

Perpetual (Bolton) Limited

Higher Cockham Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

We carried out an inspection of Higher Cockham Farm on 10 and 11 May 2016. The first day was unannounced.

Higher Cockham Farm is registered to provide accommodation and nursing care for up to five people with mental ill health. The home is set in its own grounds in a rural position. Accommodation is provided in five single rooms. Shared space including a dining kitchen and living room is available on the ground floor. From May 2015, the function of the service had changed from providing care for young people aged 18 and under to providing care and treatment for adults. At the time of the inspection there were four people using the service.

The service was managed by a registered manager. 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.

We last inspected this service on 3 October 2013 and found it was meeting the regulations applicable at the time.

During this inspection, we found there were two breaches of the current regulations. These related to the management of medicines and people's lack of involvement in the care planning processes. You can see what action we told the provider to take at the back of the full version of the report.

People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people living in the home. People told us they were satisfied with the service they received. They told us staff were kind and respected their privacy and dignity.

There were procedures for safeguarding people. Staff had a good knowledge of how to identify abuse and the action to take if abuse was suspected. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times.

People were satisfied with the arrangements in place to manage and administer their medicines. However, we identified shortfalls in the medicines records, for instance there were no clear instructions for staff on when to administer medicines prescribed "as necessary". There were also gaps in the medicines administration records where staff had not signed to indicate the medicine had been given and there were not always directions for the application of prescribed creams.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were well

supported by the registered manager.

Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People's consent was sought before care was given and they made choices and decisions about how this was carried out.

People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm. However, we found people had not been involved in the care planning process. This was important so that staff were fully aware of their views and preferences.

People were supported with their nutritional needs and staff promoted healthy dietary options. Staff liaised closely with healthcare professionals and ensured people had good access to healthcare services.

People were encouraged and supported to make decisions for themselves and their independence was maintained and promoted. People were provided with the support to maintain links with their family.

People were aware of how to make a complaint or raise a concern and had opportunities to provide feedback on the service at the residents' meetings.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

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 consistently safe.

We found people were not adequately protected against the risks associated with the unsafe management of medicines.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their support plan.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and the implications for people living in the home.

People were supported to eat healthily; their preferred meal choices and dietary needs were known and catered for.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

The service was not consistently responsive.

Whilst each person had a service user well-being plan and risk management plan, we noted they had not been given the opportunity to be involved in the care planning process.

People were supported to participate in a range of activities.

People knew how to make a complaint and felt any concerns would be responded to and acted upon.

Requires Improvement 

Is the service well-led?

The service was well led.

The service had a registered manager who provided clear leadership and direction and was committed to the continuous improvement of the service.

The staff team were enthusiastic and were aware of their role and responsibilities.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Good 

Higher Cockham 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.

This inspection took place on 10 and 11 May 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

We also contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with four people using the service, two members of staff, the team leader and the registered manager. We also spent time looking at a range of records including four people's care plans and other associated documentation, two staff recruitment files, complaints records, accident and incident records, staff supervision, medicines records, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

People spoken with were confident their care and support was provided safely and effectively. One person told us, "I love living here. It's a lovely place" and another person commented, "The staff are very good." People told us they would inform staff if they felt unsafe or were worried about anything.

We looked at how the service managed people's medicines. People living in the home told us they received their medicines when they needed them and were given pain relief medication when necessary. There were no controlled drugs prescribed at the time of the inspection.

A monitored dosage system was used for the administration of medicines and records were mainly pre-printed from the pharmacy. The medicine administration records (MAR) included full details from the prescription labels. However, we noted there were several gaps on the MAR charts, where staff had omitted to sign the records. This meant it was unclear if people had received all their medicines. We also found instructions for the application of prescribed creams had not always been included on the MAR charts and there were no protocols for the administration of variable dose and "as directed" medicine. This meant there were no written procedures to inform staff of the specific circumstances when this type of medicine should to be used.

Staff told us they had completed a safe handling of medicines course and records seen confirmed this. However, the medicines policies and procedures were brief and did not cover all aspects of the management of medicines in the home. Whilst staff had included an ongoing count of medication on the MAR chart, there were no audits carried out to check the systems in place to manage medicines were safe and effective. This meant the provider's arrangements did not fully protect people against the risks associated with medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted the team leader reviewed all the arrangements in place for the management of medicines during the inspection.

We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures were designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. We found staff were knowledgeable about safeguarding processes and were able to describe the signs that may indicate a person had been abused. They explained the actions they would take if they were concerned someone had suffered abuse and how they would report it. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own service if necessary. All staff spoken with said they would not hesitate to report any concerns.

We saw from the staff training records staff had completed safeguarding training when they commenced work with the service. Staff completed refresher training every 18 months. Staff also had access to internal

policies and procedures and a copy of the local authority's multi-agency safeguarding procedures. These documents helped staff to make the correct response in the event of an alert.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw there were appropriate procedures for the staff to handle people's money safely and people told us they were satisfied with the arrangements in place. There were records of all financial transactions and the staff obtained receipts as appropriate.

The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. The registered manager explained the staffing levels were flexible and adjusted as necessary in line with the needs of people living in the home. All staff spoken with confirmed they had time to spend with people living in the home and people told us staff were readily available whenever they required assistance. The registered manager explained he was actively recruiting additional staff, in order to give people more opportunity to go out in the evening and at the weekend.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We looked at how the provider assessed and managed risks to people's health and well-being. We found individual risks had been assessed and recorded in people's personal files and management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. The risk assessments were wide ranging and included risks associated with people's physical and mental well-being and daily living skills. Risk assessments had also been carried out to assess any risks connected to people accessing the local community. We saw records to demonstrate the registered manager had assessed generic risks for instance the use of hazardous substances, fire safety and the use of equipment in the laundry and kitchen. This meant that staff were provided with information about how to manage individual and service level risks in a safe and consistent manner.

The home was generally clean. However, on our arrival, we noted the standard of cleanliness in the kitchen was not to a satisfactory standard and there were no cleaning schedules in place. This area was cleaned during our visit and schedules were drawn up to ensure staff were aware of their responsibilities. We saw parts of the kitchen were worn and were therefore difficult to keep clean. The registered manager informed us on the second day of the inspection that the provider had agreed to the installation of a new kitchen. Soap and paper towels were available and staff had access to protective clothing including disposable gloves.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. Three people were happy with the care they received and told us that it met their needs. One person said, "I think the staff are good. They are understanding and help me". Staff spoke in a positive manner about their experiences of working in the home and were knowledgeable about the needs of the people using the service.

Staff told us they received appropriate induction training. They confirmed that when they started working in the home they had received training, which included learning about the organisation, policies and procedures, people's needs and shadowing more experienced staff. One new member of staff was due to complete the provider's mandatory training.

The implementation of the Care Certificate, which is a nationally recognised set of standards that health and social care staff adhere to in their daily working life, was discussed with the registered manager. He told us he would look at developing a system to put this in place for staff new to a care setting. The two new staff recently employed had attained extensive qualifications before being employed by the home, therefore the registered manager felt it was not necessary for them to complete the Care Certificate.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas associated with their roles and responsibilities. The training included; values, policy and diversity, safeguarding vulnerable adults, medicines, infection control, fire safety, moving and handling and health and safety. Staff had also received training in other relevant areas including understanding and managing challenging behaviour and mental health. Staff had completed vocational qualifications in health and social care which were relevant to their roles. We noted from looking at the training records all the current staff had achieved National Vocational Qualifications level three or above.

Staff spoken with told us they were provided with regular supervision and they were well supported by the registered manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The registered manager was planning to carry out appraisals of the staffs' work performance from August 2016.

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 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and staff had a working knowledge of their responsibilities under this legislation and there was information available for reference purposes. Staff were able to give examples of how they supported people to make decisions by explaining a series of options, as well as the implications of various choices. We observed staff spoke with people and gained their consent before providing support or assistance. One member of staff told us, "I always ask for people's consent so they have the opportunity to try to do things themselves if they wish to."

From looking at preadmission assessments and care planning documentation, we noted consideration had not been given to people's capacity to make decisions for themselves. The registered manager assured us arrangements would be put into place to embed the principles of the MCA 2005 in the assessment and care planning process. At the time of the inspection, all people were able to make informed decisions about their care and treatment.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection he had submitted one application to the local authority for consideration.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records we looked at showed us people were registered with a GP and received care and support from a number of other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. Staff completed daily care notes about people's needs including their health, so these needs were monitored closely.

The company's nurse visited once a week and spoke with all people living in the home. During her visit the nurse completed general health observations.

We found people's nutritional needs and preferences were recorded in their care plan. Staff spoken with had knowledge and understanding of people's individual nutritional needs. People had been consulted about the menu, which was displayed in the dining room. We noted people were involved in shopping, preparation and serving of food. Alternatives were available to the main menu on request. People were supported and encouraged to choose healthy options and have a balanced diet.

People using the service told us they were happy with their bedrooms and the environment of the home. A person showed us their bedroom, which was personalised with a range of their possessions. They told us they were very pleased with the room and commented, "I think it is a beautiful room."

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are lovely and kind" and another person commented, "The staff are understanding."

During our visit we saw positive engagement between the staff and people living in the home. The registered manager and staff spoke with people in a friendly and respectful way. People knew the name of the registered manager and confirmed he was approachable and listened to them. One person said, "He's good, he sorts everything out for you."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "I always encourage independence. It's so rewarding watching people develop." This approach was reflected in people's comments, for instance one person said, "I like doing things for myself and helping the staff."

In the Provider Information Return sent to us before the inspection, the registered manager described the positive progress one person had made to learn new skills. The person had been deskilled in many of their basic life skills and could now carry out many personal tasks for themselves. The person told us, "They have really helped me, I can do so much now and I enjoy doing things." During the inspection we observed staff encouraged and praised people.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care plans. We noted each person's care plan included an "All about me" form which set out people's likes, dislikes and preferences. There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. The 'keyworker system' also aimed to develop beneficial and trusting relationships. All people could name their keyworker and one person told us, "I get on very well with [name of key worker]. We often spend time chatting." Staff explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

People were able to express their views on an ongoing basis, during daily conversations and residents' meetings. The residents' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We looked at the minutes from previous meetings and noted a wide variety of topics had been discussed.

People were given details about the service in the form of an information card. This set out the services and facilities available in the home. The registered manager explained he had plans to devise a service user handbook to provide people with more information about the service. The registered manager was aware of advocacy services and had a leaflet displayed on the office wall. Advocacy services are independent from

the service and provide people with support to enable them to make informed decisions.

All people spoken with told us the staff respected their rights to privacy and dignity. We observed people spending time in the privacy of their own rooms and in different areas of the home. There were policies and procedures for staff about the operation of the service, which covered privacy, dignity and confidentiality. This helped to make sure staff understood how they should respect people's rights in the care setting. People had free movement around the home and could choose where to spend their time. People said staff knocked on their doors before entering their bedrooms and respected their belongings. Each person had a single room which was fitted with appropriate locks.

People were supported to maintain the relationships they wanted to have with their family and others important to them. A person using the service spoke of the family members they regularly had contact with.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were satisfied with the care and support provided by staff. One person told us, "It's wonderful here, I really like it."

We looked at four people's care files and from this we could see each person had a service user well-being assessment which was underpinned by a risk management plan. These were detailed and provided staff with information about people's needs. However, at the time of the inspection people had not been involved in the care planning process. This was important so staff were fully aware of people's preferences and how they wished their needs to be met.

In the provider information return (PIR) the registered manager told us the recovery star was used to help people with their mental ill health. The recovery star is a tool that measures change and supports recovery by providing a map of people's progress. It focuses on ten areas of life which are seen as critical to recovery. These include managing mental health, self-care, social networks, responsibilities, trust and hope and identity and self-esteem. However, we noted the recovery star notes and plans were in the process of being developed and there was no evidence seen to indicate people had been involved in the recovery star process. The provider had therefore failed to ensure people had been given the opportunity to have input into the planning of their care.

This was a breach of Regulation 9 the Health and Social Care Act (Regulated Activities) Regulations 2014.

The care plan documentation had been formulated when people moved into the home. The registered manager explained he planned to review the care plans every 12 months or in line with changing needs.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person's needs. Information was also gathered from health and social care professional staff. People considering moving into the home were invited to visit so they could meet other people and the staff. This process helped to ensure people could make an informed decision.

Daily records were maintained and demonstrated how people were being supported. At the time of the inspection staff wrote daily care records in one log book for all people living in the home. Staff then typed up individual records for each person. However, the team leader assured us a new system would be put into place to ensure hand written notes were recorded separately for each person. This would allow people to access their records if they wished and ensure confidentiality was maintained.

The registered manager had systems in place to ensure they could respond to people's changing needs. For example, staff told us there was a handover meeting at the start and end of each shift. We observed a handover meeting and noted staff discussed people's well-being and any concerns they had. This ensured staff were kept well informed about the care of people living in the home.

From discussions with people living in the home and staff we found there were opportunities for involvement in activities both inside and outside the home. Due to the rural location of the home, there were two cars available and people were offered the chance to go out at least once a day. During the inspection, we noted one person went shopping and to the hairdressers and another person attended a medical appointment. Other people went out to local shops and were planning to go to bingo at a social club. Activities carried out inside the home included baking, jigsaws and pamper evenings.

People had a weekly activity planner which was displayed on the wall in the dining area. The team leader explained people had been consulted about the type of activities they enjoyed. We noted one person added an activity to their planner during the inspection. We saw activity feedback sheets had been completed following activities to evaluate any risks and people's level of enjoyment.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and they were confident the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. The registered manager told us the complaints procedure was explained to people when they moved into the home. He also said he was planning to develop a specific complaints procedure for people living in the home.

We looked at the home's complaints records and noted one complaint had been received since August 2015. The complaint had been investigated by social services and the registered manager and was found to be not substantiated. At the time of the inspection all issues had been resolved.

Is the service well-led?

Our findings

People and staff spoken with told us the home ran smoothly and was well organised. One person told us, "Everything is fine. If there is a problem you can always talk about it to get things sorted" and a member of staff commented, "I think the home runs well and the manager does a good job. He's a fair but firm manager."

In 2015, the provider applied to add a further regulated activity to their registration and change the purpose of the home. Previously the service provided support for young people aged 18 years or younger. Following approval of the registration application in May 2015, the service was designed to provide care and treatment for adults. The first person moved into the home in August 2015.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager told us he was committed to the on-going improvement of the home. At the time of the inspection, the registered manager described his achievements over the last nine months as helping a person using the service to rebuild and develop their independence skills, providing people with support with individual difficulties and accessing appropriate health services in a timely way. He was also able to describe his key challenges and planned improvements for the forthcoming 12 months. These included, developing mandatory training for staff, working with individual staff to develop personal development plans and increasing people's involvement in the care planning process. This demonstrated the registered manager had a good understanding of the service and strove to make continual improvements.

Staff spoken with made positive comments about the registered manager and the way he managed the home. One staff member told us, "The manager is approachable and supportive and will take action where necessary to resolve any problems or implement new ideas." The registered manager operated an open door policy which meant that people and members of staff were welcome to go into the office to speak with him at any time. The registered manager was visible and active within the home. He was seen to interact warmly and professionally with people and staff. People were relaxed in the company of the registered manager and it was clear he had built a good rapport with them. There was a management structure in place and staff understood their roles and responsibilities.

Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. They said they were confident to raise any concerns or discuss people's care. Staff were invited to attend meetings. We looked at the minutes and noted the meetings provided staff with the opportunity to receive information about the service, become informed about any changes and discuss the operation of the service with the registered manager.

The provider's core values and philosophy of care were reflected within the policies and procedures. New staff were made aware of the aims and objectives of the service during their induction training. We found staff were enthusiastic and positive about their work. One staff member commented, "I really like my job. It's a pleasure coming to work."

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided. These included gaining informal feedback from people living in the home via daily conversations and formal comments from the residents' meetings. Checks were also carried out to monitor staff training and supervision, the home's environment and the arrangements in place for fire safety and the management of hazardous substances. The registered manager and team leader planned to distribute a satisfaction questionnaire to people and staff in August, when the service for adults had been operating for 12 months.

The registered manager was part of the wider management team within Perpetual (Bolton) Limited and met regularly with other managers to discuss and share best practice in specific areas of work.

The registered manager understood his responsibilities in relation to his registration with the Care Quality Commission. Statutory notifications had been submitted to us in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to enable and support people to participate in designing care and making decisions relating to their care to the maximum extent to ensure their preferences and needs were met. Regulation 9 (3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not ensured the proper and safe management of medicines. Regulation 12 (2).