

Lifeways Community Care Limited

Farm Field View

Inspection report

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Date of inspection visit:
02 January 2019
03 January 2019

Date of publication:
01 March 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

People felt safe living at the service there were robust processes addressing any safeguarding issues raised. The risks to people's safety were assessed and measures in place to safely support them. They were supported by a staff group who knew them well and received regular training to support them with the knowledge to meet people's needs.

People's health, nutritional and medicines needs were well managed and they lived in an environment that was clean and well maintained.

Staff showed good knowledge of the principles of the Mental Capacity Act, 2005 (2005) and gained people's consent before providing care. People were supported to have their views and decisions about their care recognised. People had formed positive relationships with staff who knew their needs and preferences.

There was a positive culture at the service and people and their relatives felt listened to, they were able to raise complaints or concerns and know they would be addressed by staff.

There were quality monitoring processes in place to improve the care for people. However, we found further improvements in some aspects of the quality monitoring processes could be improved to sustain improvements made at the service during the last year.

More information is in detailed findings below.

Rating at last inspection: this is the first inspection of this service under this provider

About the service: Farm Field View accommodates seven people in one adapted building and is one of four services on the Bilsthorpe site owned and run by Lifeways. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected: This inspection was a planned inspection undertaken to ensure the new provider for the service was meeting the regulations of the Health and Social Care Act and the Care Quality Commission Registration Regulations.

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 Safe findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Safe findings below.

Is the service responsive?

Good ●

The Service was Responsive.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Farm Field View

Detailed findings

Background to this inspection

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

Inspection team: One inspector.

Service and service type; Field Farm View is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed for the service and told us they would be applying to register with us. We will monitor this application.

Notice of inspection; This inspection was unannounced

What we did: We reviewed information we had about the service prior to our inspection. This included details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.

During the inspection we spoke with three relatives to ask about their experience of the care provided. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of care staff. We also spoke with the service manager and a manager who we

understood would be applying to register with us as registered manager for the service. We also spoke with a manager who was registered as manager for two other services on the Bilsthorpe site and was acting as the site manager supporting Farm Field View in the absence of a registered manager.

We reviewed a range of records. This included three care records, behaviour monitoring records, medication records and four staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

Is the service safe?

Our findings

People were kept safe at the service and all legal requirements were met.

Systems and processes

- ☐ There were systems and processes in place to protect people from abuse and avoidable harm, these were being used effectively. These processes included transparent financial checks on the monies held at the service for people.
- ☐ Relatives we spoke with told us they had no concerns about the safety of people at the service.
- ☐ Staff were provided with sufficient training in relation to safeguarding issues and were clear about their roles in protecting people in their care.
- ☐ Safeguarding concerns were reported to the local safeguarding teams and investigated appropriately to ensure people were protected.

Assessing risk, safety monitoring and management

- ☐ The risks to people's safety were assessed with individualised risk assessments in place to support the different risks.
- ☐ There was clear information on people's behaviour patterns and any triggers that may cause people to become anxious. Staff showed good knowledge of people's behaviour patterns and how to keep them safe while balancing this with people's need for independence.
- ☐ Certificates to show regular maintenance of the environment and equipment at the service were available. However, some of the internal monitoring records did not always clearly show the recommendations on monitoring, such areas as legionella safety measures, were being followed. We worked with the service manager to ensure this was addressed.

Staffing levels

- ☐ The service worked to maintain safe staffing levels at the service so people received the level of care they were funded to receive.
- ☐ Staff told us they would either work extra shifts so the staff levels were safe or both bank staff or agency staff would be used to cover the shifts.
- ☐ Where agency staff were used, the service used a regular group of people from one agency. Their work profiles were available to view showing their experience and training to ensure they had the appropriate skills to support people, there was an established induction process in place for this group of staff. The site manager told us a lot of the agency staff used had been working at the service for some time and had good knowledge of the people they supported.
- ☐ Although there was a short fall in the established numbers of staff required at the service, recruitment was ongoing to ensure the numbers of staff met the established needs of the service. The service manager was awaiting recruitment checks for two new members of staff who would commence employment in the near future.
- ☐ Safe recruitment practices were in place to ensure staff were safe to support people. We looked at the

records for four members of staff. The provider had checked staff's suitability to work in this type of service before they commenced employment, using the Disclosure and Barring Service (DBS) checks. The DBS is a national agency that keeps records of all criminal convictions to support employers make safer employment decisions.

Using medicines safely

- ☐ There were clear, safe processes and procedures in place to support people with their medicines.
- ☐ There was clear guidance for staff so people received as required medicines at the times they needed them. Staff had information on people's individual preferences around their administration of their medicines and the records of administration were well maintained.
- ☐ Staff who administered medicines had received appropriate training and ongoing support through regular competency assessments for staff by the service manager.

Preventing and controlling infection

- ☐ The service was clean and hygienic, staff had regular roles to ensure cleanliness in communal areas was maintained and they supported people to maintain cleanliness in their own rooms.
- ☐ Staff showed a good knowledge of their roles in reducing the spread of infection by the use of personal protective equipment (PPE) and handwashing.
- ☐ Regular hand washing competencies were in place for staff. However, there was no evidence of how agency staff handwashing competencies was captured. This could put people at risk of cross infection if hand washing practices were poor. We highlighted this with the service manager and they told us they would address this.

Is the service effective?

Our findings

The feedback from relatives and staff supported the evidence we found to show good outcomes were achieved for people living at the service.

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

- ☐ People's needs had been assessed and reviewed regularly to support any changing needs people had.
- ☐ Nationally recognised strategies were used to ensure people received care in line with current best practice and standards. Staff we spoke with told us they had received Non-Abusive Psychological and Physical Intervention (NAPPI) training that enabled them to manage people's behaviours in a positive way. They told us that with this new way of working meant the use of restraints techniques was kept to a minimum and this felt less intrusive for people.

Staff skills, knowledge and experience

- ☐ Staff were competent and skilled in their roles.
- ☐ Relatives we spoke with felt staff had the skills to support their family members.
- ☐ As well as training for supporting people with learning difficulties and autism, staff also received training in managing different health needs of people in their care. One relative discussed the equipment their family member needed for a health condition. Staff were knowledgeable in relation to the care of the equipment and why it was needed and how it should be maintained.
- ☐ Staff told us they were well supported during their induction when they started at the service. This was followed with a training package that supported them in their roles.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People's choices in relation to the foods they ate were managed in line with their different dietary needs. There were regular meetings where people decided the menu choices at the service.
- ☐ People were encouraged to take part in shopping for foods and when possible preparing foods.
- ☐ People who needed encouragement to eat or support to eat safely were provided with this, and the staff we spoke with were clear about different strategies in place to assist and encourage people.
- ☐ Those people who required specialist diets as a result of health conditions were supported by both staff and the appropriate health professionals to ensure they received a healthy diet.

Staff providing consistent, effective, timely care

- ☐ People received the care they needed to manage their individual health needs.
- ☐ Relatives told us staff made referrals to the appropriate health professionals when their family member required this.
- ☐ There was information in people's care plans that gave staff guidance on the different aspects of people's health needs.
- ☐ Staff were aware of the way people might present if they were unwell and how they would communicate this.
- ☐ People were supported with the different aspects of their health in the way that suited them best. This

ensured they received the regular care they needed.

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

- The environment people lived in was well maintained and people were involved in decisions about their environment and we saw people's rooms were decorated to their personal choices.
- There were a number of communal areas for people to spend time in and the service was laid out so people were able to have private time when they wished.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People were involved in decisions about their care and we saw examples of mental capacity assessments and best interest meetings. These had involved the people living at the service and their relatives to agree decisions about aspects of a person's care to support particular activities while keeping them safe.
- Information was provided for people in accessible formats to support them make their own decisions where possible.
- Staff we spoke with had an understanding of the MCA. One member of staff said, "It was brought in to protect people who lacked capacity, to protect them from discrimination and make sure they get their rights."
- All the staff we spoke with understood their roles in protecting people's right to make their own decision where possible.

Is the service caring?

Our findings

People and the relatives were involved with their care and staff treated them with kindness, dignity and respect.

Ensuring people are well treated and supported.

- ☐ People received care from a group of staff who knew their needs and worked with them to achieve positive outcomes each day.
- ☐ Throughout the inspection we saw positive relaxed interactions between staff and people at the service.
- ☐ Relatives told us they were welcomed at the service and knew staff well. One relative told us their family member had lived at the service for five years and enjoyed living there. They felt their family member had formed good relationships with the staff who supported them.
- ☐ Staff were aware of how people liked to spend their time and how to support them. They were able to give examples of this and we saw this was supported by the information in people's care plans

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

- ☐ People's views on their care was incorporated into their care plans, relatives told us they regularly attended reviews to ensure people's care was still in line with their needs. One relative said, "We have regular meetings so we can have our say and we are listened to."
- ☐ People's communication care plans showed clearly how to support people express their views. For example, one person had easy read symbols to assist them. They responded well to particular staff and staff were aware that the person best responded to simple clear sentences during conversations.
- ☐ Both in people's care plans and around the service we saw information on Advocacy services available for people in easy read formats.

Respecting and promoting people's privacy, dignity and independence

- ☐ Relatives told us staff treated their relatives with respect, and during our inspection we saw that people were able to move freely around the service choosing where they wanted to spend their time. When people wanted to spend time alone in their rooms staff respected this.
- ☐ Staff we spoke with told us they worked with people to ensure they were treated with dignity and their privacy respected. For example, one person had an underlying health condition which meant staff needed to be within the vicinity when they were undertaking personal care. Staff explained how they ensured the person was safe but also had the privacy they were entitled to when managing this aspect of their care.

Is the service responsive?

Our findings

People's needs were met.

Personalised care

- ☐ People received personalised care from staff who knew them well. Each person had a "Me at a glance" profile which was a two-page document that guided staff on key elements of people's care. However, the supporting information in the care plans was not always easy to find and information was at times disorganised. For example, there had been a change in one aspect of a person's care following an incident. We saw there was a handwritten note in one part of their care plan but the clear guidance staff required to manage this was in a different part of the file. While staff we spoke with were aware of the changes to the person's needs this may not have been clear to new staff supporting the person. We spoke with the service manager who acknowledged that the information could be better organised and streamlined. They told us they were working with other members of the management team to achieve this.
- ☐ Both the service manager and the site manager told us they were working to bring in positive behaviour support (PBS) plans which would also support the NAPPI training staff had received. This new way of working combined with staff knowledge of people would improve outcomes for people at the service by further personalising their care and focusing on positive outcomes for people.
- ☐ People enjoyed a range of activities that included going into the local community for shopping, drinks and particular events that different people were interested in. For example, one person enjoyed watching car racing. One relative told us their family member enjoyed playing a computer game and they had recently discussed with staff about their relative going to aquafit, which is exercising in water. We saw this had already been arranged.
- ☐ Relatives told us staff were responsive to people's social needs and one relative told us their family member's social life had improved since they had been at the service.

Improving care quality in response to complaints or concerns

- ☐ There were clear systems and processes in place to ensure complaints were properly responded to and addressed to improve the quality of the service provided for people. Relatives felt comfortable raising any concerns they had with staff and told us "Things got sorted out." If they raised concerns.
- ☐ Staff were clear about their responsibilities when concerns or complaints were raised to them.

End of life care and support

- ☐ No one at the service was receiving end of life care at the time of the inspection. Due to the ages of the people at the service neither they or their relatives had wanted to undertake any advance plans for this aspect of care. However, the service manager told us they would readily discuss this aspect of care with people and their relatives should the need arise.

Is the service well-led?

Our findings

Service management and leadership was inconsistent.

Service management and leadership systems did not always support the delivery of high-quality, person-centred care.

- ☐ There was a lack of consistent support from the senior management team at lifeways to ensure staff and managers of the service, and on the Bilsthorpe site had the resources to provide effective quality monitoring systems. This could affect the sustainability of improvements made at Field Farm View and the other services on the Bilsthorpe site.
- ☐ Staff told us that as there were four different services on the Bilsthorpe site and they were on occasion asked to go to one of the other services to support if they were short of staff. This was not recorded on the rotas we viewed and we were unable to see the impact this had on the staffing levels in Farm Field View. We discussed this with the site manager who accepted this was something that required a greater oversight from the management team. However, they told us they did not allow the staffing levels to fall below their safe numbers at the service when supporting other services on the site.
- ☐ Following our inspection, the service manager sent us information showing how this would be captured going forward.
- ☐ Systems and arrangements in place to monitor and improve the quality of the service were not always effective. Although there were regular checks of different aspects of the environment such as legionella testing. The information showing what checks had actually taken place was not always clear and audits had not identified these short falls in documentation and posed a risk that the checks would not be undertaken in a consistent and safe way.
- ☐ Action plans in place following audits did not always show who was responsible for actions and within what time frame.
- ☐ The recording of low or medium level anxiety levels people displayed were recorded but there was no analysis of the behaviours and anxieties to establish trends and identify ways of reducing these anxieties. At the time of the inspection there was not a registered manager in place. The provider had employed a member of staff who was in the process of applying to the CQC to become the registered manager for the service. We will continue to monitor this application.
- ☐ The service has by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law. The service manager had fulfilled their responsibilities in relation to this obligation.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong;

- ☐ People received person centred care from a staff group who felt supported by the service manager.
- ☐ Relatives told us the staff at the service were open and honest about any incidents that occurred in relation to their family member's care.

- Throughout our inspection we saw the service manager interacting with people in a relaxed way.
- Staff told us they received regular supervision and could discuss any issues of concern. One member of staff told us one of the reasons they enjoyed their job was because they felt so supported.

Engaging and involving people using the service, the public and staff;

- The provider had sent out a questionnaire to people and their relatives since they had taken over the service and the service manager was awaiting the results and analysis of the surveys to action any issues that had been raised.
- The service manager held regular meetings with people who used the service to plan activities such as menu plans. They also engaged with people individually to plan activities or obtain their input on decoration of the service.
- There were regular staff meetings and staff told us they felt able to raise any concerns at these meetings and they were listened to.

Continuous learning and improving care

- The service manager used a number of processes to learn from incidents and accidents.
- A communication book was used to inform staff of a wide range of issues. Staff members signed to show they had read information in the book, however there was no process in place to check if individual members of staff had not read this information.
- Staff meetings had also been used to feedback information on learning from incidents and accidents for staff. However, we saw there had been a change in format for the meetings over the last few months and this may not support a consistent approach to addressing safeguarding issues.
- We discussed these issues with the service manager who told us they would address this. The service continued to work to improve the way staff supported people, for example, the introduction of the NAPPI training. Staff we spoke with told us there had been a reduction in people's anxious behaviours that led to incidents where any physical interventions were needed to support people. They told us this had been as a result of the programme's emphasis on developing people's positive behaviours and this had affected good outcomes for people improving their quality of life.
- The site manager told us it had been a difficult year for the four services on the Bilsthorpe site but the staff had worked together to improve the quality of care for people living there. They told us there was a greater stability and change in culture through the training and support provided for staff and this had led to improvements in the care people received.

Working in partnership with others

- The staff at the service worked in partnership with healthcare professionals.
- People attended GP and other healthcare appointments or the staff at the service worked with healthcare professionals to attend the service to support people who were anxious about attending healthcare appointments.