

Crediton Care & Support Homes Limited

Burridge Farm

Inspection report

Sandford
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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



Overall summary

This unannounced inspection took place on 5 November 2015 and was completed by one inspector. Burridge Farm is registered to provide care and support for up to six people with learning disabilities and/or autism. This service has not previously been inspected by the Care Quality Commission. At the time of the inspection, there was six people living at the service.

A registered manager oversees this service and another belonging to the same provider. 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.

Recruitment was not robust and had not included all the checks needed to ensure new staff were suitable to work with vulnerable people. The registered manager rectified this within a week. He ensured all staff recruitment files had checks and references in place to show staff were suitable and that their previous work history had been fully explored.

Summary of findings

Care and support was well planned and followed good guidance and best practice. People's healthcare needs were closely monitored. Where people's needs had changed, advice and support was sought from specialist healthcare professionals in a timely way.

Staff understood the needs and preferences of people they supported and spoke passionately about their role and the people living at Burridge Farm. There were good relationships between staff and people who lived at the service. Care and support was being provided in a sensitive and caring way. There was sufficient staff available throughout the day and night to meet people's needs. People were supported to eat and drink in a relaxed and unhurried way.

The ethos of the service was centred on enabling people to live fulfilling lives. Staff worked in a way which showed

this ethos was being promoted. People were given opportunities to do activities of their choice. People were also helped to gain skills and interact with the local community.

Staff undertook training and received support to do their job safely and effectively. Risks had been fully considered and actions put in place to minimise any assessed risks. Medicines were being safely managed and administered. Complaints were acted on swiftly and relatives said they were able to voice their opinions and views.

The registered manager and senior team promoted an open culture and strong leadership. Staff felt valued and listened to. Systems were in place to ensure the quality of the service was reviewed including the views of people and their families. The premises and equipment were managed to keep people safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mostly safe, but recruitment was not effective in ensuring checks on new staff were completed.

Staff were able to demonstrate a good understanding of what constituted abuse and how to report it if concerns were raised.

People's risks were assessed and managed to ensure their safety.

Staffing levels met people's needs.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who were trained to meet their emotional and health care needs. Staff received supervision to enable them to be effective in their role.

People were supported to make decisions about their care and staff obtained their consent before this was delivered.

The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People were supported to access healthcare services to meet their needs.

People were supported to eat and drink in an unrushed and supported way.

Good



Is the service caring?

The service was caring.

People were supported by staff who were friendly, caring and respectful.

Staff respected people's privacy and supported their dignity.

People were able to express their views and were actively involved in making decisions about their care, treatment and support.

Good



Is the service responsive?

The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People's or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good



Summary of findings

Is the service well-led?

The service was well led.

People's and staff's views and suggestions were taken into account to improve the service.

Incidents and accidents had been analysed to see if there were patterns or themes which could be avoided.

The provider's visions and values centred on the people they supported. A number of effective methods were used to assess the quality and safety of the service people received.

Good



Burridge 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.

This inspection took place on 5 November 2015 and was unannounced. The inspection was completed by one inspector.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us

about by law. We reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met with four people using the service, to gain their views about the care and support they received. We also met with seven care staff, the registered manager, the assistant manager and an administrator. We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

Following the inspection we spoke with two relatives and two health care professionals.

Is the service safe?

Our findings

Staff recruitment was not as robust as it should have been to help to ensure people were protected against the risks of employing unsuitable people. One staff recruitment file showed their DBS checks had been done by a previous employer in 2013. A senior staff member said they had been advised by the Disclosure and Barring Scheme (DBS) service they did not need to apply for a new DBS check. This was not correct information. The registered manager said they would ensure an application was made immediately, but assured us they had taken other steps and checks to ensure this staff member was suitable to work with vulnerable people.

Two other staff recruitment files did not have evidence to show satisfactory checks had been made on their previous employment. The registered manager said this would also be addressed, but that they frequently had difficulty in obtaining references for potential new staff. Since the inspection the registered manager has assured us all checks and references were now in place for all staff working at the service.

People indicated they felt safe and secure at Burrridge Farm. For example, one person said “I like it here.” Our observations showed people looked comfortable and relaxed in their surroundings and with the staff working with them.

Staff confirmed there were sufficient staff available to meet people’s needs. One staff member said “There is always staff on each shift to make sure people who have one to one support get this. If there is a shortage, say for sickness, senior staff step in or sometimes staff from our other home.” A senior member of staff said “If we need extra staff, say for outings, we have them. We already have extra staff on rota some days to accommodate people going to clubs and outings.”

The staff rotas showed there were normally four to five staff, plus a team leader for each shift. In addition, there was an assistant manager, cook and cleaning staff who worked across both sites owned by the provider.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There had been three safeguarding concerns raised

by the service in the last 12 months. One healthcare professional said the service was professional in working with them on a safeguarding issue stating they “found the management team to be very supportive of the process and adaptable to changing support needs where and when necessary.”

Risks assessments were in place and were up to date for people’s physical and mental health needs. For example people had a hospital passport, which detailed their needs and wishes in an easy to read format. This was available for them to take if they needed to go to hospital and would help to inform staff about how best to support them whilst receiving treatment.

Risk assessments included details about how to support people in a way which allowed them to be as independent as possible, but also kept them safe. For example, when assisting a person with their personal hygiene, the risk assessment detailed what risks had been assessed, what the person could safely do for themselves and what staff must do to keep them safe.

Where people were at risk of deteriorating mental health, the registered manager and senior staff were in close liaison with the consultant psychiatrist and other healthcare professionals. This was to ensure the risks were reduced and people were supported with medication if needed, but also with emotional support. One healthcare professional said “This provider will contact me sharing relevant information quickly and/or seeking advice when problems arise.”

Medicines were well managed and people received their medicines at the time it was prescribed. Records for medicines were completed appropriately and consistently. Medicine records matched the prescribed medication totals in the home and where appropriate staff had double-signed entries to help prevent possible errors. There were care plans for medicines which were not prescribed for daily administration (PRN), which included what staff should consider before considering administering a medicine. This might include directing staff to offer other options such as a hot drink, a chat, some quiet time in their room. Where PRN medicines had been used on a regular basis, the consultant was contacted to request a medicines review and for advice and support. There had been seven medicines errors in the previous 12 months, so staff were now ensuring all administration of

Is the service safe?

medicines was completed by two staff members. Staff were offered additional training in medicine management, and more regular checks were completed on staff competencies to complete this task.

Each person had a personal evacuation plan in the event of a fire and fire risks had been fully considered, together with regular checks on fire equipment, training and evacuation

procedures. Maintenance records were up to date, and safety checks were completed by the provider on a weekly and monthly basis to ensure the environment was safe and well maintained.

In the next 12 months the provider is looking to build a conservatory off the lounge, to open it up, letting in more light, and creating a lot more space for people to relax in. They are also planning to create a further wet room in the bathroom.

Is the service effective?

Our findings

People said they liked the staff who worked with them. People were supported to have their needs met by staff who understood these and were given training and support to provide care and support effectively. Training included all aspects of health and safety as well as some more specialised areas such as working with people with autism, epilepsy and specific healthcare conditions. One staff member said “Previously I have worked in other care homes, but not learning disabilities. The training here is very good. There are always courses you can do and if you want they will support you to do further training. I am hoping to do my diploma in care.”

New staff were required to complete an induction programme which included completion of the new nationally recognised Care Certificate. This ensures new staff have a comprehensive induction covering all aspects of care. New staff also undertook a number of shifts working alongside more experienced staff. They were also given time to read care plans and risk assessments to help them understand people’s needs and how staff support people. Staff confirmed they had been supported as new members of staff and were given time to get to know people before they were included as part of the shift. One staff member said “I had never done this type of work before I came to work here. I feel I have been given lots of support as a new care worker. I love this job and am glad I came.”

Staff confirmed they received regular supervision time, where they met with their line manager on a one to one basis to talk about their role and any identified training needs. Supervision records showed, best practice was discussed and staff were offered opportunities to reflect on their practice and seek further training.

The registered manager understood the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered

manager demonstrated a good knowledge of their responsibilities under the legislation. We had a discussion around the supreme court ruling regarding when DoLS applications were now required. The registered manager confirmed they had acted on this change in legislation and people had DoLS in place or applications were awaiting assessment by the local authority.

Staff understood how to work in the least restrictive way to protect people’s human rights and work within the legislation. Staff confirmed they had received training in MCA and DoLS and knew what safeguards were in place for people. Staff described ways in which they ensured people had choices throughout their day. Where restrictions had been put in place for people’s safety, staff provided support in a sensitive way. For example one person needed close supervision with some aspects of their care. Staff provided care and support, but also gave the person space and time to do some things for themselves and to complete tasks at a pace which reduced their anxieties.

People were supported to eat and drink to ensure they maintained good health. Where possible people were encouraged to help be involved in preparing drinks and snacks. One person had made a cake for everyone and we saw other people who were assisted to make their own drinks. The main meal of the day was prepared by a cook at teatime. The cook said they varied the menu to include people’s likes and dislikes. If someone did not want the main meal offered there was always an alternative. People were also offered opportunities to share takeaway meals and to go out to local pubs and cafes to eat. Where there was an identified concern about people’s weight, staff monitored their intake and offered support to the person to eat alternative healthy options.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. For example one person had reported feeling low in their mood and a referral was made to the GP and consultant for a review, support and advice. Healthcare professionals said they “have always had a good relationship with the team and they have never been afraid to contact us, something we are always happy to support.”

Is the service caring?

Our findings

People said they liked the staff who worked with them. One person said “All the staff are very nice.” One healthcare professional said “We have looked to Burr ridge Farm to support one of our most complex users. I have found them to be very supportive and caring and this has been born out by the effect a change of placement has had on the individual concerned.”

Staff spoke with regard and genuine affection about people they supported. One staff member described how they had enjoyed getting to know a newer person to the home and how they enjoyed their sense of humour. A staff member described how one person was enjoying spending time walking a staff member’s dog and said how great it was to see the person enjoying having a role and purpose. This showed the staff respected people as individuals. Similarly

staff handover meetings showed staff talking about what people had been doing during the shift, what they had enjoyed and achieved. The emphasis had been on positive aspects of the day for people.

We observed affection and empathy being shown in the way staff worked with people. One person who had complex healthcare needs was treated sensitively by staff, to give them the reassurance they needed. There was also a great deal of banter and laughter and staff and people were involved in an art session where lots of glitter had been involved.

Staff understood the importance of offering people choice and respecting people’s wishes. For example when one person became distressed, they were offered time on their own to calm down. Another person was being supported to wear more appropriate clothes, but at the same time staff respected their choice and need to wear particular items of clothing.

Is the service responsive?

Our findings

Care plans and daily records showed staff worked in a way which was responsive to people's needs. For example, people who wanted to go shopping, were supported to do so on a regular basis. Where people had developed interests and passions, these were encouraged and supported. For example one person was being supported to do a work placement in local hairdressers as they wanted to work. Another person was supported to do more physical activities as they enjoyed doing these. Staff confirmed they worked in a way which responded to individual's needs and wishes. One staff member said "When one person was fixed on watching the clock, we took the clock outside with us so they could still enjoy feeding the animals." Another staff member described how one person was a talented artist and this had been encouraged in various projects around the home. They had painted a mural on the bathroom wall. They had also started to create some dinosaurs to paint with luminous paint to decorate the driveway.

Care plans, including detailed assessments, were completed and up-to-date, from initial planning through to on-going reviews of care. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Care plans are a tool used to inform and direct staff about people's health and social care needs. People's care plans covered their nutritional needs, communication needs, continence, sleep, mobility, personal hygiene, oral hygiene,

eyesight, hearing and any specific conditions such as epilepsy. This enabled staff to know what kinds of things people liked and disliked in order to provide appropriate, personalised care and support.

People confirmed they were supported to do a range of activities and follow their own interests. One person had been supported to have a pet rabbit. Another person had been supported to follow their interest and passion in outdoor activities. The PIR stated "people had their own personal individual shop day which they can choose what they would like to do on that particular day with their 1-1 support staff. At service users' meetings they all get to choose what outing/Activity they would like to do week to week and take it in turns so that every-one gets to arrange a group activity." Staff confirmed they ensured people were given choices and options about where they would like to go and what sorts of activities they took part in. One staff member described how one person had enjoyed taking out a staff member's dog for walks. They said "Just something simple like this gives the person a sense of doing something worthwhile and you could see how much they enjoyed this experience."

The service had a complaints process, which was provided in an easy read format. The complaints records showed issues raised had been dealt with swiftly. For example one family had raised an issue about not having enough contact with their relative. The registered manager spoke with the person and agreed a way forward so they would have regular contact from the person's keyworker and updates via email about how their relative was doing.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager was experienced and suitably qualified. They also manage the providers other service which was a few miles from Burr ridge Farm. Burr ridge Farm also had an assistant manager and full-time administrator to ensure continuity of management. People and staff were aware of who the manager was. Staff said the management team were open and inclusive and believed their views were listened to. One staff member said “The managers here are very good. You can make suggestions and they listen to you.”

We observed there was a positive culture at the home and a pleasant atmosphere amongst the staff. Staff respected the leadership at the service and were happy to approach the registered manager if they had a concern or a question and had a clear understanding of their roles and responsibilities. The ethos of the service was centred on enabling people to live fulfilling lives. Staff worked in a way which showed this ethos was being promoted. Meetings held with staff and people who lived at the service showed they were striving to ensure people had opportunities to do activities which were meaningful to them and gave them opportunities to access and be part of the local community.

Staff worked well as a team, there were good communication systems for staff through daily handover

meetings and staff meetings. People’s views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. Relatives also confirmed their views were considered.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents. Audits were completed on the number and nature of accidents and incidents to see if there were any trends or learning needs for staff. One person had recently had a number of incidents and these had been clearly followed up with requests for additional support from the specialist team.

The service undertook audits to review the safety and suitability of the building, the medicines management and the care plan documentation. Where audits identified issues, actions were taken to address these. For example where medicine records were not complete, staff were reminded to double check they had completed this, and were now completing this in twos. A system was in operation to audit the safekeeping of people’s monies. This included an audit trail of where monies were being spent. Access to the safe, where people’s money was kept, was only available to the administrator and assistant manager. If people needed cash when they werenot available, staff had access to a float.

Healthcare professionals confirmed there was a good partnership working with the service and it was clear the registered manager worked to ensure there were also good links with the local community. For example, one person had a work placement in the local town.