

Lambs Support Services Limited

Bank Hall Farm

Inspection report

Swanlow Lane
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Bank Hall Farm can support up to seven adults with learning disabilities and autism. The service is located in a rural part of Winsford, set back off a main road within its own grounds. All of the bedrooms are single and the service offers communal living space. Staff are on duty twenty-four hours a day. On the days of the inspection there were 7 people living at the service.

The service was last inspected on 26 November 2015. At that time it was rated good in all areas.

There was a registered manager in post. They were present for our inspection. 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.

People were living in an environment which was not conducive to a stress-free life. This was due to the layout of the building, which was cramped in places and did not offer quiet areas. The provider had failed to make the necessary repairs to the environment, even though they had been aware of them for a long time. As a result, people were not protected from the risk of injury as a result of living in a poorly maintained building and grounds.

People were living in an environment which was not kept clean and hygienic. The provider did not employ cleaning staff to keep the environment clean. Actions agreed by the provider and registered manager 17 months before had still not been implemented.

People were supported to be safe from the risk of abuse. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. Risks to people were reassessed when their medical conditions changed. People received their medicines safely and when they needed them.

People were assisted by sufficient numbers of staff who had very good knowledge of each person. Staff knew their likes and dislikes, their important routines and how they demonstrated anxiety. The registered manager checked staff's suitability for their role before they started working at the service.

People had developed strong relationships with staff. Staff had received training and support to meet the specific needs of people living in the home. Staff listened to people and responded in a kind and compassionate manner.

People were supported to eat and drink enough, and their food preferences were known and understood. Staff monitored and responded to people's health conditions and worked well with external health and social care professionals to ensure people maintained good health.

Staff told us the registered manager was supportive and led the staff team well.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to premises and equipment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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.

The provider did not employ domestic staff so support staff were expected to keep the home clean whilst providing 1:1 support. Some areas of the home were in disrepair and posed trip hazards for people.

People were assisted by sufficient support staff to meet their care needs safely.

People were supported to take their medicines in a safe and timely manner.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People could not always be in a low stress environment due to the layout of the communal areas and lack of space and quiet areas in the home.

People were supported by staff who were trained to support them well.

People were supported to eat and drink as they desired and maintain a balanced diet.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Improvements to the fabric of the building and environment were not undertaken when identified in quality checks.

People and staff were supported by the registered manager. The registered manager had good staff monitoring systems in place.

Bank Hall 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.

This inspection took place on 6 and 22 June 2017 and was unannounced.

The team consisted on one inspector on the first day, and one inspector and a specialist advisor on the second day. A specialist advisor is a healthcare professional who has specialist knowledge of the care and support required by the people who live at the service.

Before the inspection the provider was asked to complete 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. We took this into account when we made the judgements in this report. We also reviewed the information we held about the service, such as statutory notifications we had received from the registered manager. A statutory notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioners, who are people who contract services, and monitor the care and support the service provides when services are paid for by the local authority. We also spoke with members of the community mental health and learning disability teams about the service. We used this information to help us plan our inspection of the home.

People were not always able to communicate directly with us. We, therefore, spoke with two relatives about the support their family member received at Bank Hall Farm. We spent time observing the interaction between people who lived at the home and the staff. We also spoke with the registered manager, the deputy manager and eight support staff. We looked at all areas of the home including communal living areas, activity areas, the garden and the surrounding exterior of the home. We also looked at the care records for three people who lived at the home, staff training and recruitment files, and records relating to the management of the home. These included quality audits, staff rotas and complaints information.

Is the service safe?

Our findings

At this inspection, we saw that the lack of domestic and maintenance staff had impacted negatively on the environment of the home for people. For this reason the rating has been changed to Requires Improvement.

We saw that all people living at Bank Hall Farm lived with very complex care and support needs. As a result, each person required high levels of staff support. All people received one to one support when in the house. The staffing support increased when people went out into the community. On the day of the inspection, the staff team was enhanced by having three new staff who were supernumerary and learning their role. We saw how the registered manager always made sure there were the required number of support staff on duty to assist people.

However, at the time of the inspection, designated domestic staff were not employed at the service. Support staff were expected to undertake cleaning and cooking. We discussed with the registered manager whether this could take staff away from their one to one support. They confirmed that they were advertising for a part time cleaner. However, on both days of our inspection, we saw areas which were not clean. The lack of domestic staff had also been picked up at the Infection Control and Prevention Team's audit in January 2016. We received information from the infection control team in March 2016 that they had discussed the lack of domestic hours with the management team at Bank Hall Farm. They also discussed their concerns that staff did not have time to undertake domestic chores when providing one to one support to people. They told us, "We were assured by the area manager that they were preparing a business case for a domestic post. They said they were aware that not having dedicated domestic hours was not commensurate with providing good client care." In addition, we received information from a healthcare professional who had placed a person at the service. They wrote, "The home environment does not appear to be well kept and would benefit redecoration and a cleaner." They confirmed that this had been discussed with the Manager and the Area Manager." This showed that the registered manager and provider had not taken reasonable and timely steps to address concerns about the provision of domestic support.

We observed people being kept safe and well supported by the staff team. We saw that individual risks to people had been assessed and, where possible, action had been taken to reduce the risks for the person. The assessments included the identification of any hazards, such as sharp corners on furniture or trip hazards. At the time of the inspection, however, the provider did not employ a maintenance person. We saw that some areas, such as the steps to an external building used by people, were broken and posed a trip hazard. Staff were aware of this and took care to make sure people did not trip. The registered manager confirmed that they had agreement from the provider to employ a maintenance person. They told us that, as soon as a maintenance person was employed, the steps would be repaired. Currently, maintenance of the environment was carried out by staff from other services owned by the provider. However, they had failed to repair the steps. This meant that an identified risk to people had not been acted upon.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risk of abuse because staff recognised what constituted abuse and what to do if they suspected someone was being abused. Staff confirmed that they had received training in safeguarding to support their understanding. Staff could describe the different signs and symptoms that a person might show which may indicate they were being abused. For example, one staff member said that they would be concerned if a person behaved in a different way. They said, "If [person's name] was not their usual happy self, I would be alerted that something had happened." All staff confirmed they knew how to report their concerns to the manager and or external agencies such as us or the Local Authority.

Staff confirmed that prior to commencing employment the required employment checks had been completed. We saw that the provider had a robust recruitment procedure in place. This included the provision of references from previous employers and a Disclosure and Barring Service check (DBS). DBS checks people's past history to ensure they are safe to work with people. This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

People were supported to take their medicines safely and at the required time. Systems were in place for managing medicines in the home. We found that there were appropriate arrangements for the safe handling of medicines. Staff told us that only staff who had received training gave people their medicines. This was confirmed in the training information provided by the manager.

Is the service effective?

Our findings

We looked at additional questions to look at how people's needs were met by the adaption and design. This was because we saw that the fabric of the building and the environment had deteriorated due to a lack of on-going maintenance. In addition, the layout of the building was not conducive to enable the people currently living at the service to have space and quiet. For this reason, the rating has been changed to Requires Improvement.

The physical environment of the building was problematic in providing a low stress environment. This was more apparent at times where outside space could not be accessed due to poor weather conditions. On both days of the inspection the weather was mixed and high numbers of staff were seen to be supporting people in the communal areas. This was a very busy and congested environment. The layout of the building meant that some bedrooms opened onto the communal areas. There were limited areas where people could have their own space unless they went to their bedrooms. This was not conducive to supporting people who have autism because of their need for space and low levels of noise. We spoke with one relative who said, "[Person's name] needs space and calmness. The logistics of the environment and the high number of residents mean that [person] becomes stressed and self-injures because of the busyness of the place." We also saw that one of the comments within this person's DoLS authorisation stated, "Communal living may be a source of distress to [person]." The registered manager confirmed that the environment was in the process of being improved by the addition of a sensory room. However, this intended improvement had been identified in March 2016 but had not yet started.

People who lived at Bank Hall Farm were not able to tell us their views of the staff's knowledge and training. We observed how the staff team interacted with people. We saw that they continued to support people with kindness and understanding. Staff we spoke with felt they were able to support people well. They said this was because they had taken time to get to know each person and their individual needs.

New staff worked directly with experienced staff as part of a two week induction to ensure consistency of approach was maintained. Staff confirmed that they received an induction which included getting to know people's needs and shadow more experienced staff. One member of staff told us, "I did shadow shifts for two weeks." All staff told us they felt they had sufficient training to be able to support people with complex needs. We saw that staff had undertaken training in Autism, Asperger's syndrome, Epilepsy and learning disabilities. In addition, all staff were trained in techniques to support people who may express anxiety or aggression. The registered manager told us that on-going training was provided for staff by the provider's trainer. We spoke with a relative who was unsure about the staff's training. Their family member required intensive support due to living with epilepsy. They told us, "They are good people but I am not totally confident that they know how to support [person's name] effectively." Another relative said, "The staff support [person] well, they know what they are doing."

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. Staff told us and we saw that they gave people choices and involved them in making decisions about their care and daily lives. We saw communication boards in people's bedrooms that helped them to understand what was planned and to indicate if they wanted changes to their day.

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. The application procedures for this in care homes and hospitals 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. We saw that appropriate DoLS referrals had been submitted. Best interests assessments were undertaken where a person's freedom of movement had been restricted in their best interests. For example, where people required constant staff supervision when accessing the community.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. People continued to be supported by staff to maintain good health. They had access to healthcare services when they needed them, such as community mental health team. We saw that referrals were made in a timely manner. Staff supported people to visit their doctors, consultants and other professionals as required.

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. People had developed strong relationships with staff and the rating continues to be good.

People, because of their healthcare needs, gave us limited verbal feedback. However we observed from their mood and body language that they were happy and relaxed. We saw that people continued to be supported in a caring and compassionate manner. Staff we spoke with had a good knowledge of people they cared for and spoke fondly about them. They could describe individual preferences of people and knew about things that mattered to them. Staff were at ease in spending quality time, and displaying warmth and affection towards people. Staff were observed to be initiating and actively engaging with people, taking into consideration the communication needs of each individual. Positive interactions included sitting and talking in the lounge areas, and enjoying the garden facilities, such as the swings.

People's relatives told us the staff were caring and supportive. One relative told us, "[Person's name] has very complex needs. The staff understand them very well. They help [person] to live the best life they can."

Staff we spoke with had a good understanding of how to support people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care. We did talk with the staff about how they enabled people to have space and privacy when needed. This was particularly relevant where people needed constant monitoring by staff. For example, we saw a staff member allocated to one person sitting outside their bedroom door. They told us the person was sleeping and so they were giving them some privacy.

All the staff we spoke with showed concern for people's wellbeing at all times. Staff told us that they knew when people were unwell or becoming anxious. They told us that they would see a change in people's body language or behaviour if they were unhappy, unwell or anxious about something. For example, staff explained that one person would become very boisterous before they had an epileptic fit. They said that they worked to reduce any situations which may cause over-stimulation for people. One staff member said, "If [person's name] gets too excited, they run around and bang into things. We try to prevent this by giving them space to run freely." We saw this person enjoying a game of 'tig' with their support worker in the garden. They were enjoying themselves very much.

We saw that people's care and support records were kept in a locked cupboard and only accessed when required. This ensured that people who were not authorised could not access the information.

Is the service responsive?

Our findings

At this inspection, people continued to receive care and support that was individual to them. Staff were able to describe to us how people liked to be supported and the things that people liked to do. The rating continues to be good.

People living at the service were unable to be involved in their care and support planning due to their complex needs. Family members were involved in planning the care of their loved one. One family member told us, "We are always involved in care planning and reviews. We have cared for [person's name] all their lives. We know what support they need." Care plans were detailed and informative. These provided staff with the guidance they needed setting out people's choices and preferences, providing a clear picture of how each person wished to receive their care and support. People also had positive behaviour plans in place. These plans provided staff with guidance as to each person's likes, dislikes and what action to take if they became distressed by situations or other people.

People's personal histories and life stories were documented within their care and support plans. People were supported and encouraged to maintain links with their family and friends. For example, staff had arranged for one person to spend time on their computer conversing with their family via the internet. We spoke with this person's close family member about this. They confirmed that it was usually successful. They said, "[Person] usually enjoys talking with us." Each person had a weekly activity planner which was reviewed frequently to be sure they still wanted to do the things on the planner. We also saw how the staff team planned community activities when additional staff support was provided.

We saw that the staff team adapted and changed their approach when needed in response to the changing needs of the people. Care was arranged so that staff rotated to provide support and direct care to a different person on a four hourly basis. This ensured that people were supported by staff who remained fresh and motivated.

Staff told us they were able to tell if people had any concerns. One staff member said, "We want people to be happy. We can usually tell if someone is not happy and we will talk with them and report it to the manager." We looked at the system in place to deal with complaints. We saw that complaints were looked at and dealt with appropriately. The registered manager reviewed all concerns received and discussed any concerns with the staff team to look at how they could address any issues. Relatives told us they were aware of the complaints procedure and were confident to raise concerns as necessary.

Is the service well-led?

Our findings

At this inspection we found that the registered manager recognised areas for improvement in the service. However, we saw that there were long delays in achieving identified improvements required. These included the provision of domestic staff and maintenance of the environment to reduce hazards to people. For this reason the rating has changed from good to requires improvement.

We looked at quality audits completed by the registered manager. These included medicine safety, Health and Safety in the home and Infection Control. We saw the action plan which the registered manager had completed following the external infection control audit in January 2016. Most areas had either been resolved or were in progress. However, we saw that, 17 months after the audit, and following assurances that the provision of domestic support would happen, there was still no domestic staff employed. Concerns expressed by the infection control team about the ability of the staff to also keep the home clean and hygienic whilst maintaining the high levels of support for people remained. The provider has also failed to act on known risks to the health and safety of people when accessing outside facilities. There were areas of the home and grounds which were in a state of disrepair and could be hazardous which we reported under safe. the registered manager confirmed to us they knew about broken steps which posed a trip and injury hazard but repairs had not been made.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by the registered manager. Since the last inspection, the service had been taken over by a new provider. The registered manager told us that they were supportive of the service and worked with them to provide a good level of support to people living at the home.

Staff told us, and we saw, that the registered manager was supportive and approachable. Staff were supported out of hours with an on call duty rota where they could access support and advice whenever required. They told us that they enjoyed a positive working culture where they felt supported and valued. The provider had a clear process in place to ensure any staff concerns were dealt with quickly. All staff had regular supervision sessions with the registered manager. Staff understood when they could whistle-blow and who they could take concerns to outside of the home, such as the local authority, police and us. Whistleblowing is when a staff member reports suspected wrongdoing at work. We saw that a recent issue concerning a staff member had been reported to the registered manager. They had dealt with it correctly and promptly through the provider's disciplinary processes.

The provider had procedures in place to guide staff in the event of emergencies, such as fire alarms sounding or power cuts. We saw that accidents and incidents were recorded and analysed by the registered manager. Where trends were identified, support plans were reviewed and updated as required.

People living at the service were unable to be actively involved in developing the service because of their complex needs. However, family members and healthcare professionals were very involved in developing

the support needs of people. We spoke with one healthcare professional who told us they had a positive relationship with the registered manager. They told us that the registered manager was always professional in any dealings with the community support teams.

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

At the time of the inspection, the provider had recently changed the way they asked families for feedback about the support their family member received. This was an online survey. The registered manager told us that they did not have any information from this yet as it had only just started. However, the registered manager spoke frequently with the families of people by telephone and e-mail. These conversations were logged at the time of the calls.