

Mrs Gemma Collins

Village Farm

Inspection report

Village Farm
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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

Village Farm is a residential care home providing accommodation and personal care for up to six people whose needs are associated with learning disabilities and autism. At the time of our inspection there were six people living at the home.

Our announced inspection of the service was undertaken on 19 and 20 September 2017.

The last inspection took place on 23 September 2015. The result of the inspection was that the service was rated 'Good.'

The service was owned by a limited company. At the time of this inspection the home continued to be managed by an established registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers ('the provider'), 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. In this report when we speak about the company, the registered person and the registered manager we sometimes refer to them as being, 'The registered persons.'

The registered persons and staff continued to have a clear understanding of how to manage risks to keep people safe and protect them from avoidable harm.

The registered persons continued to have a range of recruitment processes and checks in place which ensured staff were recruited safely. Staff were supported to have an induction to their role and received training which enabled them to carry out their responsibilities in the right way. There were sufficient staff available to make sure people's care needs were met in a consistent way.

When people were unable to make some decisions for themselves the registered provider had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. Where appropriate the principles of The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied.

The registered persons had continued to ensure there were clear arrangements to help support people to take their medicines when this was needed. The competency of staff to safely administer medications had been maintained and was regularly assessed and reviewed.

Staff were caring and positive working relationships between staff and people who used the service and their relatives had been sustained. People's privacy and dignity was maintained and the registered persons

continued to work closely with a range of external health professional to ensure people's on-going health needs were met. Confidential information was kept private.

People and their relatives understood how to raise any complaints or issues they had and were confident that if they raised any concerns the right actions would be taken to respond to and resolve them.

The registered persons continued to provide an open and inclusive culture within the service. People and their relatives had the opportunity share their views and opinions and were involved in planning and reviewing their care.

People and their families continued to be consulted about how best to develop the service and good team work was promoted by the registered persons. The registered persons maintained and were further developing their range of quality checks and audits to monitor the service in order to keep identifying and making improvements to the overall services they provided.

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 remains good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Village Farm

Detailed findings

Background to this inspection

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

The inspection team consisted of a single inspector and was announced. The registered provider was given a short period of notice before we undertook our visit. This was because people often went out into the community to take part in activities or to visit their friends or relatives. We therefore needed to be sure that they would be in.

Before we undertook the inspection we looked at the information we held about the home such as reports of previous inspections, notifications (events that happened in the home that the provider is required to tell us about) and information that had been sent to us by other organisations such as the local authority.

During our inspection we spoke with and received general comments and feedback from five people who lived at the home. We also spent time observing how staff provided care for people. This helped us to better understand people's experiences of the care they received.

We spoke with one of the registered persons, the operational director and three members of the care staff team. As part of our inspection we also met with one relative and spoke with another relative by telephone. We did this in order to obtain direct feedback regarding their view of the quality of services their family members received.

We looked at the care records of three people who lived at the home and records directly related to the management of the service. This information included the registered providers statement of purpose, procedures related to how people were supported with their medicines, information related to the recruitment of staff and rotas which showed how staff were being deployed. We also viewed records related to the support, supervision and training arrangements in place for staff who worked at the home.

Is the service safe?

Our findings

We observed staff worked in a way which supported people to be safe to do the things they wanted to do. A relative we spoke with told us, "The care staff understand the importance of safety and the well-being of the people who live here. They handle [my family member's] mood swings remarkably well."

The registered manager and staff we spoke with confirmed their approach to caring for people continued to be based on the early recognition of any signs that people might be getting distressed so they could provide sensitive interventions based on the use of re-direction and de-escalation techniques. Staff told us they were able to take this approach because they had a great deal of knowledge and understanding of each person. Through the records we reviewed and our observations during the inspection visit we could see the frequency of physical interventions needed was very low. One person told us how much they liked living at the home. Their interactions with staff were very positive and staff provided examples of how they had worked with the person to reduce the number of physical interventions they had needed to undertake to keep the person and staff safe.

Staff told us they were committed to maintaining people's independence whilst at the same time protecting them from any avoidable harm. When it had been needed, the registered manager and staff confirmed they had received training updates to ensure they continued to be able to undertake appropriate and safe physical interventions in order to protect people.

Risk assessments were in place to help guide staff so safe care could be given, for example when people went out into the community with staff. Any potential risks identified were reviewed regularly and kept updated in order to help keep people safe.

We found people were also supported safely inside the home. Records showed external organisations such as the fire service and health and safety services had completed review visits to the home and no actions had been required. We noted that the registered person's had continued to maintain up to date individual fire safety evacuation plans for each person. Staff described how these were used for reference to highlight how people should be supported to evacuate the home in the event of an emergency such situation such as a fire or flood.

The registered person also continued to have a business continuity plan in place in order to make sure people would be safe if for example they could not live at Village Farm due to a fire or flood. The plan was kept under regular review so the registered persons could ensure it was up to date.

The arrangements the registered manager had in place for the storage and administration of medicines were clear and in line with good practice and national guidance. Records also showed staff had their competency to administer medicines regularly assessed by the registered manager and the registered manager and staff we spoke with told us that only staff with the necessary training and skills were able to support people to take their medicines.

The registered manager confirmed they undertook additional checks to ensure people were supported to

take only the medicines which had been prescribed for them. This was through regular discussions with the staff team, checking handover records and reviewing the medicine administration records to check they had been completed correctly.

The support provided by staff also included ensuring people had access to their medicines when they went out in the community, or when they went to stay with their relatives or on holiday. In addition, guidance was available for staff to refer to when supporting people to take those medicines which were needed on an 'as and when required basis.' These are known as PRN medicines.

After we completed our inspection visit the registered manager shared a report they had received following a review of the medicine arrangements in place by an external pharmacist. The report information confirmed that the arrangements in place remained appropriate and no additional actions were identified as needed.

The registered person told us, and recorded information we looked at, demonstrated they continued to have safe staff recruitment processes in place. Staff we spoke with told us they had completed relevant recruitment checks as part of their application to work for the service and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff we spoke with told us and rota information we looked at confirmed there were sufficient numbers of staff available to care for each person safely. Staff were deployed in ways which meant there was always a mix of skills and experience to make sure people consistently received the care and support that they required.

The registered person had carefully planned staff rotas in advance so that wherever possible changes were kept to a minimum. When any changes in staff were needed or additional cover required the registered person confirmed they continued to employ a small well established team of bank staff who supported this approach to providing care.

Is the service effective?

Our findings

People were cared for by a staff team who continued to know people and their individual support needs well. One person said, "I am really happy here."

Staff confirmed and records showed they were provided with a structured induction when they started to work at the home. This induction complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff. It is designed to give them the training and skills required to enable them to care for people in the right way.

Staff continued to be supported to receive training specific to the roles they were employed to undertake. We saw that the registered manager maintained a record of the training that was required by each member of staff. Training covered subjects such as, autism and epilepsy awareness, communication, equality and diversity, assessing and managing risk and supporting people who may have behaviours which could challenge others. In addition staff were supported to undertake nationally recognised qualifications.

Care staff we spoke with told us there was a system for support and supervision which was led by the registered manager and senior staff. They said this enabled them to discuss any issues related to their role and training needs on an ongoing basis. One staff member described how supportive the meetings were for them saying, "It's a two way process. We can discuss any matter and it helps me to focus on any extra training I might need. The records of the meetings are signed by me and dated so we have a good reference to reflect on for the next time." Supervision meetings were held on average every two months and staff also received an annual appraisal.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived at the home, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had continued to manage make all of the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

The registered manager and care staff continued to demonstrate a detailed understanding of people's individual nutritional needs and preferences. During our inspection we observed people were able to choose from a range of meal options from the menus they had access to. A relative told us how their family member enjoyed cooking and that they shared recipes together so their family member could try them out. Menus were available in picture format to enable people to quickly identify the foods they wanted. The menus were kept updated regularly in line with peoples requests and regular meetings were held with people so they could plan their menus together.

People's health needs were well known to the registered manager and care staff and people were supported to receive all of the healthcare they needed. This was through the care given directly by staff and through the staff team working closely with a range of external health and social care professionals. Each person had their own health action plan. This included information about all healthcare appointments they attended so that the information could be checked by staff directly and if needed for appointment outcomes to be shared together during staff handovers. In addition people also had individual 'hospital passports' with essential information about them should they need to go to hospital.

Is the service caring?

Our findings

We noted there continued to be a warm and welcoming atmosphere within the home and that people were supported by staff in a very caring and compassionate way. One person asked if they could show us their room together with the registered manager. When they showed us their room they described how they chose the colour scheme and had arranged the room in the way they wanted it to be. A relative we spoke with described all of the staff as very caring and added, "The staff have a great deal of care in their approach. They keep my relative well and happy emotionally not just physically."

We observed a lot of positive interactions between people and staff who clearly knew each other very well. People spoke or communicated using their preferred methods of communication openly and staff were flexible in changing the plans they had made with people to suit any changes in choice. A relative described how, "Our family member has a cracking sense of humour and they [staff] know and get it." The relative described how when some of the staff team need additional support to develop their communication with their family member they told us how, "I got involved in some training together with the speech and language therapist and staff. The outcome was that staff have extended their Makaton vocabulary so it is now used in a more conversational way. Our family member was kept at the centre of this so communication was adapted in ways which made it much easier for them."

People were also consistently offered choice based on what was important to them. For example, people were supported to carry out their own personal care routines in the way they preferred. Where assistance was needed staff offered this sensitively and ensured people's privacy and dignity could be respected whilst it was given. People were supported to develop their independent personal care skills so that they could choose to use the shower on their own if they chose to. A relative told us how their family member, "Was unable to undertake some personal care tasks but is much more independent at Village Farm. They dress themselves now whereas they couldn't before."

We saw that people were able to have the privacy they wanted in their own rooms and one person told us how they valued having their own key to their room so they could keep it locked when they went out.

The registered manager told us and we observed staff continued to take responsibility for promoting the importance of respecting each individual's needs and wishes.

The registered manager and staff we spoke with told us how staff had access to the right information and guidance about how to correctly manage confidential records. Through our discussions with them it was clear staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. Since our last inspection the registered manager showed us how they had developed additional guidance for staff about using social media and confidentiality. Staff we spoke with told us they understood the importance of this and that they never shared information about the people they supported outside the work place. Computer records held by the registered persons continued to be password protected and were only accessible to those who needed access to them.

The registered manager was able to describe how they had also continued to maintain links with local lay advocacy services which could provide guidance and assistance to people if this was needed. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. This information was accessible to people in the home so that they could make their own decisions about accessing them independently with support from staff if this was needed.

Is the service responsive?

Our findings

Records showed that care staff had carefully consulted with each person and where appropriate their circle of support about the assistance they wanted and needed to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing wishes.

The care plan records were individualised so that they reflected the need, wishes and aspirations of each person. They included background life history information so that staff were able to build up a detailed understanding about people's lives. Care staff we spoke with told us this enabled them to provide support that was centred around each individual.

Two people showed us their rooms and told us how they were supported to set them out exactly as they had wanted to. One person said, "I like to have my own room and like my things as they are. It's lovely to have it." Another person said, "I love my room. I like the colours in it because I chose them. I have it just how I like it." People were supported to have control over who had access to their rooms through the registered persons offering them the opportunity to have a key to their rooms.

Care plans contained information about people's individual preferences. They included details about the hobbies people liked to take part in, their interests and the places they preferred to go to. The information also included details about how staff had supported people to continue to maintain strong links with their family members and how visits were arranged through regular contact between them and relatives.

Some people had chosen to access further education courses and had been supported to do this and records showed one person had recently completed a course at a local college and that they had enjoyed doing this.

All of the care records were kept up to date through regular reviews of people's care and people's circle of support were invited to be involved at least annually in their formal review. When we discussed the review process with the registered manager they told us how they had developed and continued to maintain good relationships with service commissioners who were part of this process. The register manager shared a report they had received from the local authority commissioning team in Lincolnshire following their review of the arrangements in place for supporting people during September 2017. The report provided positive feedback and the information indicated the registered persons were fully meeting the contractual requirements in place.

The registered person's had an up to date statement of purpose and service user guide, which was available to people and their families in other formats such as; large print, braille, easy read format and in other languages if required. The information provided details about what the service offered along with details about how people and their circle of support could access the provider's complaints procedure.

People were supported to raise concerns about their care. This was by their preferred means of

communication and also with support from staff. Weekly meetings were held with people so they could express their views and make choices about what they wanted to do, talk about and make future plans for community activities and holidays and the foods they wanted to eat. The registered manager also met with people in private if they wished to discuss any concerns which people wanted to raise with them confidentially.

All of the relatives we spoke with told us they felt the registered person's and staff were easy to contact and approach direct if they had any minor concerns or issues they needed to discuss. A relative commented on this saying, "The manager and her team are very easy to speak with. At all levels the home operates openly and is transparent. I know that any issues I have are taken seriously and the fact that we just keep talking makes the difference. I feel like part of the arrangements for my family member. A significant part. They value me and I them."

Is the service well-led?

Our findings

The home continued to have an established registered manager in post who ran the day to day services and provided clear leadership for the staff team who worked there. We noted the report and rating from our previous inspection was on the registered person's website, on display in the home and accessible to people and any visitors as required by the law.

Throughout our inspection we observed that people and staff were comfortable and relaxed with the registered persons. The registered persons told us the culture within the home had been sustained through the vision and values they had as a management team. These were based on providing people with a service tailored to meet their individual needs and enable them to achieve their life goals. A relative told us, "There is a strong and stable management team. There have been some changes in staff but this has been kept to a minimum. For me the service is outstanding. They have gone the extra mile and there has been no stagnation. They keep wanting to develop."

Staff told us they felt they were supported to continue to be able to discuss any issues or concerns they may have with the registered persons and manager and were confident that they would be listened to with any concerns acted upon quickly. Staff also confirmed they knew about and understood the registered persons whistle blowing policy and procedure and said they would not hesitate to use it if they needed to escalate any concerns to external organisations such as the local authority or the Care Quality Commission (CQC).

Regular staff meetings continued to be held for all staff so they could discuss their work and suggest improvements to further develop effective team working. These measures all helped to ensure staff were consistently well led and had the knowledge and systems they needed to care for people in the right way.

People's views about the services they received were sought in a variety of ways. This continued to be through the day to day contact they had with staff and the registered persons. Relatives we spoke with also confirmed they regularly spoke together with staff and the registered manager in order to give and receive feedback on the care provided.

In addition the registered persons continued to undertake regular audits and checks to make sure the right standards of care were being maintained and the home environment was safe for people to live in.

The registered persons also continued to employ a quality assurance staff member who undertook surveys and reviews of how the service operated so that people and their relatives could continue to contribute to the development of the services provided. The registered manager shared the results of a survey carried out with people by the registered persons on 14 September 2017. The information showed people liked living at the home and that they were happy with the support they received, the activities they undertook and the food and drink they chose to have. Where people had provided any feedback which indicated they were unsure how to answer any of the questions these were followed up by staff. For example one person had indicated they wanted to try a different activity but not what sort of activity they wanted. Staff took time to talk with the person who confirmed they wanted to try playing golf. As they had previously tried and liked

this activity.

One of the registered person's also described how following our last inspection they had continued to develop the way the service was being managed. They told us they had recently employed an operations director who had worked closely with the registered manager and senior staff to review and keep updating the auditing process regarding this service and all the services they owned. When we spoke with the operations director about their work at Village Farm they told us they had started the process of reviewing and further developing the strategic direction of all the services owned by the registered persons. In addition they described how they also provided a support and mentoring role to the registered manager.

The registered manager and senior staff we spoke with told us how this development had been useful and supportive. It had also enabled them to consider options for how the service would continue to be managed to ensure on-going consistency for the people who used it. The operations manager and the registered manager had an action plan which they had developed together and which focussed on the areas they were working to keep improving. These included adding information about the registered persons vision and values to supervisions with staff so that these could be further embedded and improvements in the frequency of quality audit review meeting checks. The operations manager told us how this would help further support the identification of any additional learning so that this could be implemented.

Plans were also in place to undertake more in depth review processes to enable them and staff to further consider staff learning from any future incidents involving the need for interventions from staff to keep people safe. The information included confirmation that the registered persons had continued to develop their approach to interventions to support people when they became distressed. This was through the use of an approach based on 'Positive behaviour support (PBS).' The operations director told us how the registered persons were developing their skills further so that they could facilitate the on-going update training for care staff in this area. These measures demonstrated the registered persons had processes in place which helped them to continue to develop the services they provided to people.