

Albany Farm Care (Hampshire) Limited

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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 ●

Summary of findings

Overall summary

This was an announced inspection which took place on the 20 November 2017.

We previously inspected Albany Farm Care Home on the 11 November 2016 and found two breaches of the Health and Social Care Act 2008. Care plans did not always reflect peoples' needs and the provider had not consistently followed robust recruitment procedures.

At this inspection we found improvements had been made and the provider had met the regulations.

The service provides care and support for up to six people who may have a learning disability, a mental health condition or physical disabilities. Some people using the service displayed behaviours that were challenging to others and required positive support approaches from staff to keep them and others safe. Some people could not speak to us directly due to their communication needs.

There is a registered manager at Albany Farm Care Home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Record showed the provider monitored incidents where behaviours challenged and responded promptly by informing the local authority safeguarding team, the Care Quality Commission (CQC), behavioural support team and advocacy agencies.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care. Where people displayed behaviours that challenged others, staff responded appropriately by using redirection approaches.

Safe arrangements were in place which reduced the possibility of infection.

Quality assurance documents demonstrated the provider had learnt lessons and was receptive to feedback.

Staff interacted with people and showed respect when they delivered care. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and people.

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. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good ●

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good ●

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before

they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Is the service well-led?

Good ●

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

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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 checked 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 the 20 November 2017 and was announced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the provider, two support workers, the head of care and one relative. We also spoke with two people. After the inspection we obtained feedback from two healthcare professionals.

We pathway tracked two people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, staff recruitment files, feedback questionnaires from relatives and the home's internal quality assurance audits.

We observed interaction throughout the day between people and care staff.

We last inspected the home on 11 November 2016 and found two breaches of the Health and Social Care Act 2008.

Is the service safe?

Our findings

Professionals told us staff provided safe care. One healthcare professional said, "The home has had its' difficulties in the past but I feel people are looked after well"

During our previous inspection we identified the provider had not always followed robust recruitment procedures. At this inspection we found improvements had been made. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also told us they would be comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. A member of staff said, "The folder in the office gives us the phone number of who we need to phone if we wanted to blow the whistle".

Arrangements were in place to assess wider risk and respond to emergencies. The provider had operated an out of hours on-call facility which people and staff could ring for any support and guidance needed. Risks associated with the safety of the environment were managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Each person had a personal evacuation plan in place should they need to leave their residence in an emergency. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Staff had access to information about who to call and what action to take in an emergency.

The provider had appropriate arrangements in place to reduce the risk of infection. Staff were knowledgeable about the providers health and safety policies and were able to tell us how they maintained a safe environment. One member of staff said, "We wear protective equipment when we need to and we feel

the home is pretty clean and tidy". A relative said, "I have never had an issue with the home, it is always clean". Quality assurance audits demonstrated the management team monitored any infection control risks. Staff had received training in infection control.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care on a one-to-one and two-to-one basis at different times. Staffing levels had been determined by assessing peoples' level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. The management team told us about a time where they had to increase staffing levels for one person when they became distressed. We observed staff providing care in a timely manner to people throughout our inspection and people were able to go out when they wanted.

The provider's medication processes remained safe. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

The registered manager told us how the management team had learned lessons in order to drive improvement. A member of staff said, "Sometimes we haven't always received the correct information when we have assessed people and it has caused issues for us. We have made the assessment process more robust now and we have had to stand firm when deciding on who is suitable for coming here. It has worked well and now have a good balance of people in the home".

Is the service effective?

Our findings

Staff told us they received effective support and supervision. One staff member said, "We have had face to face training, training on the computer and our manager has done some stuff for us". A relative said, "I have total confidence in the staff and their ability to do the job"

During our previous inspection we identified the provider was not always meeting the requirements of the Mental Capacity Act 2005. No mental capacity assessments had been undertaken around the restrictions people had in place. At this inspection we found improvements had been made. For example, care records demonstrated decisions' made in peoples best interest had been appropriately considered and documented in were in line the with the requirements of the MCA.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection one person living at the home was subject to a DoLS which had been authorised by supervisory body. The home was complying with the conditions applied to the authorisation. The home had submitted a further two applications which had yet to be authorised by the local authority. The management team were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet. People's care plans were individualised to record the support they required with mealtimes, and where necessary additional advice and guidance was obtained from appropriate professionals. People that required support and monitoring were assisted discreetly and with understanding. People were empowered to learn about different cultures and foods, and to understand how to eat a balanced diet.

People had been appropriately assessed with support and input from healthcare professions' and relatives. A relative said, "We get phone calls telling us how (person) is doing if I don't manage to get to the house" and "I have been involved a lot in the care plans and the meetings. (Person) isn't able to say a lot but they have been part of the care reviews". Records showed activities, nutrition, personal hygiene and safeguarding were all discussion points during reviews. They also showed how the provider had worked in partnership with health and social care organisations to ensure best practice guidance was implemented in care plans and risk assessments. A member of staff said, "(Person) had a speech and language assessment because we were worried they may be at risk of choking".

People's health and social care needs were well supported, with excellent links with external providers and professionals. People were supported to attend appointments with epilepsy nurses, neurologists, GP's,

occupational therapists and visits to the dentist.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in how to support people whose behaviours challenged. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority. Staff told us that they received regular training. It was provided through training packages, external trainers and in-house, which included an assessment of staff's competency in each area. One member of staff said, "If I need help I just go and ask, I don't need to wait for a meeting".

Is the service caring?

Our findings

Relatives and people told us the service was caring. One person said, "I like it here, they take me places and look after me well". A relative said, "They have been amazing, they take care of (Person) brilliantly, they look after her like she's their own". A relative said, "I am here all time and I can see the staff encouraging people to become as independent as they can be".

The service ensured that people had access to the information they needed in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A member of staff said, "We have pictures to help people and we take photographs of the different things people do so they can remember what they have achieved when we have a care review".

Staff cared for people in a relaxed, warm and friendly manner. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff were motivational in the way they spoke with people. For example, by the way they verbally encouraged people to participate in activities, access the community and the way in which they encouraged people take pride in their personal hygiene. Staff gave us examples of how they promoted dignity. One member of staff said, "We try to encourage people to take responsibility when it comes to personal hygiene but sometimes we have to prompt". Another member of staff told us they often used distraction and said, "It's the way you ask someone, we have to be really positive about how we encourage them and then (Person) will have a wash".

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided.

Is the service responsive?

Our findings

People and relatives told us staff were responsive to their needs. One person said, "I have been involved in care reviews and they keep me updated with phone calls when I am not able to make it in". One person said, "I don't need to complain, I'm happy"

During our previous inspection we identified people had their needs regularly assessed and reviewed, however records did not always reflect these changes. At this inspection we found improvements had been made. For example, records relating to behaviours that challenged had been reviewed and updated with input from staff and relatives. People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect peoples' changes in communication. Records were person centred and contained guidance about people's personal preferences for how they liked to be supported. For example, one care plan explained how the person liked to be assisted in the community. Another care plan explained how to support a person who needed to be prompted with personal care. Each member of staff had access to care plans and daily records.

People had chosen activities they wanted to participate in. On the day of our inspection each of the three people living in the home had been out in the community. One person said, "I have just been swimming". Another person said they were going bowling and told us they went out with staff support whenever they wanted. A member of staff said, "We encourage people to get out and about but if they don't want to then we respect their choice". A relative said, "People go swimming, horse riding and they visit the castle. They are always doing things and there always seems to be plenty of staff to help them go out".

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the registered manager. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said: "I have never had to complain, this place has worked wonders so I am really happy."

Is the service well-led?

Our findings

Staff and relatives were complimentary about the management team and the provider. One staff member said, "They are all really helpful and the lead by example well" A relative said, "I wouldn't want anyone else in charge, they make sure the staff are working well and they do a good job

During our previous inspection the lack of audits to ensure that care plans and records were up to date meant that new staff may not always receive the correct information to be able to meet people's needs. At this inspection we found improvements had been made. For example, there were a number of systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents and medication. Other audits monitored and recorded any improvements required relating to the security of the home, cleanliness, hourly checks maintained and staffing hours.

Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when discussing their trip to the swimming baths. The person responded positively by smiling and laughing back. The member of staff said, "They (person) likes slap stick humour so we are always trying to have a laugh because it really helps defuse situations and encourage them to do things". These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager and other members of the management team were extremely visible and told us they had created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was good and that they were kept informed about matters that affected the service. The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with

any concerns raised.