Somerset County Council (LD Services)

The Old Farmhouse / The Briars

Inspection report

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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

Overall summary

This inspection took place on 13 March 2015 and was unannounced.

At the last inspection on 5 June 2014 we found there were breaches of legal requirements. We asked the provider to make improvements to the safety and suitability of premises and the timeliness of their response to identified concerns. We received a provider action plan stating the relevant legal requirements would be met by 31 July 2014. At this inspection we followed this up and found the urgent actions had been completed. However, there had been a delay in starting the major site redevelopment work detailed in the provider action plan. Also at this inspection we identified improvements were needed to ensure the safe administration of medicines.

The service provides accommodation and support for up to eight adults with a learning disability or autistic spectrum disorder. At the time of the inspection there were six people living in the home with complex care and communication needs. People had very limited verbal communication skills and required individual staff

Summary of findings

support with all of their personal care needs and to go out into the community. The location currently consists of three premises; the main building called The Old Farmhouse, the adjoining The Briars and a stand-alone mobile home known as the Sherbourne unit.

The service had 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.

Although interim actions had been taken to improve people's living accommodation the premises were not fully suited to people's complex care needs. Improvements to the layout and design of the premises were still required, as identified at our last inspection. The start of the redevelopment work had slipped again to May 2015.

At this inspection we found there had been several medicine errors relating to poor recording and the administration of the wrong medicine. People had not suffered harm but there was a potential risk because staff were sometimes distracted while administering people's medicines. We have made a recommendation to improve the management of medicines.

In all other respects people were protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Records showed there had been a significant reduction in incidents due to additional staffing, interim changes to people's accommodation and staff training in understanding people's sensory needs.

There were enough staff to meet people's complex needs and to keep them safe. Staff received training tailored to each person's individual support and communication needs. People were supported to go out into the local community most days of the week. Staff also supported people to visit their relatives and to go on family holidays. Relatives told us the staff were very friendly and considerate and had a good understanding of people's needs and behaviours.

People had access to external healthcare professionals to help them maintain their physical and mental health. One person's relative said "(Their relative) is very well looked after and well cared for when they are ill".

People were supported by their key worker to express any issues or concerns or they could do so through their relatives or their social worker. Relatives and staff told us the registered manager operated an open door policy and was accessible and visible around the home. One relative said "They always say, just tell them if I am worried about anything at all. I only need to mention something and it gets sorted out". Relatives told us they were always made welcome and were encouraged to visit the home as often as they wished.

Staff said everyone pulled together as a team and the senior staff and registered manager were very approachable and supportive.

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?

Requires Improvement

The service was generally safe but improvements were needed to ensure people received their medicines safely.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

Is the service effective?

Requires Improvement

The service was limited in its effectiveness for people due to the current layout and design of the premises.

People received support from staff who were trained in providing personalised care for people with complex communication and support needs.

People had access to other healthcare professionals to support their complex physical and mental health needs.

The provider acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect. People's relatives told us the staff were caring and considerate.

People had complex communication needs associated with their learning disabilities. Staff were trained in a range of communication methods to help them understand each person's individual needs and choices.

People were supported to maintain family relationships and to avoid social isolation.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the assessment and planning of their care to the extent they were able to do so.

Each person had a key worker with particular responsibility for ensuring the person's needs and preferences were understood and acted on.

People, relatives and staff were encouraged to express their views and the service responded appropriately to feedback.

Summary of findings

Is the service well-led?

The service was not consistently well led.

The provider's leadership did not always ensure appropriate action was implemented to make identified improvements within a reasonable time frame.

Within the home there was an open and caring culture centred on people's individual needs. People were supported by a dedicated team of management and staff.

The service worked in partnership with other local health and social care organisations and promoted people's involvement in the community.

Requires Improvement

The Old Farmhouse / The Briars

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.

The inspection took place on 13 March 2015 and was unannounced. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in autistic spectrum disorder.

Before the inspection, the provider completed 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 looked at the information in the PIR and also looked at other information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

At the last inspection on 5 June 2014 we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued compliance actions for the safety and suitability of premises and for quality monitoring standards.

During this inspection we were unable to have conversations with people who lived in the home due to their language and learning difficulties. We relied on observations of care and our conversations with people's relatives and the staff to help us understand people's experiences of the service. We spoke with three people's relatives, the registered manager, assistant manager, three support team leaders and four support workers. We also looked at records relating to people's individual care and the running of the home. These included three care and support plans, two staff recruitment files, training records, medication records, complaint and incident reports and performance monitoring reports.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 5 June 2014 we required the provider to take action to make improvements to the safety and suitability of premises. We received a provider action plan stating the relevant legal requirements would be met by 31 July 2014. At this inspection we followed this up and found the essential remedial works had been carried out. The home's boiler was now in good working order, people's bathrooms had been refurbished and electrical wiring protected and new kitchen appliances had been installed in the main building. A new fire system had been installed in the stand alone Sherbourne unit. Monthly health and safety checks were being carried out to ensure the physical environment in the home remained safe for people to live in.

However, at this inspection we identified improvements were needed to ensure the safe administration of medicines. Records showed there had been 13 medicine errors in the last 12 months. Errors related to failure to record when certain medicines had been administered and also on occasions the wrong medicine was administered. People had not suffered harm but this posed a potential risk. The registered manager was tracking and investigating all medicine errors to identify where staff required further training, supervision or disciplinary action if appropriate. All incidents were reported to the local authority social work team and to the community team for adults with a learning disability (CTALD). CTALD decided whether or not the incident warranted a separate safeguarding investigation to check people were protected from abuse.

People's medicines and their medicine administration records (MAR) were kept in a secure cupboard within each person's room. Medicines were administered by two members of staff, one read out the prescription and dose from the MAR sheet and the other gave the medicine to the person. This double check was intended to ensure the correct medicines were administered, but errors had still occurred. A member of staff told us "there may be a lack of focus" on medicine administration. They said staff were sometimes distracted or interrupted while administering medicines and this could result in medicine errors. The registered manager said they would review the current medicine administration practices and look into ways of ensuring staff were not interrupted during the medicine rounds. See our recommendation at the end of this section.

The registered manager said all staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. This was confirmed by staff and in the training records. People's medicines were always administered by two members of staff. This included a senior member of care staff together with another member of care staff who had their competency assessed.

People's relatives told us they did not have any concerns about their relative's safety. One of the relatives said "I do trust the staff and I don't think anything bad is going on. Staff are not afraid to speak out and would say if anything was not right". People looked happy and relaxed with the staff supporting them. No one appeared anxious or displayed any sign of distress during the inspection.

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with to make sure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained.

Care plans contained risk assessments with measures to ensure people received care safely. For example, there were plans for supporting people when they became anxious or distressed. Circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these events. Staff received training in positive intervention to de-escalate situations and keep people and themselves safe. Episodes of anxiety were recorded to help staff identify possible causes or trends. Records showed there had been a significant reduction in incidents over the last 18 months. The reduction in incidents was attributed to several factors, including: additional staffing hours, better understanding of people's sensory needs, and changes to people's accommodation.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with hospital specialists for responding to people who had

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Is the service safe?

epileptic seizures. Staff received training in providing the required medicines and when and who to notify if people experienced prolonged seizures. Staff told us if they had concerns about a person's health they would call the emergency ambulance service or speak with the person's GP, as appropriate. Each person had a personal evacuation plan in case they needed to vacate the home in an emergency.

There was enough staff to meet people's complex needs and to keep them safe. People received one to one staff support within the home and other staff were available when additional assistance was needed. For example, we were informed people were supported to go out most days.

On the day of the inspection two people went out on trips with two staff supporting each person, people in the home were receiving one to one staff support and staff took a third person out for a drive when they requested this.

The registered manager and staff said the home experienced a high staff turnover partly because of the challenging nature of the service. The home covered vacancies and short notice absences through existing staff working additional shifts or through use of regular agency staff. Staff recruitment drives were carried out on a regular basis.

The service should review current guidance on handling medicines in social care settings and take action to ensure there is a safe and effective process that reduces the risk of administration errors.

Requires Improvement

Is the service effective?

Our findings

At the last inspection on 5 June 2014 interim accommodation changes had been made to improve the suitability of premises pending a major redevelopment of the buildings. After the inspection we received a provider action plan stating the building works would begin in January 2015 and would take approximately 16 weeks to complete. At this inspection we were informed the planned building works had slipped to mid May 2015 with a 20 week completion period. The planned changes included individual self-contained living accommodation for four people and a ground floor self-contained flat for the remaining two people, who had been assessed as compatible.

Although interim actions had been taken, improvements to the layout and design of the premises were still required to enable staff to meet people's individual needs effectively. Four people were living in close proximity within the main house even though their needs were not always compatible. Some people with autistic spectrum disorder needed their own private space to keep them and others safe and reduce their anxiety levels. Other people needed ground floor accommodation due to mobility difficulties, or were living in overly large institutionalised parts of the home, or were in accommodation of a temporary nature. Management and staff were making the best of the current environment but people's support needs were compromised because the current premises were not fully suited to their individual needs.

Since the last inspection staff had received specialised training in understanding and supporting people's individual sensory needs. This had resulted in a further reduction in the number of incidents and the atmosphere in the home was noticeably calmer than when we last inspected. A person we had concerns about at the last inspection was now receiving additional staff support and their health and mobility had also improved.

We received positive feedback from people's relatives. One person's relative told us "(Their relative) is very well looked after and well cared for when they are ill". They told us it was the right place for their relative saying "I'm happy with how (their relative) is developing". They said the staff had a good understanding of their relative's needs and understood their behaviours well. These sentiments were echoed by another person's relative who told us "(Their relative's) behaviour had improved a lot since living on their own". This person was being supported to live in their own self-contained living area in one part of the home.

Staff were knowledgeable about people's individual support needs and were effective in meeting their complex needs. Staff told us they received training tailored to each person's individual communication and sensory needs. The training helped them understand what made each person happy and how to recognise the signs when a person was becoming anxious. The aim was to give people as much control over their environment as possible as this helped reduce their levels of anxiety. People had individualised 'sensory diets' which involved the use of different types of music to either calm or stimulate people's moods according to their needs. One person with complex needs had their own individual sensory room with equipment and other personal belongings they found interesting and enjoyable.

Staff training was provided by an occupational therapist who specialised in understanding and meeting people's sensory needs. The registered manager and staff said this training had been extremely beneficial in helping to deliver more effective care. One senior member of care staff described the training as "a light bulb moment in understanding people's complex needs". It enabled staff to support people with activities that previously might have caused intense anxiety. For example, one person who previously could only be supported to shop in a small nearby convenience store was now able to walk into town to a local supermarket.

Staff received positive intervention training to enable them to support people safely and effectively when they became distressed or anxious. For example, one person sometimes became distressed when staff brushed their teeth. Staff were trained to allow the person sufficient time and space to process what was happening. This included backing off if the person started to display any signs of anxiety and only re-engaging when the person indicated they were ready. Staff said they would only use physical restraint as a last resort to keep people safe. Staff received training in the safe use of restraint but there had not been a single incident of physical restraint in the last 12 months. When people became anxious or distressed staff supported them through non-physical interventions such as distraction, withdrawal, or other calming techniques.

Requires Improvement

Is the service effective?

Staff told us the provider supported them to take further qualifications such as the diploma in health and social care. The registered manager said all new staff received an intensive induction programme and were assigned a senior member of staff as a mentor. This helped ensure people received effective care from staff who had the necessary level of knowledge and skill.

Staff said everyone worked well together as a good supportive team and this helped them provide effective care and support. Care practices were discussed at monthly one to one supervision sessions and team meetings with the manager. Annual performance and development appraisal meetings also took place. One member of staff said "I really enjoy working here, the team is really supportive. I feel comfortable asking questions and we do a lot of shadowing and training".

The provider trained staff in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service followed the MCA code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider had made DoLS applications to the local authority for each person as people were at risk of harm if they tried to leave the home without staff support. This showed the provider was ready to follow the DoLS requirements.

People had sufficient to eat and drink and received a balanced diet. People with special dietary needs were assessed by a speech and language therapist. For example, one person who had difficulty swallowing had their own individual soft diet menu. Two other people lived in their own separate accommodation with kitchens and were supported to choose their own menu. There was a set four weekly menu choice for the remaining four people. Alternatives such as sandwiches were provided if people decided they did not want the set menu choice. We observed the lunch time meal and saw people received good portions and appeared to enjoy their meal. Staff supported people to eat their food at an appropriate pace to avoid the risk of indigestion or choking. No one was rushed during their meal and staff checked to see if people wanted any more to eat or drink before clearing away.

The registered manager said they were supported by the Somerset Partnership NHS Trust Better Health Team to assess and support people with complex health needs. This team helped prepare appropriate health action plans and a joined up approach by healthcare professionals, including psychiatrists and GPs. Care plans contained records of hospital and other health care appointments. There were health action plans and hospital communication passports providing important information to help external professionals understand people's needs.

Good

Is the service caring?

Our findings

Interactions between people and staff were friendly, supportive and caring. People appeared content and calm with the staff supporting them throughout the inspection. For example, during the lunch time meal we observed people received the staff's full attention. Staff attempted to interact positively with people on a regular basis and people also initiated some of the interactions with the staff. The staff responded immediately and in a friendly and caring manner whenever people wanted their attention. When other staff entered the room they addressed the people in the room, as well as their colleagues, and tried to engage people in their conversations.

One person's relative told us "Everybody is so friendly and (their relative) is very happy there". Another relative said "Staff are kind and compassionate and are concerned for (their relative's) welfare. They are so very helpful if I'm ever worried about anything".

Each person had a designated key worker with particular responsibility for ensuring the person's needs and preferences were known and respected by all staff. Staff showed a compassionate and caring approach and had developed strong and caring relationships with people. For example, one keyworker challenged the perception that a person they supported was aggressive. They said the person's behaviour was their way of expressing when they were not coping or were sick. They wanted other staff to have a more positive understanding of what the person was going through when they displayed signs of anxiety or distress.

Staff understood people's needs and preferences and engaged with each person in a way that was most appropriate to them. People had very limited or no verbal communication skills and lacked understanding due to their learning disability. People communicated mainly through physical forms of expression or other sounds. Two people were able to use communication books with pictures they could point to in order to express themselves. However, we were told the other four people were not able to relate to the concept of pictures or symbols. The service obtained specialist advice from an occupational therapist, psychologists and speech and language therapists to determine the best communication plan for each person.

Staff received person specific training to help them recognise and understand when people were making choices and how this was communicated and displayed through their behaviours. This helped ensure people's daily routines and activities were matched to their individual needs and preferences. For example, we observed one person used their communication picture book to ask to go out for a drive and the staff responded. Later in the day they used their communication book to ask staff to put on their boots to go out into the garden.

Staff treated people with dignity and respect. We observed staff spoke to people in a respectful and caring manner and were sensitive to people's moods and feelings. Each person had their own individual bedroom where they could spend time in private when they wished. We observed a member of staff waiting outside a person's room to allow them their individual space but they were available as soon as the person needed them. When people needed support staff assisted them in a discrete and respectful manner, for example when people needed to use the bathroom. When personal care was provided this was done in the privacy of people's own rooms.

People were supported to maintain relationships with their relatives. Relatives were encouraged to visit as often as they were able to and staff supported people to visit their families on a mutually agreed basis. For example, the service provided transport for one person's relative to regularly visit the home. The relative said "The staff bend over backwards to help me visit and they are very friendly whenever I phone". Staff support was also provided to enable people to go on holidays with their families. One member of staff said "We had five days away with (the person they supported) it was a wonderful time".

Good

Is the service responsive?

Our findings

People were supported to contribute to the assessment and planning of their care to the extent they were able to. Each person had a designated key worker who understood the person's communication needs well and took responsibility for ensuring the person's needs and preferences were understood. People's relatives were also encouraged and supported to express their views. For example, individual meetings had been arranged with each person and their relative to discuss the design of the new premises and the interim accommodation arrangements while building works were in progress. One relative said "I am regularly updated about (their relative's) health issues and happiness". Another person's relative said "They always tell me if anything is wrong. They are good at getting the doctor in and they ask me how (their relative) might react to health tests and things like that".

Each person had a personalised care plan based on their complex needs. Care plans included clear guidance for staff on how to support people's individual needs. They identified each person's personal likes and dislikes, daily routines and activity preferences. Staff were able to explain each person's individual needs and understood why people were supported in different ways. For example, some people benefited from structured daily routines and controlled levels of sensory stimulation to help them regulate their behaviours and sleeping patterns. Staff knew certain people did not cope well with too many choices and needed sufficient time to adapt to any changes in their routines.

The service was introducing the new standard format local authority Support for Living Plan covering every aspect of a person's support and care needs. An annual review was planned for each person with the involvement of a close relative or other appropriate representative to assist with making decisions in the person's best interests. The initial reviews were focussing on the planned redevelopment of the premises and the interim accommodation arrangements. The first of these reviews took place on the day of the inspection. They considered the person's individual support needs, preferences and experiences of the service. The most important issues to the person at the time of the review were discussed and key personal outcomes were agreed. The registered manager said an action plan would be prepared following the review to achieve each of the agreed outcomes.

People were supported to spend time in the community and to participate in a range of social and leisure activities in line with their personal interests. This included holidays, trips to the park and adventure playground, visits to relatives, trips into town shopping, visits to the hairdressers and leisure activities such as swimming, horse riding and go-karting. Activities were available within the home including a range of sensory equipment, board games and outside garden space with activity areas.

People were supported to keep in touch with their relatives. Staff said most people's relatives were in regular contact through visits, telephone calls, emails and letters. Staff also supported people to visit their relatives on a regular basis where this was agreed and appropriate. One relative said "I am always made welcome and the staff are always courteous to me when I visit".

People's relatives and the staff told us the registered manager operated an open door policy and was accessible and visible around the home. Relatives were encouraged to feedback any issues or concerns directly to the manager or to any other member of staff. One relative said "They always say, just tell them if I am worried about anything at all. I've never had to complain about anything, I only need to mention something and it gets sorted out". People were supported by their key worker to express any issues or concerns or they could do so through their relatives or their social worker.

The service had an appropriate complaints policy and procedure. Formal complaints were recorded and records showed complaints were responded to appropriately and within agreed timescales. The service had received two formal complaints within the last 12 months, both from members of the public. These had been dealt with and action taken.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 5 June 2014 we found there were breaches of legal requirements. We asked the provider to take action to make improvements to the safety and suitability of premises and to the timeliness of their response to identified concerns. We received a provider action plan stating the legal requirements would be met by 31 July 2014. At this inspection we followed this up and found the urgent actions had been completed but the major site redevelopment work had been delayed.

The provider's leadership had not ensured appropriate action to implement the identified improvements within a reasonable time frame. The provider had responded to the maintenance and repair matters and some progress was evident with the redevelopment project despite the delay in starting work on site. However, the slippage in the building works meant the layout and design of the buildings was still not appropriate to fully meet people's complex needs. This issue had been ongoing for over two years. Also at this inspection we found medicine errors had been occurring each month for the last 12 months. Although some action had already been taken we identified further improvements were still needed.

There was other evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, records showed the number of incidents had significantly reduced due to interim accommodation changes and a better understanding of how people processed sensory information. Incidents were reviewed as part of the registered manager's monthly service report. A member of staff took overall responsibility for analysing incidents and identifying trends or learning. Where action was needed this was noted on a service action plan and progress was checked again at the next service review.

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager told us the service ethos was "To support each person to meet their individual needs and enable them to lead as full a life as possible". To ensure staff understood and delivered this philosophy, they received training tailored to the personal needs of the people living in the home. There was a comprehensive induction programme for new staff and continuing training and development for established staff. The philosophy was further reinforced through monthly staff meetings, shift handover meetings and one to one staff supervision sessions.

Staff and people's relatives told us the registered manager encouraged an "open door" culture and was very approachable and supportive. A member of staff said "The manager is visible around the home and does the odd shift to keep her hand in. She is very fair but you know she is in charge". Another member of staff said "The manager and the senior team do a really good job. They are open and good at communicating with staff". A relative of one of the people living in the home said "I think the home is run well, I've got nothing to complain about and the manager is very approachable".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability. The manager supervised the support team leaders and they supervised the support workers. All of the staff we spoke with said they worked well together as a good supportive team. Care plan records showed external support and advice was also sought from other health and social care professionals when needed.

People and their relatives were able to give their views on the service through regular care plan reviews and through completion of customer feedback forms. The registered manager was currently carrying out annual reviews for each person. Records showed revisions were made to people's care plans to take account of changes in people's needs or preferences. For example, extra staff support was provided for a person when they became unwell.

The service worked in close partnership with local health care professionals to ensure people's health and wellbeing needs were met. People were also supported to participate in the local community and staff supported people to go out most days of the week.

The registered manager said they participated in a range of forums for exchanging information and ideas and fostering best practice. This included accreditation and information links with the British Institute for Learning Disabilities, attending the council's provider managers meetings, meetings with the safeguarding team and other council departments. The registered manager and staff attended

Requires Improvement

Is the service well-led?

service related conferences and seminars and accessed a range of online resources and training materials from other service related organisations, including the Care Quality Commission's website.