View at South Farm provides care and support for up to five people who may experience learning disabilities, or older people with memory loss associated with conditions such as dementia. It is located in a rural setting on the east coast of Lincolnshire. Two people were living in the home at the time of our inspection. The provider was also the manager of the home. We refer to this person as 'the provider' throughout the report.

At our last comprehensive inspection on 9 December 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2017. This was because medicine arrangements and staff recruitment procedures were not sufficiently robust to protect people. In addition, the provider did not have suitable arrangements in place to effectively monitor and assess the quality of the services people received.

We carried out a focused inspection on 20 May 2016 to check whether the provider had made improvements to the ways in which they managed medicines, recruited staff and monitored the quality of the service. At this inspection we found the provider had made sufficient improvements to the way in which they managed medicines and recruited staff. However, they had not made sufficient improvements to the way in which they monitored the quality of the service. This was a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2017.

We carried out a further focused inspection on 23 November 2016 to check whether the provider had made improvements to the way in which they monitored the quality of the service. At the inspection we found that the provider had made sufficient improvements to the way in which they monitored the quality of the service to ensure they met the legal requirements.

We did not revise the rating for the key questions 'Is the service safe?' and 'Is the service well-led?' at our focused inspections as this would require a longer term track record of consistent good practice.

During this comprehensive inspection we found that the provider had maintained the improvements we saw at our focused inspections.

CQC is required by law 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 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.

The provider acted in accordance with the MCA and understood how to implement DoLS when required. People were supported to make their own decisions where ever possible. When it was not possible the

provider ensured that decisions were made in people's best interests.

People felt safe and well cared for at Scott's View at South Farm. Systems were in place to keep people safe and staff understood how to identify and report any safety concerns. We noted one area of the environment which posed a potential risk to people's safety which the provider took immediate action to rectify.

Arrangements were in place for the safe management of medicines and people were supported to access all of the health care services they required. People were supported to enjoy a varied diet and to eat and drink enough to stay healthy.

There were enough staff available to ensure people received individual support in a timely and appropriate manner. Care plans were in place to guide staff as to how best to meet people's needs and wishes. People's privacy and dignity was maintained and staff provided support in a warm and caring manner.

People were able to enjoy a varied social life and had access to a range of meaningful activities. People were encouraged to make use of local amenities and be an active part of the local community.

People who lived in the home and staff members felt able to raise any concerns or issues with the provider. They were confident that they would be listened to and that the provider would take appropriate action to resolve their concerns.

Staff were supported to undertake a range of training to ensure they had the skills and knowledge to meet people's needs. They also received regular support and supervision to help them further develop their skills and knowledge.

Systems were in place to regularly review and monitor the quality of services provided within the home. Prompt actions were taken to address any issues highlighted by quality audits.

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 not consistently safe.

The provider had not ensured that people were protected from the risks associated with unrestricted window openings.

People were protected from the risk of abuse.

Medicines were managed safely.

There were enough staff to ensure people received the care they needed.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported to make their own decisions where possible. The provider acted in their best interest when this was not possible.

People enjoyed a varied and healthy diet and had access to all of the healthcare they required.

Staff were trained and supported to meet people's needs.

Good ●

Is the service caring?

The service was caring.

Staff supported people in a warm and caring manner.

People's privacy and dignity were respected and maintained.

People were supported to maintain relationships which were important to them.

Good ●

Is the service responsive?

The service was responsive.

People were encouraged to maintain their independence and to

Good ●

exercise choice and control over their lives.

People were supported to maintain their social life and enjoy a range of meaningful activities.

People had individual care plans which reflected the care and support they received.

Systems were in place to manage complaints or concerns effectively.

Is the service well-led?

The service was well-led.

Systems were in place to audit the quality of service provision and take action to address any shortfalls identified.

People were asked for their views and opinions and were involved in how the home was run.

People were supported to maintain an active role in the local community.

Good ●

Scott's View at South 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 3 May 2017 and was announced.

The provider was given a short period of notice because the service was a small care home and the people who lived there were often out during the day; we needed to be sure that someone would be in.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about. We also contacted other agencies who work with the provider such as service commissioners.

We spoke with both people who lived in the home. We looked at both people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with two staff members and the provider. We looked at two staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home. One person said, "I'm very safe here... I check the fire alarms with [the provider]."

When we spoke with staff and the provider they demonstrated a clear understanding of the procedures to follow if they were concerned that someone was at risk of harm. They knew how to identify abuse and who to report any concerns to. Records showed and staff told us that they had received training about how to keep people safe. We noted from the records we hold that there had been no reports of safety issues since our last inspection in November 2016 and the provider confirmed this to us.

The provider had completed risk assessments on a range of issues affecting the people who lived in the home. We saw examples of assessments related to risks and hazards such as people's emotional needs, financial management, medicines arrangements and personal care. In addition we saw that personalised risk assessments were in place to support people to evacuate the building safely in the event of an emergency such as a fire.

The provider had a system in place to ensure they could review any accidents or incidents to help prevent them happening again in the future. Records showed and the provider confirmed that no accidents or incidents had occurred in the home since our last inspection in December 2016.

The environment was clean and tidy. Cleaning schedules were in place and we saw they were followed by staff. The provider told us that they attended regular meetings regarding infection control with external professionals and other care home staff. However, we noted that fly catching papers were in use in the kitchen which were almost full. In addition, we noted the storage of pet supplies in the room where medicines were dispensed. The provider took immediate action to address the issues. Records showed that staff received training in relation to infection control and the provider had arranged for an external professional to provide support and advice to enable improved infection control procedures.

When we looked around the home we noted that some windows in areas where people spent their time were able to be opened to their full extent. This meant that people could easily climb out or fall out of them. This increased the risk of accidents or incidents occurring. Immediately following the inspection the provider confirmed that they had addressed this issue.

Arrangements were in place to ensure people received their medicines as prescribed. People we spoke with told us they received their medicines regularly and in the ways they liked, such as with their preferred drinks. Staff who administered medicines had been trained to do so. We saw that staff followed the guidance on prescriptions to make sure people received the right medicines at the right time. We saw there was a sufficient supply of medicines available for people and systems were in place to ensure reliable ordering and disposal of medicines. Medicine records (MAR's) were completed in full and contained stock counts of medicines to support reliable ordering systems.

There were enough staff on duty to ensure that people received individual support for their care needs in a timely manner. People told us that staff, including the provider, were always around to help them with whatever they needed. Records showed that the provider planned staff duty rotas to ensure people had enough support to engage in their chosen social activities as well as having their personal care needs met.

Staff recruitment files showed that the provider had a system in place to ensure any potential employees were suitable to work with people who lived in the home. The system included a review of a person's work history, confirmation of their identity and Disclosure and Barring Service (DBS) checks. We noted in one staff file that the provider had encountered problems obtaining previous work references before a member of staff started work. The provider had carried out risk assessments and implemented a management plan to reduce any potential risks until references were received.

Is the service effective?

Our findings

People told us that staff knew how to care for them and understood their needs. One person said, "It's a lovely place to be."

The provider had systems in place to ensure that staff had the right skills and knowledge to meet people's needs. Staff told us and records confirmed that they received an induction to the home when they started work which included topics such as person centred approaches to care, equality and diversity and confidentiality. Records showed that new staff and existing staff were also in the process of completing the National Care Certificate which sets out common induction standards for social care staff.

Staff told us and records confirmed that they received training in subjects which were related to people's needs. They spoke about training related to dementia awareness, medicines administration, moving and handling and mental health awareness. They also told us and records showed that they were supported to undertake other training courses leading to nationally recognised qualifications in care. The provider had also identified staff's individual learning styles and we saw that training methods were tailored to individual styles.

Staff told us they were well supported by the provider through supervision arrangements. This included new staff working across the full range of shift patterns with the provider so that they became familiar with all aspects of people's needs and the ways in which the home ran. However, we noted that records of supervision sessions were not always completed in detail. The provider said they would address this issue as a priority.

The provider and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. People told us they were able to decide how their care was provided. One person told us how the provider and staff explained information to them so that they were able to make the right decisions for themselves. We saw that when a person was unable to make a certain decision for themselves, the provider made sure that those decisions were taken in the person's best interest and in consultation with people who knew the person well.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider demonstrated that they understood these procedures and how to make applications where necessary. No-one who lived in the home was currently being cared for under DoLS.

People told us that they were able to see doctors and other healthcare specialists whenever they had a need to do so. Records showed when people had attended healthcare appointments such as opticians and chiropodists. One person told us, "Oh aye, [the provider] sorts [healthcare] out for us."

Body maps were in use to indicate any marks or wounds on a person's body such as leg ulcers that staff

should be aware of. We saw that where necessary staff recorded people's diet and fluid intake to aid in the monitoring of people's healthcare needs. We also saw that people were offered the opportunity to have their weight checked regularly so that staff could identify any issues at an early stage.

People told us how they were supported with their diet. One person said, "I'll eat anything and the meals are lovely. They always make sure I have plenty to drink." We saw people had free access to hot and cold drinks of their choice throughout the inspection.

We saw that care staff had carried out a review of how they supported people with their diet. This included using up to date research on healthy diets for older people. One person spoke to us about how staff had supported them to try new and healthier foods so as to increase their choices. The provider told us how they tried to avoid processed foods and used local fish, meat and grocery suppliers to fulfil their requirements. Menu plans were in place and the provider and people who lived in the home told us they were flexible and they could choose whatever they wanted to eat. During the inspection we saw staff consulting with people about their meals and what food they would like to purchase for the coming days. One person told us, "I eat fish now, well some types, it's good for you."

Is the service caring?

Our findings

People spoke in very positive terms about their relationships with the provider and staff. One person told us, "It's a very happy place to live." Throughout the inspection we saw people and staff sharing jokes and laughing together. A relative had commented in a recent satisfaction survey that their loved one was "Treated like one of the family."

We saw staff took time to hold meaningful conversations with people about their lives, thoughts and views. During the lunchtime meal we heard people and staff discussing their experiences of outings, how their plants in the greenhouse were progressing and reminiscing about their lives and family. The provider and staff also used this time to engage with people about plans for the home and how it is run. One person told us, "[I] get involved with everything. [The provider] makes sure we know what's going on."

The provider had made sure that people had access to a support system outside of the home if they wanted independent help to express their wishes. Information was available for people about advocacy services and the provider ensured that people had access to their allocated social workers. Advocates are people who are independent of a service and the local authority who support people to make and communicate their wishes.

Staff supported people with patience and warmth. They gave people time to express their wishes and preferences. An example of this was when one person was taking time to decide what to eat for lunch. Staff used positive body language to demonstrate they were engaged with the person and supported their decision making with gentle verbal encouragement and food options.

People told us that staff respected their privacy and dignity. People's care plans were written in a way that placed emphasis on maintaining their privacy and dignity. We saw staff knocked on people's doors and waited to be invited into the room. Staff made sure that people had privacy when using bathrooms and toilets. Quieter spaces were available for people to use when they had need and we saw that staff respected people's wish to spend time on their own.

People told us and records showed that they were actively encouraged and supported to maintain relationships with their family and friends through visits and telephone calls. We saw friends and relatives were encouraged to participate in celebrations and other events that took place in the home. One person told us about their recent birthday celebrations which included their family, people they lived with and staff enjoying a special meal at a local restaurant.

The provider had a policy in place to guide staff about keeping people's personal information safe. Staff demonstrated their awareness of the need to maintain people's confidentiality. We saw that people's personal records were kept in a secure office area in order to protect people's confidentiality.

Is the service responsive?

Our findings

People were consulted about the care they wanted to receive and their views were recorded in individual care plans. People knew about their care plans and were happy for us to view them during the inspection. Care plans set out clear guidance for staff about how to support people's preferred daily routines, how people liked their intimate care to be provided and how staff were to communicate with them effectively.

We saw that people received the care and support described in their care plans. Throughout the inspection staff asked people if they were ready to receive support before they began care tasks. Staff carefully explained what they were doing and checked people were happy with the support. We saw that when people requested support staff responded in a timely manner. We noted that when a person showed early signs of anxiety in relation to an upcoming outing, staff gave gentle verbal prompts and appropriate physical reassurance to help the person remain calm.

We saw that care plans were regularly reviewed and recorded when people's needs changed. We also saw that when care plan reviews were carried out staff referred to up to date guidance, for example, in relation to dementia care to help ensure they supported people to retain as much independence as possible. Examples of this were seen such as making sure mobility aids were available so people could move around independently and ensuring people had opportunities to join in with cooking or making drinks.

People told us they were supported to engage in a range of leisure pursuits and maintain hobbies and activities that were important to them. One person took pleasure in showing us the plants they were growing in a greenhouse and described a gardening course they had undertaken together with the provider. They also told us about another gardening course they had booked to attend in June 2017. We saw people were supported as was their choice, to keep chickens and one person was supported to maintain their love of watching birds.

People spoke enthusiastically about other community based activities they took part in such as regularly attending the local bingo and a local afternoon tea gathering. One person told us about a local 'Murder, Mystery Evening' they had recently attended. We also saw that a visiting physiotherapist provided gentle exercise and games sessions which people said they 'really enjoyed'.

We noted that a member of staff had carried out a review of activities and their outcomes with people who lived in the home. The provider and staff told us how they had referred to good practice guidance about supporting people who experience dementia to engage in activities as part of the review. They said that this helped them to focus on individual wishes and preferences and also introduce people to new experiences. One outcome of this review was to introduce people to a regular local coffee morning for people who experienced dementia. One person told us they enjoyed going and it meant that they could keep in touch with friends who lived locally and meet new people as they joined. We also saw that staff were developing activity boxes for people from which they could choose an activity or pastime of their choice.

People told us that they had not needed to make a formal complaint since we last inspected in November

2016. They said that if they had any minor issues the provider 'sorted things out' immediately. A procedure was in place, and displayed in the home, which described how the provider would respond to any complaints that were made. Records showed and the provider confirmed that no complaints had been made about the service within the last 12 months.

Is the service well-led?

Our findings

People told us they thought the home was well run. One person said, "[The provider] does a good job, she knows what's what." Another person told us, "[The provider] makes sure we've got everything." People also told us they were involved in the way the home was run. They told us the provider discussed any ideas for improvements within the home with them. One person said, "I get involved in everything." We saw people were involved in decisions such as choosing décor and furniture, choosing how the outside space was used and how menus were arranged.

In addition the provider carried out satisfaction surveys with people who lived in the home, their relatives and involved professionals. The results of the last survey carried out in January 2017 were available and indicated everyone was satisfied with the quality of the services provided. A response from a family member showed that they felt their loved one received 'excellent treatment' within the home.

Staff told us that the provider kept them up to date with developments in the home and sought their views and opinions when planning improvements. Staff told us the provider was approachable and they felt comfortable to raise any concerns or issues they may have. They were aware of whistleblowing policies and how to raise issues outside of the home if they felt this needed to be done.

Staff demonstrated that they understood their role within the home and said they were provided with enough time and guidance to carry out their role effectively. They said that the provider encouraged them to expand their knowledge and keep up to date with good practice guidance. As mentioned earlier in this report we saw how people had benefitted from staff using good practice guidance in relation to dietary needs, maintaining independence and developing meaningful activities.

The provider encouraged people to be involved in the local community and promoted community involvement with the home. We saw, for example, that people had enjoyed taking part in a local gardening competition and St George's day celebrations. We also saw that people were being supported to make preparations for a forthcoming open day at the home to which people from the local community had been invited.

The provider understood their responsibility to notify the Care Quality Commission (CQC) of certain events or incidents which may happen in the home. The provider told us and records confirmed that no notifiable events or incidents had happened in the home since we last inspected in November 2016.

The provider had displayed their CQC inspection rating in the home in accordance with regulations. However, we noted that the rating was not consistently visible on the provider's website. The provider told us that they had encountered problems with the website and were working with their web designers to ensure the rating remained visible.

The provider has systems in place to regularly check the quality of the service that people received. The checks included themes such as making sure medicines were administered in accordance with individual

prescriptions, care plans were regularly reviewed and kept up to date and laundry was carried out to people's satisfaction. We saw that the provider had begun to incorporate the CQC Key Lines of Enquiry (KLOE's) into their audit and quality review systems to enable them to measure outcomes for people more effectively. Action plans were in place, however they did not consistently include a time scale for completion. The provider said they would address this as a priority.