

Aspire Community Benefit Society Limited

Farfield Drive

Inspection report

3A Farfield Drive
Farsley
Leeds
West Yorkshire
LS28 5HN

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Date of inspection visit:
03 December 2019
05 December 2019

Date of publication:
23 December 2019

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 ●

Summary of findings

Overall summary

About the service

Farfield Drive is a short break respite care service which aims to provide a holiday style atmosphere for up to five people who have a learning disability. Accommodation is in a purpose-built house with five bedrooms, communal areas and separate bathrooms. There were 5 people at the service at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using the service

People we spoke with said they felt safe. We found systems were in place to ensure they were protected from possible harm or abuse.

People said staff listened to them and engaged in activities in and out of the service. Staff knew people well. Staff treated people with respect and maintained their privacy and dignity. People and their relatives were involved in decisions about their care.

Initial assessments were carried out and pre-admission reviews were held with people to ensure their care needs were known prior to people staying in respite.

Risk assessments had been completed and were regularly reviewed. There were procedures and systems in place to manage incidents and accidents effectively; lessons were learned to prevent future risks, and these were discussed in team meetings and supervisions.

Medicines were managed safely and protocols for 'as required' medicines were in place. Staff had received competency assessments and medicine training to ensure safer medicines management.

Staff had the right skills and were experienced to meet the needs of people who used the service. Staff had completed thorough training and supervisions.

People were involved in every day choices. We saw decision specific assessments had been completed with people, relative and outside involvement.

Health needs were regularly monitored, and staff accessed advice from health care professionals when required.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they knew how to complain and would if they needed to. There were policies and procedures in place to manage any complaints effectively. The service had not received any formal complaints since our last inspection.

The provider used internal audit systems to monitor the quality and safety of the care provided. People were asked for their views and how to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was requires improvement (published November 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Farfield Drive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection on both days were carried out by one inspector.

Farfield Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

Before the inspection, the provider sent us a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

During the inspection-

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with said they felt safe. One person said, "Yes I feel safe with the staff. I was not feeling well one night, and they sat and talked to me and made me feel better." A relative said, "Yes I know [name of person] is safe, the staff keep me informed."
- The provider had a policy in place. Any safeguarding had been appropriately reported to the local safeguarding team.
- Information about whistleblowing was available to staff which meant they could report poor practice. Staff we spoke with said, "I would not hesitate to speak to my manager if I was worried about anything."

Assessing risk, safety monitoring and management

- Risk assessments were carried out to minimise risks to people and these were regularly reviewed.
- We saw where people had epilepsy this was documented appropriately with all supporting information for staff to follow. On the day of inspection, we found staff following this procedure for one person.

Staffing and recruitment

- The provider recruited safely. This included obtaining pre-employment checks prior to people commencing employment. Some people had chosen to support the interview process. Documentation was completed on what they liked about the staff member.
- People and staff told us they felt there was enough staff. One person said, "There is always someone there if I need them." One member of staff said, "I feel we have enough staff yes."

Using medicines safely

- Medicine administration records (MARs) were accurate and contained the relevant information to support safe administration by staff.
- Some people were prescribed 'as required' medicines. Protocols were in place to guide staff on when these should be administered.
- We saw audits had been carried out to ensure these continued to be safe.

Preventing and controlling infection

- Staff received training in infection control and food hygiene.
- People were encouraged to wash their hands before and after handling food or completing personal care.
- People told us they supported with cleaning the home if they chose. However, one person said, "No I don't like cleaning so they[staff] do it for me." Staff told us not everyone wanted to clean as they felt they were on holiday at the respite service.

Learning lessons when things go wrong

- The registered manager responded to accidents and incidents in a timely way, and measures were put in place to help minimise them reoccurring.
- Lessons were discussed in staff meetings for transparency.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection, we found support plans did not contain decision specific mental capacity assessments or best interest decisions. This resulted in a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection DoLS authorisations had not always been completed for those people with specific restrictions in place to keep them safe. At this inspection all the necessary DoLS applications had been completed.
- We found decision specific assessments had now been completed in a very person-centred way. For example, questions were asked around if one person understood how to count money (staff placed the money on the table) and this was recorded. Another person was asked what they would do at a bank. There reply was, "I would take my money out."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to coming to respite. This was completed with the person, family, and deputy and registered manager if needed.
- We saw people's needs and choices were recorded, and staff were aware of these. One staff member said, "We make sure people when they access respite do what they want to do. Some people use this as a holiday time, others continue to go to day services then come here at night."

Staff support: induction, training, skills and experience

- Staff completed a thorough induction before supporting people. One staff member said, "We all know what we are doing. We know people very well."
- Staff were supported to carry out their role with appropriate training to meet people's needs.
- Where specific training was required to support people. This was completed for staff. For example, one person had epilepsy and staff had received training to support this person.
- We saw staff who worked at the service were a well-established and long-standing team.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people chose what they would like to eat and drink. One person was supported to bake a cake. They took great pride in asking everyone if they would like a piece.
- We saw people's preferred diets were contained in their care plan. Staff followed these in respect of the person and their families.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us that they worked alongside colleges and the person's home to ensure consistency. We saw evidence in the care plans which supported this.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet the needs of the people staying there.
- We found people's rooms had their own belongings. For example; We saw one person's family pictures in their room. They told us they liked their room and said, "Yes I like to bring my picture with me."
- We found adapted bathrooms with ceiling hoists in some rooms so these could accommodate every person's needs.

Supporting people to live healthier lives, access healthcare services and support

- The service supported people's needs if requested, however we were told this did not happen much, as the service only provided respite care, people were predominately supported by their family to access healthcare services and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Our observations throughout both days of inspection indicated that staff were warm, kind and caring in their interactions with people. For example, we saw one person supporting a person to bake. The person said, "I like doing baking while I am here." Another person was been supported by staff to go into the city centre. They rubbed their hands in excitement.
- Relatives told us they were happy with the respite service. They told us, "On the whole it's nice. It is nice to know he is looked after, and he goes out a lot."
- Staff demonstrated sensitivity to people's needs and had got to know people from frequent respite visits. One relative told us, "The staff are very accommodating, when we go on holiday they support [name of person] at a time and day which is better for us. One person told us when they were poorly, and staff looked after them."

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in their care plan, we saw where people had signed to acknowledge their consent.
- Throughout both days of inspection, we saw staff supported people in making their own decisions. For example, Staff giving people choices in everything they did from bathing, clothing to activities in the home and community.
- The culture at the service was inclusive, staff were regarded by people and their relatives as friends. We observed staff eating their lunch with people.

Respecting and promoting people's privacy, dignity and independence

- People were supported to do what they wanted to do while staying at the respite service. People told us they participated in many activities of their choosing. One person said, "I go on the bus with staff and go out to different places."
- We observed staff reminding people to take their money out with them when going in the community. We saw staff celebrated people's achievements and helped them plan their aspirations. One person said they would like a qualification in sign language. They said, "I am going to ask about this as I would really like this, and I know they will support me."
- We observed staff knocking on people's doors before entering and asking if they would like support without taking away their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were completed with people to ensure all their needs were met before coming to the respite service.
- One-page profiles were completed considering what people's likes and dislikes were. For example, I am very friendly, and I have a good sense of humour. Another stated, I like colouring and going on holidays.
- We saw seizure care plans in place with good information to support staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included people's communication preferences. No-one at the time of inspection needed any accessible information.
- We saw pictures around the home for people who may need support to access cupboards in the kitchen, so they would know what was in them. The service had high low tables to support people who used the service in wheelchairs if required.
- The registered manager told us everything would be available in large print or braille if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans recorded who the names of people important to them. People told us staff supported them to go out in the community. One person said, "I go to the bank, I look after my own money."
- We spoke to a relative who said, "[name of person] is out a lot, staff are very accommodating."

Improving care quality in response to complaints or concerns

- The service had received no formal complaints, however had logged 'gripes' which included when this had been actioned and by whom.
- The service had a complaints policy in place for people, relatives and staff. This had been adapted for people in the service.

End of life care and support

- People's care plans evidenced what they would like to happen in the event of their death.

- Staff had been trained in end of life, so they would be able to support people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found the service to be inclusive. People's views were sought and acted upon and people were involved in making decisions about how the service was run.
- We observed staff supporting people how they chose to be supported ensuring the service values were maintained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff were very complementary about the management. One person said, "They have a laugh with me and if I was not happy I could tell them." A relative described the staff as friendly. One member of staff said, "They treat me for who I am. I really enjoy my role."
- The registered manager completed comprehensive audits throughout the service to maintain a person-centred service. These included, care plans, staff files, medication and accident and incident analysis.
- Internal audits were much improved, previous issues identified at the last inspection such as decisions regarding restrictive practice, had now been resolved due to better oversight.
- The registered manager understood their regulatory responsibilities. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding.
- The registered manager and staff provided a person-centred service for people who attended respite, ensuring the person was at the centre of this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the service and the provider understood their legal responsibilities around duty of candour when things went wrong. Policies and associated procedures supported this practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were completed bimonthly to look at the support for people and to discuss any incidents looking at lessons learnt.
- To gather people's views there was a customer involvement officer who attended the service to ask people

about their experiences. This was then feedback to the provider, so improvements could be made.

- Questionnaires had been completed for people, family and staff. These had improved since the last survey with comments including, 'always welcoming', and 'always enjoys their time here' and 'always polite and they promote [name of person] independence'. One comment stated more activities as [name of person] can get bored. This was addressed and actioned straight away.

Continuous learning and improving care; Working in partnership with others

- The respite service had good links with day centres to ensure consistency for people they supported.
- The registered manager attended meetings with other services owned by the provider to share good practice and celebrate successes.