

Salters Hill Charity Limited

Pound Farm

Inspection report

Gorsley
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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 

Overall summary

This inspection took place 14 October 2014 and was unannounced.

The home provides accommodation for up to fifteen people who have a learning disability. The home is divided up into flats shared by up to four people. There were fifteen people living at the home when we visited.

The home had a registered manager in post who was 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 told us that they enjoyed living at Pound Farm and felt it was their home. They said that they felt safe and said their privacy and dignity were respected. They told us that they liked the staff and found having a key-worker (a named lead worker) very supportive.

Summary of findings

Relatives told us they were very happy with the overall support and felt involved and listened to. They were positive about the standard of the staff employed. They felt good efforts were made to meet the needs and wishes of their family member.

People told us they had busy lives that they enjoyed and they felt in control of how they spent their time. They were supported to take reasonable risks to become more independent and achieve their goals or try new experiences. Staff were caring, professional and told us that they were proud of people's achievements and personal development.

Staff were able to tell us about how they helped to keep people safe and respond positively to them whatever behaviours they were showing. Professionals' advice was requested appropriately about how best to meet people's needs. No physical restraint was used and people had agreed to any restrictions in place, such as not going into the local community without staff support.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DOLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection no restrictions were in place that needed a DOLS authorisation.

People were supported to be fully involved in choosing, preparing and cooking their meals. Special dietary needs were provided for.

We found that people's health care needs were assessed and they were supported to attend health appointments

and encouraged to lead a healthy lifestyle. People had access to other healthcare professionals they needed. People were given personalised support to look after their own medicines.

People were supported by enough staff who were trained and supported to meet people's needs. Staff told us that they felt well trained and supported. Training was monitored and planned in response to changes in people's care and support needs. Appropriate checks were carried out on new staff and they were given a full induction. Staff had regular supervisions and development reviews. The team morale was good and staff were clear of their roles and responsibilities. Volunteers were encouraged and valued. Staff and volunteers felt able to share their ideas and views with the provider and registered manager and were confident that they would be listened to.

The provider and management team had given stable leadership for many years. There was an inclusive culture that was open to feedback. Complaints were taken seriously and people felt their opinions mattered. National quality assurance awards had been achieved and maintained even though these added to work pressures. Lessons were learnt when things went wrong and there was a culture about being open when mistakes were made.

Plans were in place to further improve the service in the coming year in several areas such as increasing the involvement of people's relatives through a stakeholder engagement group.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe from abuse and listened to. Staff supported people to take reasonable risks so they could learn new skills and try new experiences.

Staffing arrangements met people's needs. Efforts were continually made to improve safety and people were supported to look after their own medicines safely.

Good



Is the service effective?

The service was effective.

People were fully involved in planning their support and their consent was always sought. Training and support systems for staff were effective.

People's assessed needs were met and they were helped to achieve their goals.

People were supported to cook their own meals and have a healthy diet.

Good



Is the service caring?

The service was caring.

People were treated as individuals and supported with kindness, respect and dignity.

People and their families were involved in making decisions.

Good



Is the service responsive?

The service was responsive.

People, their relatives or advocates were encouraged to give their views and they felt listened to. Staff respected people's views, beliefs and preferences.

People had busy and meaningful lives doing things they had chosen. Staff

were creative in helping people overcome difficulties so they could mix socially and use local facilities. Community involvement for people was encouraged.

Good



Is the service well-led?

The service was well-led.

People, relatives and staff felt the service was run well and people benefitted from the positive culture.

All staff understood their roles and responsibilities.

The registered manager and provider monitored the quality of care provided and actively planned continual improvements.

Good



Pound 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 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.

The inspection took place on 14 October 2014 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that we ask the provider to complete to give us key information about the home, what they do well and improvements they plan to make. This was returned on time and was detailed. It helped us decide what other information we needed to find out about how people experienced the service. We also reviewed the information

we held about the home and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We asked other agencies for their views on the service. One of the Local Authorities shared their report with us from their most recent quality and review monitoring visit carried out in May 2014 which had positive findings. No concerns had been raised with us by any of the three Local Authorities who funded people who lived at the home. Healthwatch had not received any information about the service.

During the inspection we met eight people who lived at the home. We spoke with staff and contacted people's relatives to seek their views. We discussed the service with the registered manager and the chief executive.

As part of our inspection we looked at two people's care and health plans and risk assessments, one person's review report, two medicines records, five staffing rotas the training matrix and plan and the draft strategic plan.

Is the service safe?

Our findings

People who lived at the home told us that they felt safe. One person told us “Yes, I feel safe, I don’t bother locking my bedroom door”. They all said they would tell the manager or staff if someone had upset them or they felt unsafe. We saw that in each flat there was clear information with pictures to give people details in a way they could understand. This included information about their rights and who to tell if they were being abused. Staff told us that some people could read and others found pictures and an explanation more helpful. This meant that the information was presented in an accessible way.

The staff we spoke with were clear they would report any concerns immediately to senior staff about abuse, neglect or discrimination. They also knew how to contact other agencies if they needed to, and they felt confident they would be listened to. They had attended regular training on safeguarding and knew that they were protected by the provider’s whistle blowing policy.

The registered manager told us that safeguarding policies were in place to guide staff on how to make an alert, and they had been updated in 2014. We had seen that they had followed the procedures correctly when safeguarding incidents had occurred. They told us about changes that had been made as a result of the two incidents that happened in 2014. This showed that lessons were learnt from incidents and changes were made to help people stay safe.

We saw that people had busy and active lives that included taking part in daily living tasks and activities that may involve a risk such as cooking and swimming. We saw in people’s records that the potential risks had been assessed and kept under review. Staff told us that they felt the risk management process was effective as it helped them know how to support people to keep safe whilst encouraging them to be as independent as possible. People’s relatives told us they felt that every effort was made to identify risks whilst giving people opportunities and independence. Relatives said, “They have got it right with risk taking” and “Most of the time they balance support and independence well”.

The registered manager told us they had joined an initiative called, “The safe places scheme”. This was a scheme where public places registered to show they were supportive to

people with disabilities and would assist if a person needed help. People living at Pound Farm carried a scheme card with emergency contact details. Staff were now starting to help people learn where the safe areas and buildings were within the local community, which displayed the schemes sign.

We found that there were effective systems in place to monitor incidents and the emotional support people needed. Staff told us that any incidents were recorded immediately and discussed by the staff on duty. Reports were seen by the registered manager and discussed so lessons could be learnt and the support guidance for that person reviewed. Physical intervention was not normally used. We were told staff were trained each year in these techniques in case of an emergency when the normal methods to support someone were not effective. The registered manager told us the community learning disability team gave specialist advice to help make sure the best and safest approach was used.

People told us they had staff support when they needed it. We saw that staff had time to support people when they asked for help. Staff were supporting people to complete daily tasks, go to health appointments and to activities. The registered manager told us there had been some staff vacancies over the last six months. To increase the team’s flexibility in the future they had created more part time posts. We saw that the November 2014 rota confirmed what he told us. This meant the manager had recognised the individual needs of people and had changed working patterns to meet these.

The registered manager gave us the details of the recruitment process carried out for a new member of staff. Two references and a Disclosure and Barring Scheme background check were received before the applicant started work. A new member of staff confirmed that all background checks had been carried out before they started supporting people. This showed that people were being protected by the provider’s recruitment procedures.

We looked at how people were supported with their medicines. Tablets were supplied by the pharmacy in pre-sealed containers which helped people to be independent and reduced the risk of mistakes. People’s abilities had been assessed with their involvement and they looked after their medicines with the support they needed to be safe. One person showed us their medicines and told us about them. The instructions for that month

Is the service safe?

had been written out clearly on the administration chart to help avoid mistakes. We saw that the person had taken their medicines every day because staff had signed to show this.

The registered manager showed us the stock and records for the one controlled drug in use. This type of medicine is stronger than other medicines and so special guidance is in

place for care homes to follow. We found that this guidance was being followed. Two new staff had attended training on medicines on the morning of the inspection. They told us that they could not administer medicines until they had been assessed as 'competent' to safely give people these medicines. We saw that the system was monitored and procedures reviewed when problems occurred.

Is the service effective?

Our findings

People told us that they liked the staff who gave them the help they needed. We saw staff assist people quickly when they asked for help. We saw that staff knew people's personalities and routines well and how to support them to get the best result for them. Staff were positive about their role in helping people develop and gain greater independence.

People's relatives were positive about the staff and felt they provided good support. They felt good efforts were made to meet the needs and wishes of their family member. One relative told us, "[Person] only moved in recently but I have found it to be excellent so far. They have been given plenty of time to settle in. The staff seem kind, efficient and trustworthy and the care excellent".

The provider actively sought volunteers. A volunteer co-ordinator spent one day a week at the home to support the volunteers. We spoke to a volunteer who had helped with a weekly gardening group and maintenance since 2008. They told us they had been given an induction and had attended a safeguarding course. They could go to the registered manager with any concerns and felt their safety and other's was always a priority. They told us, "The staff are absolutely amazing when supporting people" and "There is good communication and staff are willing to take responsibility when management are not around".

We found that staff received regular training and future training courses had been booked, which reflected the needs of people who lived at the home. We saw that training was monitored and planned for in a timely way. New training was arranged when needed. For example, sign language training had been arranged when a person who used this had come to live at the home.

We spoke with six staff about their training and support. They told us they had the training they needed to understand people's needs. This had included positive approaches to behaviour, Down's Syndrome and Autism Spectrum Condition. They confirmed that refresher courses were planned in areas such as fire safety. Newer staff said they had a full induction which included a weekly meeting with the registered manager to discuss their learning. They had attended some courses and others were booked. They had been given time to read people's care plans and shadow colleagues to help get to know people. All new staff

were expected to gain a qualification which was specific to adult social care and gain higher awards in time. Eight were working towards an award and others were starting in November 2014. The registered manager told us he aimed to increase the team's skills in supporting people with behavioural needs. This was in response to the needs of people being referred for residential care by Local Authorities.

Staff told us they had regular meetings every six weeks with a line manager which they found supportive. Annual appraisals were held and their development and training need discussed. Staff felt communication was effective and there was good team morale. Staff comments included, "It is one of the best places I have worked" and "We are a good team and support each other" and "I was offered the chance to do a level 4 award but have declined at the moment".

We looked at how the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DOLS) were being implemented. The registered manager told us that people living at the home were able to make decisions about their lives and there were systems in place to help them to do this. Staff had been briefed at team meetings and further training was booked for January 2015. Staff gave examples of how they helped people understand their choices by writing them down or using pictures. We saw that people's capacity was considered when risk assessments were carried out and people were involved in planning their care. Staff were aware of the need to hold a best interest meeting for complex and high risk decisions that people may not fully understand, such as medical treatment.

The registered manager told us that no restrictions were in place that came under DOLS so no applications had been made. A meeting was booked with the Local Authority to help ensure the provider had the correct procedures in place to protect people's rights should any restrictions be needed in the future.

People told us that they decided their own menus and enjoyed their meals. One relative told us, "There have always been issues with eating for [person] but staff have been successful and they now eat a much wider choice of foods". The meals were discussed by each group of people who shared a flat and ate together. The people in each of the five flats took turns to cook the main meal in the flat. One staff member told us, "People can have something

Is the service effective?

different if they want to". People could go into their kitchens at any time to make snacks and drinks. We saw some people preparing their own cooked snack for lunch. Discussions with people and staff showed that a healthy diet was promoted and we saw a good supply of fresh fruit and vegetables in people's kitchens. Staff were able to tell us about people's dietary needs and preferences. The GP's advice had been followed for two people dietary needs. Where needed, people were encouraged to weigh themselves monthly. Staff recorded what people ate and if there were any concerns, such as a lack of appetite.

People told us that staff were kind to them when they were ill. Staff said that health appointments were always given priority. We saw staff sharing health information at the shift handover. People attended health check-ups including annual well-person screening. Each person had a health care plan that they had been involved in. We saw that health advice had been followed. Staff said people could only be encouraged to follow advice such as increasing their exercise. Staff told us about positive outcomes for people such as weight loss. People's relatives told us that they were kept appropriately informed about health concerns and issues.

Is the service caring?

Our findings

The people we met were very positive about the staff and how they supported them. Comments included, “They are all nice” and “Pound Farm treats me very well thank you very much”.

Relatives were positive about staff’s approach. Comments included, “The staff are very attentive and I feel they genuinely care” and “Since [person] has been there we have seen them become more independent than we could have dreamt, and most importantly, they are happy and emotionally secure” and “We have noticed an improvement in some of [person’s] independent living skills. They are almost always happy to go back to Pound Farm after a weekend with us”. Staff spoke about people in a caring and respectful manner. One said, “I love my job, everyone I support is so unique”.

People told us staff respected them and their right to privacy. They had keys to their bedrooms. Each flat had a post box so people received their own mail. We saw staff knock on people’s bedrooms and wait to be invited in. Staff knew when people would not want to be disturbed. For example they asked us to delay speaking to one person as they were cleaning their bedroom and liked to finish tasks undisturbed.

The registered manager told us in their provider information return (PIR) that they considered all staff to be “Dignity Champions” and they were expected to offer people respect, dignity and include them whenever possible. Staff told us that their training had included people’s human rights and how to support equality and diversity. They felt individual wishes and beliefs were respected. For example staff supported two groups who

attended Sunday services at two local places of worship. People had been asked if they had a preference about the gender of staff that supported them. Staff gave us examples of how this was followed.

People were supported to express their views and be involved in making decisions about their support and any health treatment. People had been involved in agreeing their support plan and the six weekly reviews with their key worker. At these reviews people discussed what worked well and what they would like to change. For example, people had been supported to make changes in how they spent their time. The activity timetables had recently been reviewed and people had been able to choose new activities to try that were run by the provider at different sites. One person showed us the pottery they had made and another enjoyed the woodwork groups.

People looked happy, they were smiling and laughing with staff and were comfortable and relaxed in their home. We saw that people were confident when approaching staff for support. Staff talked with people whilst being mindful of their preferred communication style, for example, using clear language, hand gestures or signs. Technology was used to help people communicate, understand and be independent. For example, after professional input one person was writing their views on an electronic tablet. Staff said this had been liberating for the person and reduced their frustration and associated behaviours greatly.

The registered manager told us that they encouraged people to speak out and give their views. They had links with an advocacy service if this was needed. Everyone using the service at this time had relatives involved in their lives and care. One relative said, “I have a good working relationship with the staff. We have introduced a befriender as I am getting older and I found the staff very open about this”.

Is the service responsive?

Our findings

People's individuality was promoted. Five of the people we met showed us their bedroom. They contained personal items such as photographs, pictures and entertainment equipment. They had chosen how the room was decorated. The newest person was very pleased with their bedroom and they had been helped to personalise it by their family. People shopped for all their own possessions and clothes and were assisted to save for more expensive items. Holidays and trips were arranged in a personalised way based on people's wishes and interests. People all had their own bank accounts and they had agreed what support they needed with their finances.

We saw people were involved in activities and hobbies. Each person had a weekly time table they had chosen that was reviewed every six weeks. People told us they enjoyed the activities that they took part in. These included horse riding, going to the gym, woodwork, animal care and gardening. Several people were involved in voluntary work and an aim for next year was to find more opportunities. One person told us they enjoyed their weekly visit to clean the church which they walked to alone.

Relatives were pleased that their family members had been supported to try new activities and learn new life skills. Relative comments included, "The staff have created an interesting and stimulating weekly programme for [person]", "They help develop confidence, [person] did not used to speak but now they chat away" and "Overall I think they provide an excellent environment for [person], they are kept busy and enjoy their life there".

Annual review meetings were held for each person to give them and their representatives an opportunity to see how the person's needs are being met and make joint plans for the future. We saw staff supporting one person to prepare their review report. They were typing their views about each topic or photograph, such as a recent trip to London and a new activity of dog walking. Staff said that people choose who to invite to their reviews. One relative told us, "The last two annual reviews have been excellent. There has been a booklet full of photographs about the activities and achievements of the year".

Staff were clear that their role was to support people to be as independent as possible. They were creative in how people were supported to achieve this. For example, one

person used the bus alone and staff set a timer on their mobile phone which helped them know when to return to the bus stop. One person told us they had recently started to go to the post office and shop alone. Staff said this was done in stages to build up the person's skills and confidence. One relative told us "The home is run for people who live there and [person] has gained skills and much more confidence".

People were given personal support to help them cope with things they found difficult, such as socialising in groups or going to crowded places like supermarkets. The registered manager had made appropriate requests for input from the community learning disability team when planning people's support.

People were encouraged to meet up with friends and stay in touch and visit their relatives. The registered manager told us an aim for next year was to focus on work with families and make more opportunities to listen to them and share ideas and information that will benefit the people living at the home. Events were held, such as coffee mornings to encourage people from the local community to get involved. People used local shops and facilities and this also helped them make local contacts.

Relatives said the registered manager and staff were approachable and responsive. One relative said, "I find the manager approachable and he has listened when I have raised concerns". Another told us they had been pleased with how the registered manager had dealt with a concern that they raised. They said, "We felt the matter was handled expertly and professionally by the manager and we were assured that [person's] interests were taken seriously". A person who used sign language had recently moved in. Their relative told us, "Some staff use sign language at [person's] level, but I am aware they are going to do some additional training, which I feel is excellent".

People told us they felt able to tell the registered manager or staff if they were concerned about anything. They felt they were listened to. The registered manager had told us in the information return that six complaints had been received in the last year. He said these were made by people at the home about other people they lived with. The issues had been taken seriously and a resolution had been agreed between those involved. We saw that in each flat there were details of how to make a complaint in a clear format with pictures to help people understand it.

Is the service responsive?

Meetings were held in each flat periodically to give people a chance to discuss any concerns. Staff told us that they would inform the manager or provider immediately of any complaints on behalf of people who lived at the home.

Is the service well-led?

Our findings

The people we spoke with felt the service was run well in the interests of the people that lived there. The management arrangements had been stable for many years. The provider was a registered charity and the board of directors were volunteers. A new Chief Executive Officer (CEO) had taken over during 2014 after being a board member for two years. There had been a nine month handover between the two CEOs to try to make sure there was a smooth transition.

The registered manager had been in post for ten years. They told us that they had good support systems. People said they talked with the registered manager regularly and he listened to them. One person gave an example of this and they said they were happier as a result of the changes the manager made. People were fully involved in their annual reviews and their feedback had been used to develop their goals and support plans. Staff told us they felt able to tell management their views at any time and they were listened to. One staff member said, "We can always give our views and ideas to the manager and they are considered". Staff felt appropriately trained and supported.

People, staff and a volunteer told us the CEO took time to talk to them on their regular visits. Board members also visited on a more informal basis. The CEO told us she had just started carrying out more formal monitoring visits as these had lapsed. She wanted these to lead to action points for the registered manager to help make sure good ideas were acted on quickly.

The eight relatives who gave us their views knew the registered manager and were confident in the way the home was managed. One relative told us: "In our experience the home is run for the people who live there". They felt that their views and opinions had been considered. For example, they had been consulted closely when a family member had moved in or kept informed by a key-worker and attended the annual care review. Some relatives were members of the charity's "Friends" group which had a fund raising role. Events were held and relatives and the local community were encouraged to join these. For example there had been a summer music festival.

The provider had systems to monitor the quality of care. The registered manager reported centrally every month to directors and senior managers about significant events and issues. The CEO said this process was now going to include action points to drive improvement. Audits were carried out on key areas such as quarterly for health and safety and medication and action points were picked up from these. The Environmental Health service had awarded its top rating of 5 star at their last inspection in March 2013. A Fire and Rescue service inspection in March 2013 led to the landlord upgrading the fire alarm system, which would help protect people.

Surveys were used to get people's views on the service. One relative told us they had not had feedback following the survey. The CEO told us the 2014 survey had just been sent out to relatives and a report would be shared to show the findings and actions taken. The feedback from a staff survey held in 2013 had been shared with staff in a report, including all the comments received and the action points for management. The 2014 staff survey was being set up.

The provider had obtained formal quality assurance accreditations. Examples were Investors in People in quality assurance and environmental management, and Contractors Health & Safety Assessment Scheme. The registered manager told us that arrangements were in place when they needed legal advice on employment or health and safety matters and policies. The provider engaged regularly with many groups to benefit the service and the wider learning disability community. These included voluntary disability groups, provider forums and local county partnership boards.

The CEO shared with us the draft strategic plan for 2015 to 2018. When finished this was to be published on the provider's website and circulated. They planned to start a stakeholder engagement group to give people and others involved a chance to share ideas with the board. There was also a plan to compare the service against similar services run by other providers to see if there were other areas that could be improved. These action points showed the provider was continually trying to improve the service.