Holt Farm Care Limited

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Inspection report

Hopcrofts Holt
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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

We inspected Holt Farm on 18 December 2015. It was an unannounced inspection. The service provides care for up to six people with learning disabilities or mental health needs. At the time of the inspection there were four people living at the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe. Arrangements were in place to protect people who used the service from the risks of abuse and avoidable harm. There were enough staff on duty and they were clear about their responsibilities to identify abuse and to report any concerns to protect people who lived at the service.

People received their medicines as prescribed and appropriate records were kept when medicines were administered by the staff.

Summary of findings

People had assessments which considered potential risks when they engaged in activities and ensured their independence was promoted and their dignity maintained.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. The MCA is the legal framework that protects people's right to make their own choices.

People were supported in a caring and respectful way. Staff showed a caring approach to people in the service.

People had enough to eat and drink. People were supported by staff to eat food they enjoyed. Mealtimes were flexible to meet people's individual needs. Activities were tailored to reflect people's individual needs and preferences. This included activities in the home as well as trips out into the community.

People were supported to access health care professionals to ensure their health care needs were met. People's needs were reviewed on a regular basis and external professionals were involved as necessary.

The provider had management systems in place to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

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.

Staff understood their responsibility to identify abuse and to report any concerns to protect people from harm.

People received their medicines as prescribed.

Identified risks were assessed and managed in a proportionate way.

Recruitment procedures ensured staff were suitable for their role.

Good

Is the service effective?
The service was effective.

People received the care in line with their assessed needs.

Staff received training and support to continually develop their skills.

People were involved in their care and their choices were respected.

People's consent was obtained and best interest decisions made where necessary.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion.

People had developed meaningful relationships with staff.

Staff showed a commitment to involve people and treated them with kindness and dignity.

Good

Is the service responsive?
The service was responsive.

People's wishes and preferences were documented and respected.

People were supported to take part in a range of activities and interests of their choice.

People were assisted to improve and maintain their wellbeing by being supported to access health services and professionals when needed.

Good

Is the service well-led?
The service was well led.

The registered manager promoted an open culture centred on people and their needs.

There was a strong drive for continual improvement.

Audit systems in place were used effectively to monitor and improve the service.

Good

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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 unannounced inspection took place on 18 December 2015. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and this was returned to us. A PIR is a form that asks the provider for some key information about the service, what the service does well and any improvements they plan to make.

We reviewed information we had received about the service. 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 to us by law.

During the inspection, we spoke with four people, the area manager, the registered manager, the deputy manager and two care staff. After the inspection, we spoke with one family and three external professionals involved with the people who used the service.

We reviewed all four people's care records and their medication administration records (MAR). We looked at two staff files including their supervision records. We also looked at a range of records relating to the management of the home. We looked around the home and observed the way staff interacted with people.

Good

Is the service safe?

Our findings

People felt safe at Holt Farm. One person said "I like it here". One family told us they felt their relative was definitely safe at the service and they added they had "Peace of mind" knowing he lived there. One of the external professionals we spoke with commented "I have never had any concerns about safety of the people there".

People were protected from the risks of abuse and avoidable harm. The provider had safeguarding and whistle blowing policies in place that all the staff were familiar with. Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people. They knew what to do if they had any concerns and told us they would have no hesitation in reporting concerns. One staff member said "I know I can report any concerns to social services if needed". The registered manager had notified the relevant agencies of concerns appropriately.

People received their medicines safely as prescribed and medicines were kept securely. The amount of medicine in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. There were no missing signatures on the Medicines Administration Records (MAR). One of the staff we spoke with confirmed that the manager observed them administering medicines as a part of competencies assessment.

People were protected from risks. People had individual risk assessments where risks concerning their medical condition or behaviours had been identified. Risk management plans detailed the support people required to manage the risks and keep them safe. Staff were aware of these risks and followed guidance. For example, one person had a medical condition which meant they could experience fits. Their care records detailed what action should be taken when the person experienced a fit to keep them safe. There was a management plan detailing medical support and also information about what to do in an emergency. Staff had received training to administer emergency medication, which was taken out with them when they assisted the person in the community.

Another person had been assessed as known to position themselves in a potentially hazardous place behind the closed door. There was a detailed risk assessment that outlined the support required by this person to minimise the risk of injury. We saw staff followed these instructions during the day of our inspection. The staff we spoke with were aware of this person's care plans and risk assessments.

People were safe as there were sufficient staff on duty to meet their needs. We saw staff were available to support people in the service and when they went out in the community.

People were protected against the employment of unsuitable staff as the good practice guidelines around staff recruitment processes were consistently applied. Required checks had been completed for the staff which ensured they were of good character. The files we looked at contained a written application, satisfactory references, and proof of their identity and Disclosure and Barring Service (DBS) checks. DBS is a Criminal Record Check carried out on employees to ensure they are legally allowed to carry out their job role.

People were protected as accident and incident recording procedures were in place and showed appropriate action had been taken where necessary. However there was no formal system to analyse accidents and incidents. The registered manager recognised the need for a formal way to record an analysis of accidents and incidents to identify any trends or patterns and she planned to introduce this in due course.

Good

Is the service effective?

Our findings

People told us staff looked after them well. People told us they received effective care. One person told us "People help look after me here". A relative told us, "Staff know what they are doing". An external professional told us "The staff seem to be aware of people's needs".

All staff received an induction training period and shadowed experienced staff before working unsupervised. One new member of staff was completing their induction and told us they felt well supported by the registered manager and colleagues. They said "I can ask for support at any time, and as it's a small home I am never on my own".

People were supported by staff who had training in areas specific to their needs. The registered manager told us key training such as Physical Intervention, first aid and epilepsy awareness were sourced externally. The other training such as health and safety, fire awareness, safeguarding and mental capacity were delivered as a combination of e-learning and workbooks within the service. The staff confirmed they felt well supported by the management. Comments included "We can always ask for support, we work well as a team" and "The key is to know the residents, we kind of grew up together and we trust each other", "I feel supported here".

The registered manager had a clear understanding of the Mental Capacity Act 2005.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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All the staff we spoke with had a general awareness of the Act. One member of staff said "People here can do what they want, how they are living is perfect, unless they wanted to do something harmful we would need to risk assess it in their best interest".

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service followed the guidelines. One person's file confirmed their mental capacity assessment had been undertaken in relation to them being resistive at times to personal care. The family, health professionals and the service were all involved appropriately. It had been concluded the service was implementing the 'least restrictive option' and that 'every effort has been made to communicate with the person concerned'.

People in the home were involved in menu planning. Staff told us that the people have been asked about their food and shopping choices using a pictorial aid. People were involved in weekly shopping and they were able to choose their own meals. One person told us that they had a 'nice porridge' on the morning of our visit. One person has recently lost weight and we saw the evidence that they were closely monitored, their weight was recorded on regular basis and they were referred to a health professional for further advice.

People were supported to maintain good health. The provider was prompt in contacting health care professionals. Guidance from healthcare professionals had been incorporated into people's plans of care and followed by staff. One of the external professionals said "If there is an issue they (staff) work with us well to address things".

Good

Is the service caring?

Our findings

People were treated by staff with respect, kindness and in a caring manner. Caring interactions were observed throughout the day. Staff knew people well and they understood people's needs.

There was a pleasant, calm atmosphere at the service. One of the staff told us "We care for our residents like we would like our family to be looked after". Another one said "After working in a different industry I am happy to be working in care as we can contribute to making someone's life better and you just feel needed here".

Staff were aware about people's likes and dislikes. For example, one person liked to sit on one of the sofa's and the staff ensured their favourite spot was available for them when they entered the lounge. When people became anxious staff were quick to respond and did so in a supportive manner.

Staff told us they knew people's routines well and used this knowledge as a distraction technique when required. For example, one member of staff told us "One of the residents got agitated last night, we took time to remind him about his preferred routine which helped to settle him".

Staff developed 'health passports' containing information that will help people to communicate effectively with those around them in case of a hospital admission. These are a person-centred way of supporting adults who cannot easily speak for themselves. The passports referred to people's preferences, language likes and choices.

Relatives were involved in people's care planning. Information about advocacy service was available at the service and the provider was involved when necessary. The advocacy service's role is to represent a person when they need an independent representative to act in their interests and help them to obtain the services they need.

People were treated with dignity and respect. We saw staff knocking at people's bedroom door before entering and the staff also told us they always did this. We found the care plans were written in a way that promoted the person's dignity as well as independence and was not just task focused. One person's care file stated "If [name's] trousers are falling staff to discretely talk to them explaining that you will assist her to pull them up".

Throughout the day people were supported to make decisions about how they wanted to spend their day. Two people were assisted on an outing of their choice accompanied by the staff.

One relative we spoke with commented on caring nature of the staff. They said "The staff are caring and [name] settled there very well, that's the longest they have ever stayed anywhere. [name] never says anything but positive things about the home". We also received positive feedback from an external professional, they said "They (staff) are a good team, gentle with approach and the residents seem happy".

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. Records showed people's support plans were updated to reflect changes in their health. The registered manager ensured relevant healthcare professionals contributed to people's reviews. People's records confirmed social workers and health professionals had contributed to their reviews. The registered manager told us that the full reviews took place on annual basis.

People received support suited to their individual needs and preferences. For example, one person's care file reflected their preference for male staff to assist with bathing. The person confirmed this usually happened. They said "I like [name of the staff], he helps me wash my hair".

Another person's care file contained information the person was 'required to be supported in presence of external to the service visitors'. We saw the staff followed this guidance and the person was monitored at all times during our visit. We saw the staff who assisted them demonstrated a good knowledge around identifying when the person was becoming anxious. Another person has been assessed as needing regular drinks. We saw staff offered regular drinks throughout the day.

Care plans were person centred and contained detailed information relevant to each person, such as medical history, health care plans and behaviour plans. Each person was allocated a key worker. The registered manager told us that monthly meetings between key workers and the people were held to obtain their feedback and review the support they received. We found that the evidence to confirm this was available.

Activity plans were incorporated into care documentation. People were offered various activities including trips out.

Care plans detailed what activities people enjoyed. One person's file reflected they liked their scrap book containing their pictures of various memories. Staff told us they would encourage the person to look through the book when the person was anxious. Staff told us the activities were scheduled to suit the person's wellbeing on the day. Some of the activities included trips out, shopping, country walks, outings with families, baking cakes and crafts. One person showed us their hand made Christmas cracker and told us the 'staff were helping them to keep their room tidy'. The staff told us that they ensured that people had activities of their choice and were trying to source something they really enjoyed. One of the people was a big fan of a television game show and the staff told us that they have sourced a board game version for them.

There were no complaints received by the service in the last year. The registered manager felt the frequent communication the service had with professionals and families allowed to them to deal with concerns effectively before these escalated to a complaint. The registered manager explained they had an open door policy and encouraged families to come at any time. The relative we spoke with confirmed the registered manager was proactively addressing any concerns. They said "She does it straight away". They also added they were confident their relative would know how to raise any concerns. They told us "[name] does go and talk to her (registered manager)".

Questionnaires were used to allow relatives to provide feedback about the service. We saw an example of the form with an action followed up by the manager. For example, one family raised concerns about the level of support that their relative received. The registered manager introduced a check list which was displayed in the person's room to reflect that the person was appropriately supported by the staff.

Good

Is the service well-led?

Our findings

People and their relatives knew who the management team were. The registered manager had been in place for over seven years which contributed to the stability of the team. A relative was very positive about the manager and stated “She is fine, she always keeps us informed”.

One of the healthcare professionals commented “The manager is good; she attended the recent reviews and was able to talk through people’s need without having to refer to the documentation. I think the home is good”. Another healthcare professional said “The home manager is good, they know patients well and I had no incidents there that would concern me”.

Staff praised the registered manager for her commitment and support. Comments received from the staff included “She is great, we have a very supportive environment here but also we can have our little disagreements which reflects transparency”. Another person said “We work well as a team; I think it’s down to great communication”.

There was an open and supportive atmosphere at the service and a positive culture was promoted. The feedback received from external professionals also reflected the positive culture of the service. Comments included “I think the manager is a good leader”, “The home seems to be run very well”.

There was effective partnership working between the service, learning disability professionals, people and their relatives which ensured social inclusion for people. Staff told us they worked well with multi-professional teams who contributed to people receiving appropriate care and support.

We saw evidence the registered manager acted on feedback received from relatives. One person commented they felt their relative was not assisted with his shaving properly. We saw the registered manager took action, the technique of shaving was changed and care plans adjusted to reflect this.

We saw audits had been used to make sure the quality of the service was monitored. The registered manager carried out regular checks that covered different aspects of the service. The service was supported by the maintenance person who also worked for a sister home with health and safety checks. The medicines were audited monthly and the manager introduced another audit in a form of spot checks carried out by the deputy manager.

The service was in the process of setting up arrangements for formal quality assurance checks to be carried out by a recently appointed senior manager. This was to monitor the quality of care and to identify any areas where improvements could be made.