Royal Mencap Society

Farm Lane House

Inspection report

59 Farm Lane
Plymouth
Devon
PL5 3PH

Tel: 01752775848
Website: www.mencap.org.uk

Date of inspection visit:
05 December 2017
06 December 2017

Date of publication:
07 February 2018

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Farm Lane on 5 and 6 December 2017.

Farm Lane is a Residential Care Home providing care and support to people with a learning and physical disability. Most of the people who lived at Farm Lane had complex health and care needs. Support for people's health needs were sought from local primary care services, such as district nursing and specialist learning disability professionals including occupational and speech and language therapists. The service is registered to provide personal care and accommodation for up to nine people. On the days of our inspection nine people were living at the care home.

Mencap is the registered provider for Farm Lane House. Mencap is a National Charity providing a range of care service throughout the country. Farm Lane House is purpose built with all facilities provided on one level.

At the time of the inspection the manager was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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. Following the inspection we were informed the manager had successfully registered with CQC as the registered manager for Farm Lane House.

At the last inspection the service was rated as Good. At this inspection we found the service remained Good.

The service continued to provide care, which protected people and kept them safe. This was because staff understood about how to identify and report any incidents of abuse and/or poor practice. Management and staff undertook relevant training and had information about locally agreed safeguarding protocols.

People's risks in relation to their health and lifestyle were understood by staff and managed appropriately. People lived in an environment, which the provider had assessed to ensure it was safe. People were protected by the provider's infection control procedures, which helped to maintain a clean and hygienic service.

People received their medicines safely, by staff who had been trained appropriately and had their competency regularly tested. Overall medicines were stored safely. However, some excess medicines required safer storage. This was raised with the registered manager and provider and action was being taken to rectify this.

People continued to receive care that was effective and met their needs. This was because staff received appropriate training and were supported by colleagues and management to undertake their role effectively. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

People received an organised and co-ordinated approach to their health and social care needs. People had access to external healthcare professionals to ensure their on-going health and well-being. Healthcare professionals spoke positively about the care people received at Farm Lane particularly in relation to their dietary risks and end of life care. People's risks and needs in relation to eating and diet were understood and met by staff.

People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted and respected.

People received personalised and responsive care. People's individual and diverse needs were understood and met. People were supported in a way they chose and preferred and support plans were reviewed regularly to help ensure they were up to date and appropriate.

People had opportunities to lead as full and active a lifestyle as possible. Relatives were welcomed into the home and were involved in discussions about their loved ones care arrangements. People were supported to access community events and had opportunities to meet with friends and others outside of the place they lived.

The service was well led by the registered manager and provider and supported by a dedicated team. There were quality assurance systems in place to help assess the on-going quality of the service, and to help identify any areas which might require improvement. Complaints and incidents were learned from to ensure improvement. The registered manager and provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service remains well –led.	**Good**

Farm Lane House

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.

We visited the care home unannounced on the 5 and 6 December 2017 and undertook a comprehensive inspection.
The inspection was undertaken by one adult social care inspector.

Farm Lane House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law. In addition we also a Speech and Language Therapist from the Plymouth Learning Disability team and an advocate from a local independent advocacy service. There feedback can be found throughout the inspection report.
Before the inspection we would normally ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service., what the service does well and improvements they plan to make. Due to technical problems a PIR was not requested and we took this into account when we inspected the service and made the judgements in the report. We discussed this issue with the provider who said they would contact CQC to help resolve the technical issue.

Most of the people who lived at Farm Lane were unable to tell us about their experience of living at the home. During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a

way of observing care to help us understand the experience of people who could not talk to us. We observed how people spent their day, and the interactions between people and the staff caring for them. One person was able to tell us about their experience of living at the home. We spent time during the inspection talking to this person.

We spoke with nine members of staff, the registered manager and the area operations manager for the organisation. We also spoke with two relatives of people who lived at the home.

We looked at four care records, which related to people's individual care needs. We also looked at records that related to people's medicines, as well as documentation relating to the management of the service. These included auditing records, policies and procedures, accident and incident reports and training records. We looked at the recruitment and induction records of three members of staff.

Good

Our findings

The service remained safe.

Most of the people who lived at Farm Lane had complex needs and were unable to tell us verbally if they felt safe living at the home. People who were able to tell us said they felt safe and comments included, "Yes, I feel safe, the staff look after me, I know them and I know who to speak to if I am unhappy". Relatives said they felt their loved ones were well cared for and safe living at Farm Lane.

People who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. All of the people living at Farm Lane had been assessed as being at high risk of choking. These risk assessments had been completed by the local Speech and Language Team (SALT) and included guidance for staff about how to manage the risks and keep people safe. We spoke to a representative from SALT who told us they worked closely with the staff at Farm Lane to offer support and training and to review the assessments and guidelines when required. The feedback they gave us about the way staff supported people to eat safely was very positive. They said they had fed their views back to the manager as they had been so impressed with the examples of excellent practice observed.

We had been informed of two incidents since the last inspection when two people had experienced a choking episode after being served food, which had not been provided to them in the correct consistency. The registered manager told us lessons had been learnt from these incidents and provided us with an action plan, which had been developed after the incidents had occurred. One of the actions had been the introduction of a form, which staff had to complete daily to confirm each person's food had been prepared correctly before it left the kitchen area. We saw these forms had been completed by staff each day leading up to the day of the inspection. However, on the day of the inspection the form had not been completed by staff who had prepared the breakfast and lunchtime meal. We raised this immediately with the registered manager, who told us they would address the issue as a matter of priority. Following the inspection the provider told us they had checked records and assured themselves this was a one off error. All staff had been reminded about risks relating to people's eating and drinking and an action plan put in place to increase the audits of these records, as well as spot checks by the registered manager and provider.

People received their medicines safely. People had their own locked medicines cabinet provided in their bedroom. Alongside the meds cabinet each person had a file containing a range of information about their health and forms staff needed to complete for medicines administered.

We saw two members of staff had responsibility for administering medicines. A Medicines Administration Form (MAR) was completed by the staff administering the medicines and counter signed by the second staff member to confirm they had observed the medicines being administered correctly. Staff said this helped ensure any queries or errors were identified and dealt with promptly.

A separate medicines room was available for excess and bulky stock such as creams and build up drinks. We were told a senior on each shift held the keys and would be the only person with access to this area. However, it was noted that this room was also used for the storage of other none medical items and keys were passed to a number of staff to access during the inspection. This was raised with the manager and the operations manager at the time of the inspection. Following the inspection we received information that the medicines room had been re-organised so that it was only used for the purpose of medicines storage. A copy of an updated key policy was sent detailing that senior staff held the keys at all times and signed to say they had handed over to the next senior at the end of a shift. Medicines requiring cold storage were held appropriately, with evidence of regular temperature checks of fridges and other medicines storage.

Clear systems were in place for recording when medicines left the home. For example, when people went home or had an admission to hospital. Information was clearly available for staff about people who had prescribed (PRN) as required medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given. The application of prescribed creams/ointments were clearly recorded.

Staff undertook training and understood the importance of safe administration of medicines. The medicines policy had recently been updated to ensure it reflected best practice and guidance. Staff said they undertook regular competency checks to test their knowledge and to help ensure their skills were adequate and up to date.

People were protected from abuse and avoidable harm. This was because staff understood the provider's policy and procedure about safeguarding and also attended training about locally agreed safeguard procedures and what to do if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising their concerns immediately with the registered manager or with external agencies, such as the local authority safeguarding team or the police. Some staff gave examples of when they had followed these procedures to help ensure people were protected. Staff were recruited safely to ensure they were suitable to work with vulnerable people.

People lived in an environment, which the provider had assessed to ensure it was safe. Equipment used by people, such as hoists and electronic baths and beds were serviced in line with manufacturing guidelines. The fire system was checked, and weekly fire tests were carried out. On the day of the inspection tests were being carried out by the local fire service on the homes fire alarm system. The registered manager and operations manager carried out health and safety audits to help identify where improvements were required. Personal evacuation plans were in place, which detailed the support people needed to evacuate the building in the event of a fire. These plans were detailed and described people's individual needs. For example, one plan detailed that the person had a profound hearing loss, and would need total support as they would not hear alarms or any form of verbal instruction. Another plan detailed how a person's breathing equipment would need to be detached to enable them to exit the building safely. These personalised plans helped ensure staff and emergency services had the information they needed to support people appropriately and safely.

People were cared for by suitable numbers of skilled staff who knew people well and met their needs. All of the people living at Farm Lane had complex needs and required one to one support for many aspects of

their care and daily routines. We saw staffing was well organised and reviewed regularly to ensure numbers remained appropriate and safe. The senior on each shift had responsibility to check the correct staffing levels were in place for that day and the following day. They would consider people's plans for the day, such as trips out and appointments as well as any changing needs, which could mean more staff would be required. For example, we were told people had gone out the previous evening to a Christmas party and extra staff had been organised to help ensure people had the support they needed. One person was due to be discharged from hospital for end of life care. The registered manager had attended meetings with other agencies and was in the process of planning staffing to help ensure their needs were fully met.

People were protected by the provider's infection control procedures, which helped maintain a clean and hygienic environment. Staff followed infection control practices, by wearing gloves and aprons when preparing medicines and providing personal care. We found the environment to be clean and odour free throughout.

People's accidents and incidents were recorded. Incident forms included detailed information about what had occurred and any action taken had been approved and signed off by management and the provider. The provider worked hard to learn from mistakes and to make improvements in the service. For example, the registered manager said since being in post they had looked closely at the recruitment process and considered why some staff may have left soon into their employment. They said they had worked hard at improving the recruitment process to make sure all prospective staff were fully aware of the job role and values of the service before they made a decision to work in the service. They said this had helped reduce the turnover of staff, which meant people were benefiting from a consistency of care they needed.

Good

Our findings

The service remained effective.

People received care and support from staff who knew them well and had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development by the provider and throughout the staff team.

Staff confirmed they undertook a thorough induction when they started working in the service. Comments included, "I had a poor experience of induction in the past, the experience was so much better at Farm Lane. I had time to read records, undertake initial training and shadow staff".
We saw a copy of the homes induction plan, which included a day of introduction to the organisation, a history of the company and its core values. The operations manager said new staff did not start working with people unsupported until they felt confident and competent to do so. Staff who had no experience in the care sector completed the Care Certificate. The Care Certificate is a nationally recognised qualification for care workers new to the industry.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. Comments from staff included, "We do lots of training, but it is relevant and about the people we support". Each staff member had a training plan and this was regularly discussed and reviewed as part of team meetings and one to one supervision sessions. Training was provided either internally or by external agencies and consisted of a range of topics relevant to the service and needs of people being supported. For example, all staff undertook mandatory training such as health and safety, Mental Capacity Awareness and safeguarding. In addition training had been provided by the local learning disability services in relation to epilepsy, eating and drinking and diabetes. One person required very specialised equipment to support their eating and drinking needs. The community dietician team had delivered training to staff on the use of the equipment, and had signed off competency forms for each member of staff when they completed the training successfully.

Staff told us they felt supported by management and staff. Comments included, "Yes, I feel well supported. A senior and the manager are always available". An agency member of staff said, "If I haven't been in the service for a while I can always get the information I need from daily records and speaking to staff, it is a really good place to work".

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The

manager and provider understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (Dols). 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 as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the capacity to make a particular decision, any made on their behalf must be in their best interest and be the least restrictive. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records demonstrated their capacity had been assessed when planning care, and that DoLS applications to the supervisory body had been made when necessary. Best interest discussions had taken place when people had been assessed as lacking capacity to make a particular decision. For example, best interest meetings had been held for one person regarding their daily routines and need to be assisted by staff and equipment when eating. The registered manager said the best interest discussions helped ensure the person's rights and choices were considered alongside risks associated with their care and health. "It was important to balance the risks alongside the person's rights to have some control and choice over their daily routines and lifestyle". Best interest meetings had been held for another person in relation to their eating, drinking and end of life care. Meetings had involved staff, professionals and relatives to help ensure everyone's views and opinions were taken into account at this difficult and sensitive time.

It had also been recognised when people did not obviously present as having capacity, but that restricting them could be unlawful. For example, the registered manager said one person who had a profound hearing loss and needed support with some aspects of daily living was at risk of having their rights and choices restricted. However, a capacity assessment undertaken by the local authority had deemed them to have capacity to make choices about their care and where they lived. The manager was very positive about the outcome of this assessment and the recognition that this person must not be unlawfully restricted of their rights and ability to make decisions. We saw that this person was supported by the service to be as independent as possible.

There was a system in place to help ensure approved applications were reviewed prior to their expiry, which meant people were not at risk of being unlawfully restricted. Staff and management had received training in respect of the legislation and had a good understanding about people's rights and the law.

People's consent to care had been sought and recorded in care plans and staff were heard to verbally ask people for their consent before providing care, for example before assisting them with meals, administering medicines and providing personal care. People had access to advocacy services if they had no one to act on their behalf. For example, one person had an independent advocate to support them with decisions about personal finances. This helped ensure people did not face discrimination when making decisions about aspects of their care and lifestyle.

People were supported to eat a nutritious diet and to drink enough. All of the people living at Farm Lane had complex needs in relation to eating and drinking. Each person had an individualised plan describing their needs and how they needed to be supported to maintain a good diet. Staff were very aware of this information and had received training specific to people's eating and drinking needs. A chef was employed in the service and was able to show us how they planned people's meals for the day. This information included people's likes and dislikes as well as special diets and food preparation. When possible people were supported to make choices about their meals and mealtimes. For example, one person came into the kitchen and communicated with staff when they wanted their breakfast. Staff were very aware of this

person's communication methods and encouraged them to choose what cereal and drink they wanted. Feedback from the local learning disability team in relation to people's eating and drinking needs was very positive. We saw correspondence, which had been sent to the manager describing the support provided as, "Perfect and flawless". They praised staff for maintaining people's independence whilst eating, which included using the correct utensils, seating and interactions. A representative from the Speech and Language service said they were happy for us to report that one of the observations they had made was excellent and could have been used at their Dysphagia training as an example of best practice.

People had access to a range of healthcare professionals to help ensure their on-going health and well-being. People's care records detailed a variety of professionals were involved in their care, such as community nurses, speech and language therapists and GPs. We saw staff responded promptly and sensitively when people showed signs of feeling unwell. One person had suffered a seizure during the morning of our inspection. Staff understood how the person presented following a seizure and recognised they needed time and support to recover. We saw staff reassuring the person concerned and checking regularly they were comfortable and warm.

People received an organised and co-ordinated approach to their health and social care needs. A professional from the Plymouth learning disability team said the staff had been excellent supporting a person during their time in hospital and following discharge. At the time of the inspection a person who lived at the home was due to be discharged from hospital back to the home for end of life care. Records confirmed the manager had attended a number of meetings and had liaised tirelessly with other agencies to help ensure they had the information and support needed to provide this person with the best care possible.

People lived in a service, which had been designed and adapted to meet their needs. Facilities were all on one level, which meant people were able to easily access the home and their private space such as bedrooms. Specialist equipment in bedrooms and bathrooms meant people could have their individual needs met more easily. People's bedrooms had been decorated to reflect their personal interests, age and gender. Bedrooms contained lots of personal belongings and items to occupy people such as sensory lighting, a television and music equipment. The main bathroom had been decorated with an underwater theme, with lots of sensory items to help improve people's experience when personal care was being delivered.

It was noted that some parts of the home, such as doors and walls had been damaged by wheelchairs and other equipment. The manager and provider were aware of this and showed us a programme of maintenance to address immediate and longer term repairs within the home. We saw a plan which was in place to redecorate and update the main hallway. People, staff and relatives had been involved in these discussions and photos were posted on the hallway wall with detailing initial plans and ideas. The provider was aware that as people's needs progressed due to health and age, the environment was beginning to have limited space for the storage of equipment, such as wheelchairs and hoists. We were told this had been taken into account as part of a number of future plans for the service.

Good

Our findings

The service continued to be caring.

Most of the people living at Farm Lane House were not able to tell us verbally if they felt well cared for. We observed the care being provided and spoke to relatives, staff and other agencies to help us gather information about people's experiences of the service. One person who was able to speak to us said they felt well cared for. They said the staff were kind and respected their privacy and dignity.

Relatives said staff were kind and caring and promoted people's independence and skills whenever possible. One relative said they had been concerned that their loved one could lose their independence when they moved into the home. They said they had not needed to worry and added, "I didn't need to worry, the staff are brilliant. They encourage choice and support [...] to do the things they enjoy".

Professionals said they thought the staff and management really cared about the people they supported. We were told good interactions had been observed when professionals had visited, "The staff always speak to people in a positive and respectful manner and tell people what they are doing".

Staff were calm, relaxed and confident in their role. Staff were able to communicate effectively with every person no matter how complex their needs. For example, one person was keen for staff to prepare their breakfast. They followed staff into the kitchen and used some of their individual communication methods to tell staff what they wanted. Although staff were busy and supporting others they understood what the person wanted and responded promptly to their requests.

Staff were able to adapt the way they supported people to meet specific needs and personalities. For example, one person liked the staff to laugh and joke with them, whilst another person who was living with Dementia preferred gentle and reassuring interactions. We saw staff supporting both these people in the way they needed and preferred.

People's privacy was respected. One person told us staff always knocked on their bedroom door before entering and respected their dignity and independence. We saw staff supported people in their bedrooms when providing personal care. Bedroom doors were closed and people's privacy was promoted. People had medicines cabinets in their bedrooms, which meant people could be supported with medicines in the privacy of their own room if required.

People's family and friends were warmly welcomed, with no visiting restrictions. The registered manager said when they had first started working in the home one of their main aims had been to build relationships with people's families. They said they had spent time with relatives talking about the needs of the people they supported as well as gathering as much information as possible about their family life and backgrounds. Relatives were invited to attend reviews and were involved in discussions about people's care arrangements. For example, a meeting had taken place regarding one person's needs in relation to their diet. The person's parents had attended the meeting and had shared their views on what they believed their loved one would want to happen. The registered manager said these views were taken into account to help ensure the best outcome for the person concerned. When people did not have a family member or anyone to act on their behalf, advocacy services were appointed. People had a key-worker. This was a member of staff who took time to know them well. One person told us they loved their keyworker, they said, "We go shopping, and they always do my hair".

We saw people being treated kindly and with compassion. For example, one person had suffered a seizure and needed to time to relax and recover. The staff knew the person well, and understood how to reassure them and make them feel safe and comfortable. One person was in hospital at the time of the inspection. Staff spoke about this person in a caring and concerned way and were keen to support them to return home. Professionals told us they had been very impressed how attentive the staff had been with this person during their stay in hospital. They said a staff member from Farm Lane House had been with them in the hospital everyday even when it was their day off.

Good

Our findings

The service remains responsive.

The registered manager carried out a pre-assessment of people's needs prior to them moving into the service. This assessment was then used to create the person's care plan. People's care plans were person centred and detailed how they preferred and wanted to be supported.
Care plans were reviewed on a monthly basis or as people's needs changed. This helped ensure they were up to date and continued to reflect what people wanted and needed.

People received personalised care. We saw, and staff told us how they adapted their approach to each person to help ensure people received individualised support. For example, one person was registered blind. Their bedroom had been organised so they had everything they needed close to hand. The person said staff helped them make choices, such as handing them their clothes as they recognised texture and could decide what they wanted to wear. They also had a call bell so they could contact staff when they needed. Staff told us about another person who needed intensive interaction to help ensure their needs were met. They said as the person was unable to communicate verbally and had complex physical needs it was important for staff to set aside specific time to be with them, to interact, and to do specific tasks and activities. Staff said, "It could be very easy to leave them out as they would not demand staff time, so we set aside one to one time. This might involve going to their room, tidying up with them, they love facial interactions, singing and sensory activities". Another person loved to change their clothes frequently throughout the day. Staff said, "They may want to change ten times in a day, we go along with this, it is what they choose to do and it keeps them calm and happy".

People's communication needs were effectively assessed and met. Most people who lived at Farm Lane House had limited verbal communication. People had communication profiles, which described how the person communicated their needs and wishes. For example, one person's profile described their physical presentation when they were happy or sad and the noises or gestures they would make to communicate a particular need or request. This helped staff understand what they person wanted and helped ensure they could respond promptly and appropriately to their requests.This demonstrated the provider was meeting the Assessible Information Standard. The AIS is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported to follow their interests and lead a lifestyle as active and fulfilled as possible. One

person said, "I love going out to the shops and disco". A relative who was visiting told us, "The staff take […] to all the shows at the theatre and to visit friends in the home they used to live". During the inspection we saw people going out with staff to the local shops and cafes'. Two people went out to lunch and to visit a local aquarium.

Staff said activities had to be planned to meet each person's specific needs. For example, some people's daily activities were dependent on whether or not they were well, whilst others needed routine and consistency. For example, one person who had autism needed to know what was happening each day. Staff said this person had found Christmas difficult due to some planned activities being cancelled, therefore staff had needed to reassure them and try to make their day as routine possible.

People had the opportunity to occupy their time when they spent time at home. One person had been making Christmas cards with staff and told us they had been helped to knit a blanket for a local charity. On the second day of the inspection a musician visited the service and entertained people with songs and musical instruments. We were told this was a regular activity and people's responses clearly demonstrated it had been enjoyed.

People's comments and complaints were viewed positively and helped to improve the quality of the service. A written complaints procedure was made available to relatives and other people visiting the service. People using the service were supported to understand how to make a complaint. Staff knew people well and used their knowledge to determine if people were happy or if they had a concern or problem with the way they were being supported and cared for. People's satisfaction with the service was considered as part of key-worker meetings and care plan reviews. One person told us they had made a complaint about their meal as they had been served something they particularly disliked. They said they had told staff and had not been served that particular meal again.

Professionals praised the management and staff for their skilled and compassionate end of life care. At the time of the inspection discussions were taking place between the home and other agencies regarding a person's end of life care needs. Health care professionals told us they had been very impressed by the determination of management and staff to provide the best possible care at this time. Another person had been supported by staff following the death of a relative. In addition to making referrals for specialist support the staff had also developed a pictorial story board for the person to help them understand what was happening. Staff had supported the person concerned to attend their relative's funeral, which the family had said they did not believe would be possible and were very grateful.

Good

Our findings

The service remains well-led.

At the time of the inspection the manager of the service was in the process of registering with the Care Quality Commission. Following the inspection we were told the manager had successfully registered as the manager for Farm Lane House. 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.

The newly appointed registered manager had been overseeing the day to day running of the service since the previous manager left in November 2016. Since being in post they said they had worked particularly hard to improve activities available to people. They said their aim had been to ensure activities were person centred, which had involved reviewing and re-organising staffing levels and rotas. They said this had resulted in improvements to people's opportunities. For example, one person had been to a concert and a night club for the first time. Improvements had also been made in relation to the recruitment of staff. The registered manager said there had been some concerns in relation to the recruitment and retention of staff. This had resulted in some inconsistency in the care provided. The registered manager said they had looked closely at staff recruitment and ensured prospective staff met people in the home prior to their appointment. This helped ensure prospective staff understood their role and the values of the service. The registered manager said these changes had helped reduce the number of staff leaving soon after appointment and had improved consistency of care for people who used the service.

Staff, relatives and external professionals spoke positively about the leadership of the service. The registered manager had an open door policy and also worked alongside staff when required. An external professional said, "The manager has a lot of empathy for the people and relatives they support". Staff said, "The manager is very supportive, we can talk to them at anytime".

The registered manager had a committed and compassionate attitude about the service, the staff, but most of all the people. They told us how they had liaised tirelessly with healthcare agencies to help ensure they had all the information they needed to support a person appropriately with end of life care.

The registered manager kept their on-going practice and learning up to date by attending regular training and local care forums. They also worked with external agencies in an open and transparent way and there

were positive relationships fostered. The registered manager said they had recently attended a number of best interest meetings. They said this liaison with other agencies and relatives had increased their confidence and understanding about people's rights and how best to advocate for people they supported.

The provider's statement of purpose laid out its vision detailing, "We want to see a world where people with a learning disability are valued equally, listened to and included", and "Mencap is working towards a society in which people with a learning disability have the opportunity to make the most of their lives, where their needs and those of their families are met to the extent that they have the same opportunities as every other section of the community". The vision was clearly embedded into the culture and practice within the service. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were understood and shared by the whole staff team. They said, "We have five clear values; caring, trustworthy, inclusive, positive and challenging and we expect staff to live and breathe them". All of the staff we spoke with spoke with enthusiasm and compassion about their work. They all said without exception that they wanted the best outcome for each individual person they supported. The provider monitored the culture of the service by visiting the service regularly. During these visits they spoke to people, relatives and staff.

Staff said they felt valued, motivated and cared for by the organisation, management and their colleagues. Systems were in place to motivate staff and to recognise innovation and best practice. For example, a Mencap incentive scheme was in place called 'You Rock'. Staff nominated another staff member who had met one or more of the key values within their work. The nomination and example was passed to a panel that would choose a winner each month. The nominees and winners were published on the organisations website with certificates awarded and posted on notice boards in the service. The registered manager said two of the staff at Farm Lane had recently been nominated for an award after receiving positive comments about care observed by a member of the public.

People and their relatives were encouraged to be involved in the development of their service. They were invited to meetings and asked for their views by way of annual questionnaires. The feedback was collated at head office and an action plan sent to the registered manager addressing any issues raised.

People lived in a service which was monitored by the provider to help ensure its ongoing quality and safety. For example, systems and processes were in place to help such as, accidents and incident reports, risk assessments, care planning and a range of audits in relation to the environment, medicines and people's finances. This helped to monitor and highlight where improvements in the service or people's care arrangements were needed. The area operations manager for the organisation supported the registered manager and visited the service to undertake audits and to check compliance with the regulations. A manager's assurance tool was available, which allowed the registered manager and provider to monitor if people's needs were being met in line with the regulations and core values of the service. For example, we were shown how the auditing tool allowed the provider to monitor people's friendships, social opportunities, community involvement and the use of assistive technology. The information gathered from the auditing tool generated an action plan for the service.

The provider had an overview of accidents and incidents and systems were in place to monitor any patterns or trends identified. Accident and incident reports were sent to the organisations quality team, who would work directly with the home in relation to any action required. The provider also had an overview of accidents and incidents within other locations belonging to the organisation. This meant training and action could be considered at a provider level to help ensure best practice and improvement across the organisation. The registered manager said they were able to contact the quality team at any time if they wanted to discuss any best practice or quality issues.

The operations manager for the service said a recent visit by the quality team had identified that parts of the home required refurbishment and updating. This included the kitchen area and hallway. Quotes had been requested for this work and sent to head office for approval.

Throughout the inspection we found the registered manager and operations manager helpful and responsive to discussions regarding quality and best practice. Information we asked for was made available, and prompt action was taken to address a concern raised in relation to the storage of medicines and people's eating and dietary needs. Following the inspection the provider wrote to us and confirmed that these issues had been addressed and also provided information about checks, which had been increased to help ensure these areas were sufficiently monitored.

The provider and registered manager were open, transparent and admitted when things had gone wrong. This demonstrated their understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The provider notified the Commission of significant events, which had occurred in line with their legal obligations. For example, regarding safeguarding concerns and serious injuries.