

Priory Education Services Limited

New House Farm

Inspection report

New House Farm
Cow Hill, Houghton
Preston
Lancashire
PR2 5SE

Tel: 01772792624

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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 ●

Summary of findings

Overall summary

The inspection visit at New House Farm was undertaken on 31 October 2017 and was announced. We gave 48 hours' notice of the inspection to ensure people who used the service, staff and visitors were available to talk with us.

New House Farm currently provides care and support for a maximum of six younger adults up to the age of 25 who live with a learning disability. At the time of our inspection there were six people living at the home. New House Farm is situated in a converted farm in rural land outside Preston. Public transport and a general store are close by. Accommodation is provided over two floors with sufficient toilets and bathing facilities. There is a large lounge and dining area, with extensive fields and vegetable gardens to the rear of the building.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

New House Farm was newly registered on 08 November 2016. Consequently, this was their first inspection.

During this inspection, relatives we spoke with said they felt their family members were safe, comfortable and relaxed. One relative stated, "It's a good, safe environment for [our family member] to be in." The registered manager recognised the importance of maintaining equipment and a safe environment to protect people against accidents. Staff files we reviewed evidenced staff had safeguarding training to protect people from potential harm or abuse.

We found there was a sufficient workforce, fully trained and able to deliver care in a compassionate and patient manner. Staff we spoke with confirmed they did not commence in post until the management team received relevant checks. We checked staff records and noted employees received training appropriate to their roles. One staff member told us, "I feel well trained and it's good to have at all refreshed. I feel competent in my work as a result."

Medication care plans and risk assessments provided staff with a good understanding about each young

person's specific requirements. Furthermore, staff had relevant training and competency testing to assist them in the safe administration of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Throughout our inspection, we observed staff did everything possible to ensure they did not limit people in any way. People or their legal representatives had recorded their consent to support and treatment in their care files.

Assessments and care records were developed with the person and relatives at the forefront of their support. A relative said, "I talk with the staff on a weekly basis. If I want to give input they are open to that and will discuss his care plan with me." All documentation we reviewed was regularly updated to guide staff to be responsive to people's needs. We saw documentation was developed in consultation with each person and their relatives and this was recorded in their care files.

The registered manager had an effective system to monitor people's nutritional needs and took action to address identified concerns. A relative commented, "[My family member's] diet is very poor, but the staff are trying to change and improve that with him."

We found the registered manager had a range of audits to monitor quality assurance and maintain people's safety. They completed regular surveys to gain feedback about everyone's experiences of New House Farm. Staff we spoke with confirmed monthly team meetings were held, which focused on fostering a good working relationship with the management team.

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.

Relatives of those living at the home expressed feeling reassured their family members were safe. Staff understood safeguarding principles and reporting procedures.

We assessed staffing levels and skill mixes to check people's complex requirements were met with a timely approach. They followed safe recruitment processes to employ suitable staff.

Each person's care file contained a person-centred approach to the safe management and administration of their medication.

Is the service effective?

Good ●

The service was effective.

Staff had completed nationally recognised courses in health and social care to underpin their expertise.

We observed people living at the home were supported to choose what they wanted to eat. Risk assessments were in place to minimise the risk of malnutrition or obesity.

The registered manager had recorded people's decision-specific consent to care in their care files. Staff received training in the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Support planning was based around achieving maximum independence and assisting the person to move on to older adult services.

We observed staff were caring towards people who lived at the home and consistently supported them with dignity and kindness.

Is the service responsive?

Good ●

The service was responsive.

The registered manager provided a wide range of activities suited to the individual needs of the young people who lived at New House Farm.

We found the review and update of people's care was undertaken with a multidisciplinary approach. Care planning was person-centred to each individual's needs.

Relatives confirmed details were provided to inform them about how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The management team ethos was about keeping relatives updated and involved in people's care and the running of the service.

We found the registered manager had a range of audits to monitor quality assurance and maintain people's safety.

New House Farm

Detailed findings

Background to this inspection

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

The inspection team consisted of one adult social care inspector.

Prior to our unannounced inspection on 31 October 2017, we reviewed the information we held about New House Farm. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home.

We found people who lived at New House Farm were unable to communicate fully with us. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about this home. They included four relatives, three staff members and the registered manager. We also discussed care practices at the home with two visiting professionals. We did this to gain an overview of what people experienced whilst living at the home.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to two people who lived at New House Farm and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.



Our findings

Relatives of those living at the home expressed feeling reassured their family members were safe. One relative said, "The fantastic relationship we have with the carers is key to [my family member's] safety." Another relative told us, "My son's very safe at New House Farm."

We reviewed systems the registered manager had to record and manage accidents and incidents. Logs included a description of the accident, any injuries and actions taken to support those affected. The registered manager recognised the importance of maintaining equipment and a safe environment to protect people against accidents. A staff member told us, "When an incident occurs we sit down and discuss how they happened. We get down to the nitty-gritty to understand and make sure they don't happen again."

Care records we looked at held individualised risk profiles, which detailed an outline of the risk and the level of hazard. Each one included how the young person expressed their behaviour in order to give a wider picture of the management of their safety. These covered, for instance, health, medical conditions, personal care, environmental safety and activities. Each file contained further risk assessments to enhance staff awareness of how risk impacted on the young person and how to mitigate this risk. Additionally, the document covered specialist training requirements for identified staff and which staff had completed this. For example, for every activity the person attended, a risk assessment was created. Only those staff who had the dedicated training could lead the person's support.

All risk assessment processes included a review of the young person's sensory skills, sensitivities and impairments. Aimed at reducing risks, this helped to enhance their environmental, fire and external safety. The registered manager told us, "We also introduce a new risk assessment when the young person's behaviour changes." They gave us an example whereby staff changed where they park cars on trips out to protect people from potential accidents. This showed the registered manager had an exceptional approach to managing people's safety and welfare without preventing them from making risky decisions.

Staff files we reviewed evidenced staff had safeguarding training. When we discussed the principles of protecting people from potential harm or abuse with staff, they showed a good awareness. A staff member said, "Anything of concern I would report it straight away to [the registered manager]. If you hesitate it will only escalate" Associated risk assessments covered, for example, if a young person went missing or any other safeguards in place to protect them. This included ways of reducing the risk, reporting instructions and family contact details.

We observed the home was clean and tidy throughout. Designated domestic staff told us they had relevant training to underpin their roles, such as Control of Substances Hazardous to Health. We saw cleaning schedules were in place and domestic staff completed records to evidence when tasks were completed. One staff member said, "I have a sheet that tells me what to clean, how and what products to use." Window restrictors were in place to reduce the risk of potential harm or injury to people who lived at the home. The registered manager checked and documented water temperatures to ensure water was delivered within safe temperatures. The service's electrical, gas and legionella safety certification was up-to-date. We found the provider had extensively invested in the design and decoration of the home. For example, communal areas were spacious, bright and furnished with comfortable items to benefit and improve people's wellbeing.

We assessed staffing levels and skill mixes to check people's complex requirements were met with a timely approach. We found there was a sufficient workforce, fully trained and able to deliver care in a compassionate and patient manner. One staff member commented, "I have the time to do my job properly." The management team supported staff in the service delivery. They also had the time to focus on their own responsibilities. The registered manager was keen to ensure people had consistency of staff to assist them to build strong relationships. This included transport, kitchen and housekeeping employees. We observed a calm, unhurried and relaxed atmosphere throughout our inspection. One relative told us, "The staff are never rushing around. They have time to help [my relative] carefully and are patient with him. There's plenty of staff around."

Staff we spoke with confirmed they did not commence in post until the management team received relevant checks. Staff profiles we reviewed contained required documentation, such as application records, references and criminal record checks from the Disclosure and Barring Service. The registered manager checked each candidate's suitability, skills and full employment history to assess they were appropriate to work with vulnerable people. To assist them in their new roles, staff had a good level of induction training and support. One staff member commented, "It's ten days of face-to-face training followed by shadow shifts until we feel confident and ready."

Each person's care file contained a person-centred approach to the safe management and administration of their medication. This included a list of people's medicines, what they were for, dosage and frequency, how they should be administered and common side effects. This, along with individual medication care plans, provided a good understanding for staff about each young person's specific requirements. Furthermore, staff had relevant training and competency testing to assist them in the safe administration of medicines. We looked at three people's medication charts and saw there were no gaps and risk assessments were in place to reduce any potential hazards. Storage areas were clean, tidy and organised. The registered manager completed regular audits to monitor medication systems and check people received their medicines safely.



Our findings

Relatives told us they found staff were skilled and knowledgeable about supporting their family members. One relative said, "They understand how to look after [my family member] and are really experienced." Another relative added, "The most important thing is that [my relative's] understood and that's the case with these staff."

The registered manager told us staff had completed nationally recognised courses in health and social care to underpin their expertise. Staff records we saw showed a range of training delivered. This covered, for example, managing behaviour that challenges, environmental and fire safety, health and safety, movement and handling, infection control and first aid. Specialised training was also given in relation to the complex requirements of people who lived at New House Farm. This included autism, Asperger's, learning disability and mental health. A staff member commented, "I feel well supported to do any training. I'm ambitious and [the provider] are supporting me to progress." We found training was underpinned by competency testing of staff skills.

Staff told us they received regular supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. One staff member said, "I talk with [the registered manager] on a daily basis, but formal supervision is helpful in looking at our progress, as well as the service and the young people we support."

We found the kitchen was clean and modern. Staff completed effective procedures in the management of food safety practices, which were further enhanced by food hygiene training. The Food Standards Agency had awarded the home their highest rating of five stars following their last visit. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We observed people who lived at New House Farm were supported to enter the kitchen and choose what they wanted to eat. Lunch was a relaxed social event and people were assisted to have their meals wherever they chose. Staff checked each person had enough to eat and supported them with a caring, patient attitude. Family members told us their relatives enjoyed their meals and had plenty to eat and drink. One relative said, "The food is good and there's a good mix of meals." We saw hens were kept within the grounds of the home. Staff and people who lived there grew large amounts of various fruit and vegetables, which were used in the cooking of meals. A staff member told us, "We use the vegetable garden, such as potatoes

and carrots, and we have eggs of course. We're not self-sufficient, but we're getting there."

The management team completed in-depth risk assessments to minimise the risk of malnutrition or obesity. We saw good evidence of weight and food intake monitoring, as well as action taken to support those young people who were overweight. This included involvement with healthcare professionals, such as GPs and dietitians. As a consequence, the home was highly effective in reducing people's obesity. One relative told us, "They've been amazing with [my family member's] weight. I understand things much better because the staff have helped me to understand." Furthermore, files contained detailed information in relation to people's associated behaviours. For example, how the young person expressed themselves when they were/were not hungry or thirsty. Staff completed a long list of each individual's food preferences and dietary requirements.

People or their legal representatives had recorded their consent to support and treatment in their care files. This included decision-specific agreements related to, for example, trips, activities, medication, care planning, information sharing and photographing the individual. We noted, where applicable, staff recorded when a young person was unable to provide consent due to their level of understanding. Where people did not have capacity, staff documented who they consulted with in relation to their care requirements, such as their parents. One relative said, "It's very difficult to know if [my family] member gives consent or not. The staff do observe his behaviour and try different things, but they respect him and don't push. They respect his decisions he makes."

Staff and the registered manager had a deep respect and understanding of each young person to enhance their effectiveness in care delivery. This included a detailed awareness of managing behaviour that challenged the service. They worked as a team to review what worked well and what did not. A relative said, "[My family member] has regular key staff who follow his routine. That is so important to his support and development."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us two people who lived at the home were deprived of their liberty to safeguard them. We found up-to-date records were available, which included advocacy and best interest assessor involvement and mental capacity assessments.

Throughout our inspection, we observed staff did everything possible to ensure they did not limit people in any way. There was an enthusiastic approach to ensure each person was supported to go where they chose and do the things they were interested in. The registered manager told us, "When someone demonstrates changing behaviour we all think out of the box to ensure restraint is the very last thing we do." This ethos was shared and valued by the staff team, who had related training to strengthen their knowledge and skills. One staff member commented, "We don't want to use restraint. Best Interest meetings and discussions help us to understand and implement the best way of helping people."

Care records we looked at evidenced how staff and the management team worked cohesively with other healthcare services to retain people's continuity of care. This included access to GPs, social workers, dental services, advocates, community and hospital services, specialist education facilitators and consultants. Appointments and visits were documented, along with any outcomes, follow-up procedures and required amendments to care planning. One relative said, "The staff always arrange a GP appointment whenever there are any concerns. That's reassuring."



Our findings

We observed staff were caring towards people who lived at the home and consistently supported them with dignity and kindness. One relative confirmed, "All staff are very caring and friendly." Another person told us, "I'm very happy overall with the service." A third relative commented, "Whenever [their family member] comes home to us he's always clean and well dressed." A staff member stated, "It's so satisfying to see the huge progress the young people make. I'm so passionate about that."

We saw a display board in the dining room that contained a photograph of each person who lived at the home. A smaller photograph was attached to each one, which denoted the staff member supporting them for that day. This was an additional system to help people identify staff on duty and to make links with them. Each person had a named staff member as their keyworker who they developed a working bond with and went to for any additional support. We observed staff were passionate about their work and clearly enjoyed building relationships with those they assisted. One staff member commented, "You get so much out of the young people. It's great seeing them doing things they've never done before, seeing them happy."

The design and adaption of the home was made with the young person in mind. For example, all areas were spacious and brightly decorated. Showers were hand-swipe operated for people's ease of use. This was particularly beneficial to those individuals who preferred long showers as part of their coping strategy and anxiety management. We found bedrooms were personalised to the young person's preferences, including their personal belongings. The home's guide for parents and carers, 'Life at New House Farm,' included the statement, 'We encourage the young people in our care to personalise their bedrooms.' A relative commented, "It looks like a home, not a care home. It's got a lovely interior and my [relative] has settled quickly because of that."

We observed staff had a calm and non-confrontational attitude when they engaged with the young people who lived at New House Farm. They used simple phrases, as well as hand signals and body language, to communicate without overwhelming individuals with information. When the person demonstrated a lack of understanding, staff were patient and continued with different approaches until the information was grasped. Additionally, they encouraged the young person to use a variety of communication methods to reduce their frustration and anxiety levels. One relative said, "It's a tranquil place with minimal disruption. The staff know how to support the residents and manage their behaviours."

We observed staff made every effort to recognise the uniqueness and diversity of those who lived at New House Farm. This included respect and support to maintain their religious and cultural practices. The

provider ensured staff had relevant training to enhance their skills and knowledge, such as guidance about the Equality Act 2010. Staff documented how the person identified themselves as, including their culture and faith. A relative told us, "The home treats [my family member] as an individual and understand that not everyone is the same."

The management team went to great lengths to understand those who lived at the home. Care records included assessments of their personal aims and objectives, key skills and life stories. Support planning was based around achieving maximum independence and assisting the person to move on to older adult services. We found all documentation was developed in consultation with each person and their relatives and this was recorded in their care files. Additionally, the management team met with the individual's family on a regular basis to check they were providing good standards of care. They further explored with relatives any other support they felt could enhance the young person's welfare. One relative told us, "They ask me all sorts of things. The staff respect me and that I'm his [relative] and know him well."

Information was made available in the home's guide for parents and carers about advocacy services. This included contact details and reference to their purpose. Consequently, people could access advocacy if they required support for their voice to be heard.

Records we reviewed included information about the young person's family members and friends who were important to them. This also covered support to maintain those relationships and relatives told us they felt welcomed by friendly, caring staff when they visited. The registered manager said one person's relative regularly joined in on the group activities, which helped to maintain their family relationships. They added, "We went to the Pleasure Beach recently and it was great to see [the relative] and [their family member] having fun together."



Our findings

The registered manager provided a wide range of activities suited to the individual needs of young people who lived at New House Farm. One relative said, "They send us photos of [my relative] doing things like baking and other activities. It was wonderful to see them and share with the family." Another relative told us, "[My family member] has regular activities, which keep him occupied." A third family member commented, "I'm pleased the staff encourage and allow me to gout on some of the trips. That's an essential part of my relationship with my [relative]."

On our arrival, we found people who chose to were setting off for a trip to a sensory service. The purpose of this was to provide individuals with regular access to an external organisation for stimulation and social interaction. Beanbags were provided in the communal lounge for the young person's comfort and to encourage a social atmosphere. A range of games and DVDs was available in this area, along with televisions, which were also in all the bedrooms. Where requested, we also found people had access to their own computer system for fun and learning activities.

New House Farm was situated within farmland, which gave people who lived there access to farm animals. There were also extensive gardens where they were supported to plant and grow their own fruit and vegetables. The registered manager told us, "All the young people enjoy watering the plants." The garden included a swing, trampoline and seating, which were regularly utilised by people who lived there. A relative commented, "They bought a trampoline because [my relative] seemed to enjoy it on a previous trip out. I joined him on it recently, it was really good fun." The home assisted individuals to feel a part of the local community by empowering them to access school, college and their preferred external activities.

Records we looked at were highly detailed and staff used a person-centred approach to planning and delivering people's support. This included a 'communication dictionary' of signs, words and behaviours each person and staff could use to engage with each other. The ethos of the service was to assist people to progress towards a well-organised and best possible discharge. Short, medium and long-term objectives were designed and agreed between staff and the young person or their representative. This meant care planning was progressive, assisting people to achieve realistic goals at their own pace. For example, we saw one individual's initial aims were to reduce their behaviour that challenged and steps to develop their independence. Their care plan then evolved towards going out to local facilities, such as a nearby shop, and assistance to reduce levels of support they received. A staff member said, "We want to help the young people move forward. We're passionate about helping them to develop life skills."

Evidence in care records showed staff were required to sign the person's file when they had read and understood their support requirements. We found the review and update of people's care was undertaken with a multidisciplinary approach. This was completed regularly with the young person or their representative and all other professionals involved, such as education facilitators and care co-ordinators. A relative told us, "The home answer my questions positively, which is reassuring. [My relative] is doing very well."

Care records we looked at gave staff an in-depth understanding of each person who lived at New House Farm. This included where they came from, their backgrounds, life history and how to support them. We observed staff used this information in practice to provide care that was responsive to the young person's individualised requirements. Additional details covered people's wishes related to, for example, care delivery, activities, culture, religion, sleep and rest, preferred name and nutrition. For instance, we saw staff recorded in one person's plan they liked to have a long shower if they felt anxious. Further information outlined the individual should be offered a longer shower if they remained anxious afterwards. Staff also documented the young person's key skills and abilities to manage aspects of their own needs. A relative told us the service had provided highly responsive care to their family member, which resulted in their development. They added, "I want him to stay there until he's 25, their maximum age, because they have done exceptionally well with him."

Staff checked with others familiar with the young person, such as their relatives and care co-ordinators, about their behaviours and signals. This included how they expressed complaints or if they were unhappy about something. Staff also received training in the management of complaints to strengthen related procedures. A staff member explained, "I would know by their moods and using the moods board. If they're not happy with something I would tell [the registered manager]." Relatives confirmed details were provided to inform them about how to make a complaint.



Our findings

There was a registered manager responsible for the oversight and day-to-day management of New House Farm. Relatives told us they found the management team led the home well. One relative said, "The managers are very good, they run a great service." Another relative commented, "If there are any problems I can talk with the management. I find them transparent, which is reassuring to me." A third family member stated, "All the staff and managers are very caring."

The management team ethos was about keeping relatives updated and involved in people's care and the running of the service. A relative told us, "The managers are very informative and keep me up-to-date by email or phone. They are ahead of the game and do a good job." The registered manager checked people, relatives and healthcare professional's views about the quality of care delivery. For example, they completed regular surveys to look at everyone's experiences of New House Farm. Comments from professionals included, 'Staff friendly and informative,' 'Very clean and homely,' and, 'Information sharing is very good.' Statements from parents were, 'You guys are doing a great job. [My relative] is so happy,' and, 'Great team support.'

We found the service had a calm atmosphere and staff were happy and smiling in their duties. One staff member said, "I really enjoy it here, I absolutely love it. It's so rewarding." Staff told us they felt the management team worked well with them and supported them in their roles and responsibilities. Another staff member commented, "[The management team] are really on the ball. They're here every day and will point anything out that needs doing. They're good managers." A third staff member added about the registered manager, "We work well together and I know how high her standards of care are."

Staff we spoke with confirmed monthly team meetings were held, which focused on fostering a good working relationship with the management team. We reviewed minutes from the last meeting and noted a wide range of topics were explored. This covered, for example, medication procedures, the MCA, training, communication, health and safety, infection control and safeguarding principles. Staff were encouraged to discuss progress made by those who lived at the home, including risk management, behaviour changes and individual goals. Meetings further discussed each person's achievements to help staff better understand people and their contribution in supporting them.

We found the registered manager had a range of audits to monitor quality assurance and maintain people's safety. These covered, for example, care records, staff files and recruitment. Additional checks were carried out to review the environment, including health and safety, fire safety, effectiveness of window restrictors

and infection control. The registered manager reviewed records to check changes in people's support and how this could be improved. Where audits identified any issues, the registered manager told us they would take actions to address them as part of their lessons learnt process. This demonstrated the management had good systems to maintain everyone's welfare. They underpinned this by working with local services in implementing good practice and sharing information.