

Freeways

Miller Farm

Inspection report

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Date of inspection visit:
18 November 2019
21 November 2019
25 November 2019

Date of publication:
15 January 2020

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

About the service:

Miller Farm provides accommodation and personal care for up to 10 people with learning disabilities and autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. 10 people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

People's experience of using this service:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support which was person centred. People's independence was promoted and personal choices respected. People participated in activities that were meaningful to them. New opportunities were regularly offered to enable development and social engagement.

Staff were kind and caring and had developed positive relationships with people. People's healthcare needs were met and staff supported people to access further healthcare when required.

The environment was accessible. People had personalised their own space to ensure it was homely and to their individual taste.

The provider was committed to staff's induction, training and supervision to ensure staff were skilled and knowledgeable. Medicines were administered safely. There was a positive open culture. The service was well-led and managed.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 30 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Miller Farm

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Miller Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave at the time of the inspection.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second and third day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with two people using the service and four staff members which included

the registered manager. Some people we met were not able to fully tell us about their experiences. We therefore used our observations of care and feedback gained to help form our judgements.

We reviewed six people's care and support records, three staff files and all medicine administration records. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received feedback about the service from one relevant person and one health and social care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were safe living at the service. A friend said, "I have no concerns."
- Individual risks had been identified for people. For example, these included attending dental appointments, accessing the community and being safe in the kitchen.
- Guidance was in place to support the minimisation of risks whilst retaining people's independence and respecting people's individual choices.
- Regular checks and assessments were conducted on fire safety systems and equipment. People were involved in fire drills to support them in how to respond. One person said, "I would go out there," and pointed at the garden when asked what they would do if they heard the alarm.

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider.
- Staff told us staffing levels were sufficient. One staff member said, "[Staffing is] kept at the right level."
- Current staff vacancies were being recruited for. Where agency staff were used, the service was mindful on the impact for people who preferred consistent and familiar staff.
- The provider followed safe recruitment processes before staff were employed to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks. Staff commented the visit to the service as part of the recruitment process was, "Very useful."

Using medicines safely

- Medicines were stored, managed and administered safely. Staff followed clear procedures.
- Detailed internal training ensured staff were competent in medicine administration. Staff skills and knowledge were regularly observed and assessed. One staff member said, "Medicine training was very good."
- Protocols were in place for 'as required' medicines. People's preferences of how they wished to take their medicines were recorded. These records were clear and easy to understand.

Systems and processes to safeguard people from the risk of abuse

- Staff received regular training in safeguarding adults and knew how to identify and report any safeguarding concerns. A staff member said, "I remember the five R's. To recognise it, an alarm bell ringing that something is not right and I need to respond, to record, to report it and refer it to the correct agency."
- Safeguarding had been discussed with people. Different tools such as booklets and DVDs had been utilised to aid people's understanding.
- Safeguarding concerns were reported to the local authority and Care Quality Commission as required.

Outcomes were monitored as were people's involvement in the safeguarding process.

Preventing and controlling infection

- The service was clean. A friend said, "The home and [name of persons] room is always clean and tidy."
- Staff were aware and observed adhering to infection control policies. For example, during domestic tasks and healthcare support.
- We highlighted to the registered manager where infection control audits would benefit from wider details to ensure areas such as maintenance and equipment were checked. The registered manager responded immediately to this with the purchase of new bins and a shower chair.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Actions were taken to reduce the likelihood of reoccurrence.
- Staff reflected as a team to adapt and change strategies to ensure people's support remained effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At the last inspection a recommendation was made that the provider reviewed how mental capacity assessments and best interest decisions were recorded.

- The service had reviewed how mental capacity assessments and best interest decisions were recorded. These now documented how a person's capacity had been assessed. Best interest decisions were fully completed. People's capacity in different areas of their care had been considered in their care plan and assessed as required. Best interest decisions were taken in line with legislation and guidance, with the involvement of other professionals and relevant people such as family members when it had been determined a person lacked the capacity to make a specific decision. For example, around eating and drinking.
- The registered manager had considered how information was presented to people, so they were actively involved in the process. For example, by using pictures and Makaton.
- The service had made DoLS applications as appropriate. These were monitored and reviewed as required. Where conditions had been specified as part of the authorisation, these had been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture and religion. Care plans explored the support people required in regards to their personal relationships.
- Staff demonstrated sound knowledge of the MCA and how they implemented the principles of the Act in their role. One staff member said, "Always assume capacity unless deemed otherwise."

- Staff knew how to ask people for consent using their preferred method of communication. We observed staff doing this and respecting people's decision. One staff member said, "There is a good level of communication and understanding with service users."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were knowledgeable about people's food preferences and risks around eating and drinking. We observed staff supporting people in line with their care plan at a mealtime.
- People were offered choices at mealtimes and of snacks and drinks throughout the day. People were encouraged to be involved in food planning and preparation in different ways.

Staff support: induction, training, skills and experience

- New staff completed an induction before starting. This orientated new staff to policies, procedures and systems.
- The induction outlined the culture the organisation promoted and staff roles in ensuring this was maintained. A staff member said the approach was, "Open, honest and flexible."
- Staff received a variety of regular training and training specific to people's needs to ensure they were skilled in their role. One staff member said, "The training package is very good." Another staff member said, "Training taught me to approach things in a different way."
- Staff received regular supervision with their line manager. Staff said they were well supported. One staff member said, "Supervision is useful, gives you the opportunity to debrief, raise concerns and ask questions."

Adapting service, design, decoration to meet people's needs

- People's rooms were individually decorated in colours of their choice and personalised with furniture, ornaments and pictures to reflect their taste and style. One person said, "I chose blue." Another person had chosen wallpaper with their favourite animal on. They said, "I'm quite happy in my room."
- People were involved with changes to the environment. We saw pictures of one person who had helped create a family tree in the hallway. This had different comments and compliments displayed.
- The garden area was safe and accessible with a seating area available.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service focused on ensuring people were positively supported to access healthcare services and considered any individual barriers. For example, people's anxieties and attending an unfamiliar environment.
- People had hospital passports, which detailed how people communicated and showed they may be in pain. One plan said, 'I will rub my tummy if I am constipated.'
- External advice and support was sought when required. Records were kept of health appointments and actions and advice to follow. For example, around oral hygiene. A health and social care professional said, "They generally respond well to advice and strategies suggested."
- Risk assessments and protocols were in place around specific health conditions such as diabetes and epilepsy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "Staff are OK." A friend said, "Staff are extremely friendly."
- There was a friendly and warm atmosphere at the service. Staff chatted and engaged with people in an individual way.
- Staff knew people and their preferences well. We observed people were relaxed and comfortable in the presence of staff. Staff adapted their approach and communication styles depending whom they were interacting with and supporting.

Respecting and promoting people's privacy, dignity and independence

- People's independence was central to the aims and ethos of the service. The organisations induction, training, policies and procedures promoted people's independence and choices.
- Care plans described what people could do independently and where they required support. For example, one person had a support plan and specific aids in place to enable them to continue accessing the community independently.
- Different methods of communication were established to ensure people could express their wishes, feelings and opinions. For example, one person had a communication board with pictures of items of importance to them.
- We observed staff support people discreetly and in a dignified way.
- People's visitors were welcomed at the service. A friend said, "I turn up as and when. I have always been made very welcome by staff."
- Staff we spoke with knew how to maintain confidentiality of people's information and records.

Supporting people to express their views and be involved in making decisions about their care

- Care plans showed how people and relevant others were involved in reviewing their care and support needs. A relative had written, 'Thank-you so much for the reassuring and positive care plan meeting yesterday. We cannot tell you how much it meant to us that [Name of person] is in such capable and kind hands. We were so impressed.'
- The service had received several compliments. One compliment said, 'Nice relaxed atmosphere in the house and good staff/resident relationships.' Another compliment read, 'Very friendly welcome.'

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans gave an overview of people's history, interests and areas that were important for them. For example, one care plan showed how particular items of clothing and accessories were important to a person.
- Care plans described people's preferences. For example, one care plan said, 'I like to be pampered in the bath and I like a large mug of coffee.'
- Communication plans documented how to effectively communicate with people in their preferred method. For example, by using picture boards, signs and Makaton. This also guided staff to key words, phrases and tone of voice to use.
- Strategies in place to support people in their preferred way which reduced people's anxieties were clear. Staff we spoke with were knowledgeable of these. A health and social care professional said, "They [the service] work hard to look at things from an individual perspective and are good at trying things to see if they work for the individual."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People chose how they wished to spend their time. This included shopping, sports, and dining out. People were offered different activities and opportunities which may interest them.
- Social activities and events within the community were accessed. One person said, "I go to the church [Name of church] every Sunday. I am going to the Christingle service. I also go to a social club." We observed another person had been supported to go and buy stationary items. Their care plan explained why this was important to them.
- People were supported to use the telephone and meet their friends and partners. A staff member told us about how they had supported a person to develop spending more time out of their room to reduce isolation. One staff member said, "Everyone is offered one to one time. I think we do that particularly well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had carefully considered how information was displayed and presented to support people's understanding and preferred methods of communication.
- Information was available in large print, easy read, Makaton and pictorial formats. This included the

complaints policy, service user meetings minutes, care plans, fire procedure and menu for the day.

Improving care quality in response to complaints or concerns

- The service encouraged and supported people to raise concerns and complaints. The complaints procedure was available and displayed in an accessible format.
- Concerns and complaints were investigated and responded to. Actions were taken. People were consulted to ensure they were satisfied with the outcome.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- The provider was engaging external support in this area to ensure information was accessible to people around their choices.
- Some people had their wishes and preferences described. For example, music and places that was significant to them. The registered manager was reviewing where information needed further development or updating.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback about how the service was led and managed. Staff commented, "[The registered manager] is absolutely brilliant. Very person centred," and, "[The registered manager] is very efficient and on the ball with things. Has an open door policy, I can sincerely say that I can go in and speak with them. They are always around and engaged with people."
- Staff we spoke with were clear about the organisations values and how they promoted choice and independence for people within their roles.
- Staff spoke positively about the provider's commitment to training and development and promoting a positive and open culture. One staff member said, "There is a good culture of being able to say that you need more support."
- Staff said they worked together as an effective team. One staff member said, "Colleagues get on well. We work well as a team. Staff all pull their weight and support each other."
- A newsletter was produced in an engaging and accessible format. This detailed changes in the service, personal achievements and activities people had participated in.
- Daily records were person centred. Information was considered that was important to individuals about how they had spent their time and were feeling.
- People were encouraged to use an electronic application to feedback areas they were happy or unhappy about. The feedback was reviewed to see what changes or improvements could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor, review and improve the quality of the service.
- We highlighted to the registered manager where reviews and updates of risk assessments had not always identified small changes. We also raised where historical information in people's care files could be removed to ensure current information was easily found.
- Notifications of important events were submitted to the Care Quality Commission (CQC) as required.
- The provider had displayed their CQC assessment rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gained from people through a suggestion box, meetings and questionnaires. One person

when asked if they liked living at Miller Farm in a questionnaire in July 2019 pointed to a happy face.

- The provider and registered manager supported staff well-being. For example, there was an employee assistance programme, debriefing sessions and adjustments made where needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities of the duty of candour. A friend said, "They ring if there is anything, like when [Name of person] went to hospital."

Continuous learning and improving care

- Staff attended meetings. Constructive discussions were held about the service and people, with clear actions resulting. One staff member said, "We have staff meetings. We look at what is going on for people, people can change." This acknowledged that the support people received needed to continually adapt.
- Systems were in place to share information with staff, for example changes in people's care needs. This was through handovers, meetings and written communications.
- We highlighted to the registered manager where important information needed acknowledgement by staff in a prompt timeframe. The registered manager had already identified and raised this in a recent staff meeting. We also received feedback that communication could be improved in the absence of managers.

Working in partnership with others

- The service had links with local organisations, businesses and social groups. This supported people's engagement and involvement in the local community. For example, by volunteer opportunities and attending religious establishments.
- The service supported local and national charities by fundraising and being involved in events. Some people had handed out medals at the finish of a fun run which raised money for a community service.
- A passport had been developed to enable people to cast their right to vote. One person told us about where they would go to vote.