

Cabrini Care Limited







Spring Bank Farm

Inspection report

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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	

Overall summary

We inspected the service on 06 and 07 November 2014. Spring Bank Farm provides accommodation and personal care for up to 7 people, male only. On the day of our inspection 5 people were using the service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived

Summary of findings

of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The manager had applied the principles of the MCA and DoLS.

There were enough staff with the knowledge and skills to provide safe and appropriate care and support. There were systems in place to protect people from the risk of abuse.

People were able to receive their medicines as prescribed.

People were treated as individuals. Staff knew them well and understood their individual preferences and respected their choices. We observed how staff treated people with dignity and respect.

People had access to sufficient quantities of food and drink. Staff monitored their nutrition and hydration requirements regularly.

Referrals were made to health care professionals for additional support or guidance if people's health changed.

There were audits of the quality of the service taking place to continually improve the way care was provided to people who used the service.

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 safe.

People were protected from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People who lacked capacity were protected under the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards

Staff received training and supervision to support people effectively.

People were supported to maintain their hydration and nutrition.

Good



Is the service caring?

The service was caring.

People's opinions mattered to staff and families were fully involved in the way care was being provided.

Staff were seen to provide warm and caring approaches when supporting people.

Good



Is the service responsive?

The service was responsive.

People's health was monitored and responded to when their health changed.

People were supported to pursue their interests and hobbies.

Good



Is the service well-led?

The service was well led.

Parents of people who used the service and staff who worked there were very complimentary about the manager and felt that she was a good leader, open and approachable.

Parents of people who used the service felt there had been continuous improvement in the way the home was managed and the quality of the care being delivered.

There were systems in place to improve the quality of the service and audit systems were being established to ensure the quality of the service was sustained.

Good



Spring Bank 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 carried out 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.

We inspected the service on 06 and 07 November 2014. This was an unannounced inspection. One inspector carried out the inspection.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also

contacted Commissioners (who fund the care for some people) of the service and asked them for their views and we read a copy of the local authority contract monitoring report.

People who used the service were not able to tell us about their experience of the care they were receiving due to their communication difficulties. We spoke with four relatives of people who lived at the service, five members of care staff, the manager and a team leader. We also spoke with staff from the Community Learning Disability Team. We observed care and support in communal areas. We looked at the care records of two people who used the service, two staff files, as well as a range of records relating to the running of the service including quality audits carried out by the manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Parents of people who used the service told us that their children experienced safe care. One parent told us, “He is always happy to come back here after we have taken him out. I am not worried at all, he is safe.” Another parent told us, “I feel my son is absolutely safe here, I am confident they keep an eye on him all the time. My son had some bad experiences in other care homes but here we feel that he will be safe even when we are no longer around.”

Staff had been trained to recognise the different types of abuse and knew what to do if they suspected abuse was happening. They told us they knew how to access the policies and procedures if they needed to share concerns with the local authority. Staff told us they had never had any concerns about the way people were supported.

The manager had taken information of concern seriously and records showed that where necessary they had taken disciplinary action to keep people safe from staff who were not suitable to support them. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of its recruitment process. These checks are to assist employers in making safer recruitment decisions.

People had their needs assessed and the number of staff they needed to support them was planned and delivered. Staff we spoke with told us there were plenty of staff to support the needs of people inside the home and to support them in their daily activities in the community. The manager told us that they were able to cover any unexpected absences with staff who knew people well, due to the number of staff employed. We observed staff supporting people safely in accordance with their needs.

Parents of people who used the service told us that their children experienced support to go out regularly. One parent told us they had delivered a training session for the staff to tell them how to encourage their son to go out and participate in activity safely. “They go that extra mile here; they want him to do well.”

People were supported safely to go out into the community. Staff were insured to drive the company

vehicles to transport people. The provider ensured staff were safe to support people by checking their alcohol levels at the start of each shift and undertaking random drug tests.

People were supported safely in the local community. We saw the risk assessment records for one person describing step by step guidance on how to support them safely to go out for a country walk. The information informed staff how to engage with them and what the communication signs were for recognising when the person wanted to return home. Staff had strategies to manage any incidents that could occur when escorting people in the community. Staff told us they carried a card, which we saw. The card could be used to discreetly inform any members of the public who staff were and how they could pass any concerns they may have to the provider.

Risks within the environment had been considered and planned for to protect people from unnecessary harm. Chemicals that could cause harm were stored safely. External doors and windows were secure and people were asked to sign into the home. Fire equipment was regularly serviced. Daily checks on equipment, vehicles and staff belongings were in place to ensure that risks were minimised.

People who used the service were unable to administer their own medicines. Staff told us they received training to give people their medicines safely in accordance with best practice. Staff had their competency checked by the manager after they received training to ensure they were safe to undertake their role. A staff member told us, “I have completed my training but need to be signed off as competent before I am allowed to administer medicines.”

People were able to receive their medicines as prescribed and their medicines were always available because they were ordered regularly, recorded each time they were administered and destroyed in accordance with best practice. Staff understood what side effects to look for because they had a resource file of all the medicines in use. We observed a member of staff administering medicines and saw they followed safe practice.

We saw how medicines prescribed on an as required basis were properly monitored so that people’s behaviour was not controlled by excessive or inappropriate use of medicines. Staff had clear guidance on how and when to use these medicines. There were records showing that staff

Is the service safe?

monitored the effects of the medicine over a 12 hour period. This provided the manager with evidence of its effectiveness. The records of the effects of the medicine prompted the manager to have the medicine reviewed by external professionals when necessary.

Is the service effective?

Our findings

Parents of people who used the service told us they were happy with the care and support their children were receiving. Comments included, "Staff are open, we come in and chat over a cup of tea. They look after his health well." Another parent told us, "They have done a marvellous job, my son is now back on track, coping better and happier. I was asked to talk to the staff for two hours about our son's history, they took on board exactly what we asked."

People were only supported by staff who were trained and experienced in their role. Newly recruited staff told us they had received an induction into their role and were able to work alongside experienced staff for as long as they felt they needed that level of support. Records we saw showed that the manager monitored the support and training staff received to ensure they were not left in situations they did not have the skills to manage. Staff told us they had regular support and supervision with the manager, where they were able to discuss their personal development. They told us they had the training they needed to support them to meet the needs of people who used the service.

The manager had links with NHS organisations such as the Community Learning Disability Team (CLDT). CLDT's comprise of a range of professionals including consultant psychiatrist, community learning disability nurse and speech and language therapist. The manager told us she regularly had access to the CLDT's advice and guidance on best practice. We spoke with this team and they confirmed they had been contacted by the manager and health professionals were involved in supporting people who used the service.

People with specific health conditions had their conditions monitored effectively. Health conditions such as, epilepsy, had the support of specialist NHS staff who had provided specific training to the staff on best practice when delivering their care. People had health action plans in place. A staff member discussed how they had noted a health condition for one person and referred them to their GP immediately. We saw how people were supported to attend dentists and other external healthcare specialists to manage their health.

Parents of people who used the service told us they were fully consulted about the care delivered to their children

and understood that they required supervision inside and outside of the home to keep them safe. We saw that the manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw records of appropriate applications made to deprive the liberty of five people who used the service in order to care for them safely and ensure that their loss of liberty was lawful and that they were protected.

Staff told us they had been trained to deliver positive behaviour support approaches to manage behaviours that challenged. This method minimises the use of restrictive practices and reduces the use of restrictive physical interventions. Some staff had trained as trainers in this method which is British Institute of Learning Disabilities (BILD) Accredited.

Records we saw showed that if people's behaviour put themselves or others at risk of harm they were protected from excessive control or restraint and their health was monitored. This type of behaviour was monitored closely and action was taken to minimise the use of restraint. The manager recorded all action taken to manage each incident and completed detailed records showing that an analysis was undertaken to determine any increase in behaviour or if any learning was needed. We saw one example of a person being referred to a psychiatrist when their behaviour had become worse and could put them at risk.

Parents of people who used the service told us they had no concerns about how nutrition was managed. Comments included, "His diet is managed properly and his weight is maintained."

People were involved in decisions about what they ate and drank. Their diet preferences were recorded and any support they needed with eating and drinking. What people ate and drank was recorded each day as part of their nutritional monitoring. Weight records identified any new risks. We saw how one person had access to dietary and nutritional specialists to help meet their assessed needs. We observed how people had their own locked food store and their food preferences were recorded and considered.

Is the service caring?

Our findings

Parents of people who used the service told us the staff were caring and respectful. Comments included, “Our opinions matter, we could not have found anywhere better, the staff show him fondness.”

Staff told us they understood the history of each person to help them care for them in a meaningful way. One staff member told us, “The new care plans are very good, they provide us with the information we need to help us know the individual and what is important to them.”

Staff spoke of the care taken to allocate the right staff to support people, “Those that have a bond with the person.” We observed staff interacting with people who used the service and we saw positive examples of warm and caring approaches. Staff told us they had been trained in sensory awareness which helped them understand the importance of allowing people who used the service to get close to them for example, to smell their hair.

Records showed that methods of communication were considered important. Staff developed guidance on how to communicate with each person so they could listen and

talk to them in a way they understood. The manager had a resource file on methods of communication that staff could use to support staff to effectively communicate, such as pictures and symbols.

Parents of people who used the service told us, “They always drive to collect my son when he has been home on leave every few weeks. This is so helpful.”

We saw instances of staff respecting people’s privacy and dignity when supporting them; for example, when people chose to undress they encouraged them to do this in private.

Parents of people who used the service told us they discussed how care should be provided, were consulted about any changes and staff encouraged their involvement.

People who used the service required continuous supervision from staff both inside and outside of the home. Staff were observed to be discreet and allow people space whilst supporting them. Staff did not wear uniform and could not be recognised as staff escorts when out in the community. This helped to uphold people’s dignity.

Is the service responsive?

Our findings

People who used the service were not able to be fully involved in their care planning due to difficulties verbally communicating with staff.

Parents of people who used the service told us they were able to contribute all the important information about their children to help staff put care plans in place that were individual to their needs. Comments included, “The staff keep us very involved, we are always consulted on things.”

Staff told us they had information they needed about people’s personal history, individual preferences, hobbies and interests to make sure the people who used the service had as much choice and control as possible. Activity plans we saw showed they were developed to reflect the hobbies and interests of the person who used the service.

The manager told us that since she had taken up her employment she had changed the way care was planned. She told us that 75% of the care plans had been changed and plans to complete them all were in place. The manager had taken time to involve the person’s family and health professionals in the development of the plans. Staff told us the new care plans were much better and gave them plenty of information about each person.

Parents of people who used the service told us they were able to arrange regular home visits and continue their relationships with their children. Staff would also support them if they needed help on trips out into the community.

Spring Bank Farm sits in seven acres of land. There are woodland areas and open fields which we saw people being supported to access. A trampoline area sits within the gardens and the manager told us people could attend trampoline classes locally if they wanted to.

Within the grounds there was a community resource centre for people with learning disabilities run by Springs Nottingham, (A registered charity). This offered a range of opportunities for people who use the service to develop life skills. This includes arts and crafts, a sensory room, computer room and kitchen area. We saw people accessing this facility.

The provider had just purchased an ex fire brigade fire engine which had been converted to provide a social venue for the use of people who used the service.

Parents of people who used the service told us they never had the need to complain. The manager had just implemented a revised complaint policy with recording arrangements to make sure that information and concerns received about the quality of care would be investigated. These policies were to be shared with people who used the service and their relatives.

Is the service well-led?

Our findings

Parents of people who used the service told us there had been continuous improvement in the way the home was managed and the quality of the care being delivered. Parents told us, “Staff are very open, they keep us well informed. I don’t feel we are lied to. They are always happy to talk with us.”

Staff we spoke with said there was an open culture and they were encouraged to discuss how the home was managed. They found the manager was always accessible to them. They expressed pride in their work and the achievements of the service during the last year such as, improved care planning, improved training and guidance and the manager being involved and visible by moving the office to the heart of the home.

Staff told us they had been issued with information following a recent meeting with their manager to discuss whistleblowing procedures. Comments from staff included, “The manager is a fantastic leader they are always available to talk, their door is always open. “And “The manager observes what we do; she works with us and follows the disciplinary procedures if needed.”

We observed staff speaking to people who used the service in a friendly and respectful way. Staff greeted us with professional and polite approaches. They were relaxed and happy to talk to us about the care and support they provided.

The manager told us that they asked the staff for their opinion of the quality of the service and they were given opportunities to do this anonymously so they would feel able to speak up if they had concerns.

There were instructions for staff to follow that recorded their daily areas of responsibility with each person who used the service, this included monitoring their health. The manager checked that people were receiving a consistent level of care and support through auditing these records.

We observed staff were comfortable approaching the manager throughout the day and saw that they were given support and direction. Records we looked at showed that the manager had submitted all the required notifications to us that must be sent by law.

Relatives of people who used the service had completed a survey in 2014. This had been sent to relatives by the provider to seek their opinion on the quality of the environment. We saw how meetings had taken place with the provider and manager and plans put into action to complete environmental improvements. Relatives confirmed that improvements had been made to the fabric and decoration in their son’s bedroom.

The manager told us that she was developing audit systems to monitor the quality of the service. Audit is a process or cycle of events that help ensure people receive the right care. This is done by measuring the care and services provided against evidence base standards. The manager was in the process of obtaining infection control standards from the Department of Health to measure those standards within the home protected people who used the service effectively.

The manager was being supervised by the provider and had attended meetings with him. However there were no formal arrangements in place for the provider to be clear about what they expected of the manager or how they were assessing continuous improvement in the service. The manager told us that the provider had agreed to look at ways to be assured that the quality of the services provided would be sustained.