Fenners Limited

Fenners Farm House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 15 December 2016 and was unannounced.

Fenners Farm House provides accommodation and support to a maximum of nine people with a learning disability. The home is an old, former farm house with accommodation ranged over two floors, with changes of level on both floors. Access between the ground and first floor is via a stair lift. At the time of our inspection, there were nine people living in the home.

There was a registered manager in place. 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.

At our last inspection in July 2015, improvements were needed to the safety of the service and to the management processes for identifying and driving improvements and we found breaches in three regulations. At this inspection, we found some action had been taken to improve and reduce the risk of an adverse impact on people's safety and welfare. However, there were still shortfalls, which the registered persons had not proactively identified and addressed.

The registered manager had not made all the improvements that were needed to the safety of systems for managing medicines. Processes for checking and auditing them were not robust and made it difficult to monitor medicines management properly. This led to some people not receiving their medicines as prescribed. This was a further breach of regulations and you can see the action we have asked the provider to take at the back of this report.

Improvements had been made to the way health and safety issues in the environment were monitored and assessed. However, the systems in operation for assessing and monitoring service quality and checking compliance with regulations were not robust. They did not identify the concerns we found for medicines management. The information the provider sent to us before our inspection contained information about supervision and appraisal for staff that, when we checked, was not fully reliable. The registered manager had not recognised shortfalls in this area and developed a 'recovery plan' to ensure they made improvements to their own expected standards.

People received a service which met their needs effectively. Staff were competent to fulfil their roles and had access to a range of training to develop their skills. They recognised the importance of seeking consent from people to deliver their care and of acting in people's best interests where there were specific decisions people may not be able to make for themselves. Where there were restrictions on people's freedom due to the level of supervision they needed to ensure their safety, the registered manager took action to promote people's rights.

People were able to make choices about what they ate and drank and mealtimes were a social occasion shared with staff. Staff ensured that people had enough food and drink to meet their needs and promote their health. Staff supported people to access advice about other aspects of their health and wellbeing, for example from their doctor or dentist, and from professionals in the local learning disability team. They acted on the advice they were given about people's health and understood how people's conditions affected them.

Staff had developed warm and compassionate relationships with people and people living in the home got on well with the staff team. There was a friendly and comfortable atmosphere in the home with people seeking out the company of staff to chat about their day and what they wanted to do. People's privacy and dignity was promoted and they were able to choose how and where they spent their time within the home. Staff understood the importance of encouraging people to do what they could for themselves, to maintain or develop their independence.

Staff had a sound knowledge of the needs and preferences of each person so that they could offer support focused on the needs of each individual. Staff were committed, motivated and worked well together to deliver support and consistent care for people. They recognised that sometimes things went wrong and offered people support to make a complaint if they needed this.

The registered manager had improved their understanding of which events taking place within the service they must tell us about. There were arrangements for asking people about their views and experiences of the care and support they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely and monitored effectively.

Staff understood how to manage risks associated with people's activities, inside and outside the home.

Staff were aware of the importance of reporting any concerns about possible harm or abuse.

There were enough staff to meet people's needs safely, who were recruited in a way that contributed to protecting people from the risk of harm.

Is the service effective?

Good

The service was effective.

Staff understood the importance of supporting people to make decisions about their care and of acting in people's best interests where they were not able to do this.

People had a choice of food and drink that was healthy and suitable for their needs, likes and dislikes.

Staff supported people to access advice from professionals about their health and welfare and took the advice into account in the way that they delivered care.

Is the service caring?

Good

The service was caring.

People were supported by staff with whom they had developed warm and caring relationships.

People's rights to make choices, to independence, privacy and respect were promoted.

Is the service responsive?

Good

The service was responsive.

People were supported in a way that took into account their individual preferences and which focused on their specific needs.

People were encouraged to exercise their right to raise complaints, with staff support if they needed it.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems for assessing and monitoring the quality and safety of the service were not always consistently implemented and robust.

Staff were well motivated, committed and worked together as a team in delivering good quality care to the people they supported.

Fenners Farm House

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 15 December 2016 and was unannounced. It was completed by one inspector.

Before the inspection, the provider completed a 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. The previous registered manager completed this and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law.

During our inspection visit, we observed how people were being supported and how staff interacted with them. We spoke with the registered manager and four members of staff. We spoke with people living in the home, three of whom gave us some views about their experiences. We reviewed records associated with the employment of three staff, staff meeting minutes and staff training records. We also looked at the arrangements for storing, administering and auditing medicines for three people, care records for three people, and a sample of other records associated with the quality and safety of the service.

After our inspection visit, we asked the registered manager to send us more detailed information about staff training, which she did promptly. We sought feedback from the local authority's quality assurance team and from four visiting health professionals. We received feedback from two of them who gave us permission to use their views. We also sought advice from our specialist medicines management team.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 22 July 2015, we found that the service was not as safe as it should be. The registered manager needed to make improvements to the way they managed medicines in the home. After the inspection, they told us what they were going to do to improve systems. At this inspection, we found that they had taken some action. However, further improvements were needed to ensure that medicines could all be properly accounted for, were being given to people correctly and so that any errors made could be identified promptly.

People's medicines were stored in individual cabinets within their rooms so that there was less risk of confusion and all their medicines, including prescribed creams, were available in one place. Keys were held securely in key safes to prevent unauthorised access. Staff used medicines the pharmacy supplied in blister packs, correctly and in sequence. There were no omissions from medicines administration record (MAR) charts when staff gave people their medicines, which indicated that people had received these medicines when they needed them. The registered manager had updated guidance for staff and there were daily checks in place to ensure staff correctly signed records when they administered medicines. The storage temperatures for medicines were monitored to ensure these were not adversely affected by being too hot or too cold.

However, some creams intended for external use were not always dated when they were opened. The audit process had not identified this. Once staff open creams in tubes and particularly tubs, their shelf life is shorter than their expiry date would suggest, as they are at risk of contamination. The registered manager could not therefore be sure they remained safe for use and were disposed of promptly.

Doctors had prescribed two people the same pain relieving tablets. For one of these people, we found a label added to the box of their prescribed paracetamol. This showed that, on two dates in October 2016, staff had taken 10 tablets from their stock for the other person to use. The hand over records only accounted for one of these and there was no indication that staff returned them to the person from whose stock they had been taken. Prescribed medicines for one person must not be used for another, even if the same medicine has been prescribed.

For the person who had used another person's tablets, their hand written entry on the MAR chart was inconsistent with the prescriber's intentions shown on the pharmacy label. The label showed that the person could have one or two tablets up to four times a day if they were needed. The MAR chart said the person should have two tablets in the morning and evening, leading to staff administering the medicines regularly. The transcription from the box to the MAR chart was inaccurate and not as the prescriber intended. This made the person short of the tablets at the end of the month, as they had not been prescribed for regular use. The service is not authorised to change the prescribed dose without clear medical advice.

The lack of an appropriate stock check compromised the ability of staff to identify when a new supply of tablets was required for the person and to order this in a timely way. This had resulted in the person running

out of their own supply. The registered manager could not show they had taken action to discuss their views about the prescription with the prescriber to see whether routine use was appropriate and, if so, to ensure that the person had enough of their own supply to last for the full month.

Although there had been some improvements, this was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some medicines that were not in blister packs could not always be properly accounted for. The use of some of these did not start at the beginning of the MAR chart cycle and no balances were brought forward at the beginning of the month. This meant that it was not possible to check that balances remaining in stock tallied with the signatures for the amounts given and accurately accounted for all such medicines. For two such medicines, the registered manager took action while we were present to update the MAR charts to show the balances of those not used during the month and remaining in stock. This meant that they would be easier to audit and check in the future and to monitor when a new supply needed to be obtained.

For one medicine used to control epilepsy, the registered manager said that there would have been 18 tablets been carried over at the beginning of the month. However, they had not recorded this on the person's MAR chart to confirm the balance at the start of the month. Together, we checked the signatures staff made when they administered the tablets and the amount of tablets remaining. We found that there was a surplus of one tablet, indicating either that it was not given as prescribed or that 19 tablets were carried forward not 18 as stated. This meant that the registered manager could not be confident whether an error had occurred. We discussed with the registered manager, the importance of ensuring that the system for monitoring medicines was fit for purpose and would more easily and promptly identify where there was an error that may need investigating.

At our last inspection in July 2015, we found that there were concerns for the way that risks associated with fire were assessed and managed. The registered manager told us how they would improve and we found that they had taken action to promote people's safety.

There were regular checks to ensure that fire detection equipment would work properly and records showed that both staff and people living in the home participated in emergency fire drills. This contributed to staff understanding what they needed to do and how to support people in an emergency.

Risks to the safety of individuals were assessed in their plans of care. This included risks associated with people's mobility, not eating or drinking enough, choking, and safety when they were out in the community enjoying activities. Staff were able to explain how they supported people to minimise risks and took into account fluctuations in one person's welfare that could increase their risk of falls.

We discussed with the registered manager that people's changing needs, and the listed building status for the home itself, had the potential to compromise people's safety and accessibility for people. There were no ground floor bedrooms for people. This concern was shared by a health professional who told us, "The only concern I have ever had about the home is the building not being able to meet the changing needs of the residents." After our visit the provider told us about their long term plans to develop alternative accommodation nearby. However, this was still at the design stage and likely to take many months to achieve

People were protected from avoidable harm or abuse and their rights were promoted. People told us that they liked the staff and were happy in their home. We saw that they sought out the company of staff and

were comfortable in their presence. Staff were clear in their obligations to report any concerns that someone was at risk of harm or abuse. They said they had regular training to support them in recognising any concerns and training records confirmed this.

Where one person was behaving in a way that presented concerns for another's welfare, staff acted quickly to intervene. Staff were aware of their obligations to report any concerns and told us they had access to the telephone numbers for the local safeguarding team in order to do this. They said they had no qualms about contacting the team directly and, although they would inform the registered manager, they were free to make referrals themselves if they had any concerns about people's welfare. We noted that staff had made such a referral promptly when they needed to.

Staff told us that they had been short staffed due to a small group of them leaving at the same time. However, they did not feel staffing levels were unsafe and described staffing levels as improved. We found that there were enough staff to support people safely and for people to engage in their preferred activities. Staffing arrangements corresponded with the duty roster and people were supported with activities both outside and within the home. On the day of the inspection, a staff member agreed to stay longer to provide additional cover at short notice when a colleague needed to leave their shift.

Staff told us that, if they had a very disturbed night when they were on sleep-in duties, they felt they were able to ask to leave shift early but did not often do so. The management team told us how they were intending to recruit to a waking night post. They said this was because of one person's changing needs and it would reduce demands upon staff who were sleeping in.

A staff member described their recruitment process to us. This included the checks that the management team made before they started working in the home. They said that the registered manager had taken up references, and that they had provided their employment history. They had also provided an updated enhanced disclosure of their background from the 'vetting and barring' service.

We discussed with the registered manager and general manager that the application form for prospective staff only asked for details of their current employment and two previous posts. However, in the records we reviewed, the management team had obtained separate information from applicants about their full employment histories as required by regulations. Staff records confirmed that the required checks were in place. Recruitment practices therefore contributed towards protecting people from staff who were unsuitable or barred from working in care services.

Good

Is the service effective?

Our findings

People received support from staff who had the knowledge and skills to carry out their roles competently. People told us that staff gave them the support they needed. A visiting health professional said, "I have never had any cause for concern regarding the care that the residents receive."

Staff told us that they had access to good training opportunities so that they knew how to support people. One staff member also commented to us that the management team would try to provide training relating to people's specific needs when this was required. The registered manager had identified that staff needed further training in supporting people who were living with dementia, due to people's changing needs. Most staff had undertaken this in July 2016 so that they could support people's changing needs.

A staff member described to us how they had shadowed experienced members of staff to learn how to support people competently and confidently. They said that they had not felt pressured to support people until they were confident. We noted that the duty roster showed that another newer member of staff was still participating in shadowing shifts. There was a mix of staff who were newly in post, some with relevant experience and others without, and a core of experienced longer standing staff who could provide support and advice.

The registered manager told us that they expected staff appointed to positions as senior support workers to obtain a specific qualification in care if they did not already have one. The majority of the staff team had achieved relevant qualifications.

Staff told us that the support they received had improved since our last inspection. They felt that they could ask the registered manager for support or advice if they needed it during their shifts. However, as at our last inspection, formal supervision was not taking place on a regular basis for all staff. Supervision is needed to recognise and discuss staff performance, achievements and any development or training needs so these can be addressed at an early stage. One staff member told us how they were waiting for theirs and their last one was in the summer.

When we checked staff records for dates with the registered manager, we found that newer staff were receiving support that was more regular. However, the registered manager had not caught up with supervision for some established staff, one of whom had received no record of completing formal supervision since 2013. That staff member acknowledged supervision was overdue and did not take place regularly, but said that they could have asked for it if they felt it was necessary.

We noted that there were staff meetings to talk about general issues relating to the running of the service and care team meetings to discuss people's welfare. This helped to ensure that staff were working consistently with people.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed that they had access to training in both the MCA and DoLS. They, and the registered manager, recognised the importance of seeking consent and agreement from people about aspects of their care. They were able to describe the ways that they explained any necessary treatment to people. Staff made use of symbols and pictures to help people understand and communicate their views and decisions.

The registered manager understood that some people's freedoms were restricted by the support and supervision they needed to keep them safe, particularly when they were out of the home. For example, one person needed support from two staff when they were out and were not free to leave the home if they wished. The registered manager had made applications to the local authority for these people in accordance with the DoLS and was awaiting the outcome of these.

People told us that they enjoyed their meals and that they joined in meetings to plan each week's menu. One person spent time in the kitchen with staff while they were preparing the main evening meal. The agreed menu was displayed on the kitchen wall so that staff knew what to prepare and people could see what was planned. We saw that the menu contained a range of different meals and that fresh meat, vegetables and fruit were included.

Staff were aware of people's preferences and during hand-over they discussed how one person had decided they did not want to eat their dinner the day before and were offered an alternative, which they accepted. The alternative that staff offered was listed as one of their food preferences within their plan of care, and helped to ensure the person had enough to eat. We observed that staff offered people drinks of their choice frequently.

We noted that one person chose to eat their lunch in the main lounge of the home. Others chose to eat at tables in the dining room, and staff joined them. This contributed to making the mealtime into a sociable occasion, with staff and people living in the home, chatting together about their plans.

Staff supported people to maintain their health and to access advice about it. People had access to support with their basic health from health professionals including their GP, dentist, dietician and optician. Staff also supported people with more specialist appointments they needed to manage their health and wellbeing, including support from the local community learning disabilities team, psychology or psychiatric support. The registered manager told us about the range of professionals involved in the information she sent to us before our inspection and we confirmed this from people's records.

Our discussions with staff showed that they had a sound understanding of people's health care needs and how they should support people. Two visiting health professionals spoke highly of the way that staff supported people with their health and care. One described the registered manager as, "…proactive in her management of health care and care in general." Another said that the registered manager and staff team, "…appropriately refer to the Community Team as necessary and are willing to take on board the

recommendations given, working with the clinicians to find the best solution possible."

Good

Is the service caring?

Our findings

People said that they liked the staff who supported them. We saw that they knew all of the staff who worked with them by name, and interacted freely with them. One person told us about their keyworker. They said they got on well with that staff member and that they had a say in choosing who their keyworker was. One visiting health professional commented about the staff team that, "On all occasions I have been impressed by the obvious commitment and care shown towards each of their residents and wish for them to have the best quality of life."

We observed that interactions between staff and people living in the home were warm and respectful. Staff reminded one person about how they responded to others in a clear, calm and respectful way when this was needed. Staff understood people's personal histories. This included what might be triggers to make people anxious or distressed so that they could support people if this happened. They were sensitive to one person's health condition and how this affected them. They explored whether their health was an underlying cause of their distress or anxiety.

Staff recognised that each person processed information in different ways. Some needed more time to understand it when they were planning their care and so needed preparation further in advance. Others found it difficult to assimilate information so staff provided this closer to the time of any appointments or events. This increased the likelihood that the person retained it and could be more involved in expressing their views. People had been involved in drawing up their information about the things, friends and family that were important to them in their daily lives.

People were able to choose where they wanted to spend time within the home. We noted that some people used their bedrooms for relaxation, where others preferred to use either the dining room or lounge area. One person also used the conservatory.

Some people were making plans to spend time with members of their family during the Christmas period. One person told us how they had spoken to a family member on the telephone recently. They were looking forward to a visit home. Our discussions with staff showed that they were sensitive to the needs and emotions of another person for whom this could not happen.

Staff encouraged one person with using a tablet computer as a reminder about what they had been doing and so that they could share pictures with others and their family. They supported the person to use this independently, with prompts when they got into difficulties.

Staff promoted people's privacy. Staff kept care plans securely in a locked cabinet so that people's confidentiality was promoted. Laptops introduced for completing daily hand-over records were held securely so that electronic records were only accessed by staff. Where people needed assistance or prompting to promote continence, staff were discreet in their approaches and ensured they offered support or encouragement in a dignified way.

People who wished to do so had keys for their bedrooms, so that they could keep these locked when they were away from the home if they wanted to. One person had chosen to leave the key in the lock for their room. Another person had a hook in the staff room they used to hang their keys and staff asked people's permission before entering their rooms. The registered manager also sought people's agreement to us visiting their rooms to check their medicines.

Good

Is the service responsive?

Our findings

People's care plans were undergoing review and update to ensure they were more focused on the individual needs of each person. This included a 'pen picture' of the person, what was important to them and a summary of their support needs. Some of the new records did not yet contain a great deal of detail but were in progress. Other information, such as guidance for keeping people safe, was reviewed to ensure it reflected people's current needs.

We observed at hand-over, that staff were able to describe the support each person had received and what incoming staff would need to follow up. Staff asked questions of one another about events that had taken place when they were not on shift ensuring continuity of care for people. They were also able to respond to our questions about people's support and wellbeing clearly, and confidently. We found that people received support focused on each of them as individuals. Staff displayed a sound knowledge of each person, their preferences, the care and support they needed and what was important to them.

We noted that there was information in the service about Christmas pantomimes taking place locally, and which people had discussed. People told us about the things that they enjoyed doing and that they could join in with. One person said they went to church sometimes if they wanted to, which they said was important. Another person had been encouraged to combine two of their favourite activities and interests in designing and creating a Christmas present for a family member.

Some people engaged in art and craft activities in the 'Granary' on site while we were present. People had helped to make Christmas decorations for the home, which they displayed around the home. Other people had attended day services outside the home. Staff engaged another person with a laptop computer, explaining what they were doing and involving them in discussions. We saw that people were encouraged to discuss their plans, forthcoming appointments and activities at weekly meetings with members of staff so that support could be arranged.

We saw that, after lunch, staff asked people what they needed support with and what they wanted to do. We heard staff consulting with a small group of people about what they wanted to do during the afternoon and acted upon this so that they could go out together for a drink. One person told us they had enjoyed this.

People told us that they knew they could complain about things if they needed to. They said they would speak to staff or the registered manager if something was wrong. We observed that staff offered one person the opportunity to make a formal complaint about something that happened during the course of our inspection. They chose not to do so, but staff were clear in explaining that it was their right to make a complaint if they wanted to and staff would help them with this.

The information the registered manager sent to us in their provider information return, showed that the service had not received any formal complaints about standards of care people received.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2015, we found that the service was not consistently well-led. Some records were out of date. The medicines auditing process was not working effectively to ensure proper recording and accounting for medicines and policy guidance was out of date. The registered persons had failed to notify the Care Quality Commission about events taking place within the service and which the law requires them to tell us about. Risks associated with the management of the premises were not being properly checked and managed. The registered manager told us what they were going to do to improve. At this inspection, we found that some action had been taken. However, systems for checking the quality of the service were still not fully effective in identifying remaining shortfalls.

At this inspection, we found that the registered manager was making notifications about events taking place in the home, in accordance with regulations. We received two notifications promptly following our inspection visit, as required.

The management team had introduced more regular checks and monitoring on risks and safety within the home. There were more regular checks on the management of medicines and to ensure that medication administration records were properly completed. Staff incorporated information about medicines management and any changes that had occurred during the shift into their discussions at hand-over. However, auditing processes for the storage and management of medicines not held within the blister packs supplied by the pharmacist, needed to improve further. They did not identify and address the anomalies and concerns that we found.

The provider sent us information before our inspection, in the provider information return (PIR). They submitted this promptly when we needed it. However, they could not consistently show that the systems they told us in the PIR were in place, were operating properly.

The registered manager told us in their PIR that staff had regular supervision and annual appraisals. This was one of the means cited in the PIR as contributing to keeping the service safe, effective and supporting good leadership. We asked how often the registered manager expected that staff would receive formal supervision. She told us that this should take place every two months but was not able to confirm this from relevant records. Likewise, she was not able to show that staff received annual appraisals as she had stated in the PIR. She explained that there were other events within the service, which may have contributed to oversights in delivering the supervision and appraisal programme as intended.

The local authority's infection prevention and control team highlighted the need for significant improvements in measures to control infection. The registered manager was working together with staff to ensure that risks associated with the control and prevention of infection were more robustly managed, and to respond to the findings of the report. This included replacement of one carpet in poor condition and this was underway during our inspection. We noted that the infection control officer's visit took place in August 2016 and that they said they had not received an update regarding progress. We asked the registered manager to update both us and the infection control officer. She provided prompt confirmation that urgent

action was taken in response to the report and additional clarification about other work that was in progress.

Staff spoken with were highly motivated to deliver good quality care to people and their commitment was recognised in feedback to us from a visiting professional. Staff described teamwork as good and their colleagues as supportive. They understood their roles and what was expected of them. Our discussions with the registered manager showed that there were systems in place to address staff performance if this fell short of expected standards.

People had regular weekly meetings with staff at which they could comment on what had gone well for them, suggest what they would like to do and talk about the service. There was a system in place to consult with family members for their views so that improvements could be made if required. There were also checks on the quality of the service completed by the charity "Friends of Fenners" to ensure people were receiving good quality care. The findings of their last audit, the last Care Quality Commission inspection report and rating for the service, were available to visitors to the home in the reception area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's health and safety were not properly assessed and mitigated, particularly in the way that medicines were supplied and managed. Regulation 12(1) and (2), (2)(f) and (g)