

Southern Archway Limited

Hillview Farm

Inspection report

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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 ●

Summary of findings

Overall summary

This inspection took place on 7 and 8 June 2016 and was unannounced. We last inspected the service in September 2014. At that inspection we found the service was compliant with the essential standards we inspected.

Hillview Farm is a location with four houses on the same site. Three of the houses make up a care home without nursing that provides a service to up to nineteen people with learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were 15 people living in the three houses. In the fourth house the provider offers a supported living service for two people. Attached to the service the organisation has a 6 acre smallholding where they offer day opportunities, including horse and other animal care, horticultural activities and weekly riding lessons. On the same site the organisation runs an educational service called "Experience Education". These services are open to people from outside Hillview Farm as well as those living there who are interested in attending. Although some of the people using the service attend the daytime activities and educational facility on site, those provisions do not come under the provider's registration and were not assessed as part of this inspection.

The service had a registered manager as required. 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 registered manager and the business and training development manager were present and assisted us with our inspection.

Staff showed skill when working with people and it was obvious they knew them well and people were treated with care and kindness. Staff were aware of people's abilities and encouraged them to be as independent as possible.

People received support that was individualised to their personal preferences and needs. Social care professionals told us they thought the service provided personalised care that was responsive to people's needs.

People received appropriate health care support. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were stored and administered safely.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. People's rights to confidentiality were upheld and staff treated them with respect and dignity.

People were protected from the risks of abuse and from risks associated with their health and care provision. They were protected by recruitment processes and people could be confident that staff were

checked for suitability before being allowed to work with them. There were sufficient numbers of staff on each shift to make sure people's needs were met.

People benefitted from staff who were well supervised and received training to ensure they could carry out their work safely and effectively

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People and their relatives knew how to raise concerns and felt they were listened to and taken seriously if they did. Staff recognised early signs of concern or distress from people living at the service and took prompt and appropriate action to reassure people when needed.

People benefitted from living at a service that had an open and friendly culture. People and their relatives felt staff were happy working at the service. Social care professionals felt the service demonstrated good management and leadership and worked well in partnership with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe. People were protected from abuse because staff knew how to recognise signs of abuse and knew what action to take when necessary. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good 

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and DoLS applications had been made where required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good 

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence and supporting them in what they could do.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Is the service responsive?

Good 

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led a busy daily life, based on their known likes and preferences. Staff knew them well and were quick to respond to people's changing needs.

People and their relatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service and there was a good team spirit. They felt supported by the management and felt the support they received helped them to do their job well.

Social care professionals felt the service demonstrated good management and leadership and worked well in partnership with them.

Hillview Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced inspection was carried out by one inspector and took place on 7 and 8 June 2016. We looked at all the information we had collected about the service. This included previous inspection reports and information received from social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with ten of the people who use the services, (three in depth). We spoke with the registered manager, the business and training development manager, eight care workers (four in depth) and one relative. We observed interactions between people who use the service and staff during the two days of our inspection. After the inspection we spoke with four relatives and requested feedback from three healthcare professionals and six social care professionals. We received feedback from three social care professionals.

We looked at three people's care plans, associated documentation and medication records. We looked at the staff training log, staff supervision log and the recruitment file for four members of staff employed since our last inspection. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, the utility service certificates, fire risk assessment, legionella risk assessment, food safety checks and the complaints and incidents records.

Is the service safe?

Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe at the service. Relatives also confirmed they felt people were safe at the service with one relative commenting, "[Name] is very safe." and another said, "[Name] is safe and happy." Social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected. One professional told us, "The staff on duty are allocated to provide one to one care to promote wellbeing at all times. Care plans and risk assessments are in place. Information is shared promptly."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility, potential to self-harm or risks related to specific health conditions such as epilepsy. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. We found in one house that hot food temperatures were not being recorded. In the same house we found one fridge was consistently measuring over 5°C. The registered manager took immediate action. A new food thermometer was purchased and staff were instructed it must be used. The fridge in question was checked and found that it had been turned to the lowest setting. Staff were instructed on action to be taken in future if fridge temperatures measured higher than they should. The routine safety checks in the other two houses had been carried out and recorded and were all within the expected safety limits.

Other premises checks were carried out. For example, fire risk assessments, legionella risk assessments, annual gas appliance servicing and annual portable electrical equipment checks. In each house staff carried out weekly fire equipment checks, monthly checks of the first aid boxes and daily hot and cold water checks. Thermostatic mixer valves (TMV) were in place on the bath hot water outlets to reduce the risk of scalding. In May 2016 two TMV valves were found to be faulty during routine checks. They were replaced two days later. Staff said any maintenance issues were dealt with quickly when identified.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans and reported to the Care Quality Commission as required. Steps were taken and recorded to reduce the risk of a recurrence of incidents wherever possible.

People were protected by the provider's recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the recruitment information required by the regulations. For example, proof of identity and criminal record checks. Gaps in employment histories had been explored and evidence of applicant's conduct in previous employment had

been sought where they had worked with vulnerable adults.

Each of the four houses had their own staff teams. This meant that people were supported by staff they knew and who knew them well. Daytime staffing was calculated on the needs of people using the service and their specific level of funding. In the supported living house, staffing was provided based on the support packages in place. Where people were funded for one to one staffing we saw this requirement was met. Overnight there were waking night staff in each house plus staff sleeping on the premises and available to assist if needed. We saw staff were available when people needed them and they did not need to wait. People told us they could get help and support from staff when they wanted. Staff told us there were usually enough staff on duty at all times and commented that the managers helped when needed. Sickness and annual leave cover was usually provided by regular staff, with minimal use of agency workers. When agency staff were used they were workers who were known to the service and who knew the people living there. One social care professional told us, "There always appears to be numerous staff on duty and the residents are proactively engaged."

People's medicines were stored and administered safely. Following a minor medication error last year the provider put in place a system for checking people's medicines stock two to three times a day. This enabled the staff to identify quickly if any medication had been missed. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right dosage of the right drug at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. One person said, "I am happy here." and another commented, "My staff help me. If I am upset they help too." Relatives felt the staff had the training and skills they needed when looking after their family members. Social care professionals felt the service provided effective care and supported people to maintain good health. One professional told us, "Residents can arrive in crisis and, with skilled intervention from a holistic approach to include family, health, education and other professionals, people settle to the new routines and the expected boundaries." Another professional commented, "The staff I have met have been very experienced and enthusiastic."

The care staff team was made up of the registered manager, four deputy managers, three senior support workers and 33 support workers. Care staff and people living at the home worked together on meal preparation, cleaning and laundry. In addition there was a business and training manager, two administrative staff and a maintenance person.

New staff were provided with induction training which followed the Skills for Care new care certificate. Ongoing staff training was overseen by the provider's training manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, first aid, food hygiene and safeguarding adults training. Other mandatory training included medicine administration, infection control and health and safety. Additional training was provided relating to the specific needs of the people living at the service. For example, training in epilepsy, Makaton communication method and autism awareness. Training records showed staff were up to date with their training and refresher training was booked when updates were due. Practical competencies were assessed for topics such as administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service.

Staff were encouraged to study for and gain additional qualifications. Of the 41 members of the care team, the registered manager held a Registered Manager's Award, twelve held the National Vocational Qualification (NVQ) level 3, or equivalent, in care and six held an NVQ level 2. A further 16 care staff were studying for qualifications at level 2, 3 or 5 in care.

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) took place six times a year with their line manager. Staff also confirmed they had yearly performance appraisals of their work carried out with the registered manager.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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 so that they can 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). 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 the staff were working within the MCA and the requirements of the DoLS were being met. The registered manager had filed appropriate DoLS applications to people's funding authorities (the supervisory body) as and when necessary to ensure people were not being deprived of their liberty unlawfully.

People were able to choose their meals, which they planned with staff support. There were always alternatives available on the day if people did not want what had been planned. Snacks and drinks were also available and people were free to decide what and when they ate. People were weighed monthly. Staff made referrals to the GP where there was a concern that someone was losing weight, or were putting on too much weight. Where nutrition was a concern, food and fluid intake was recorded and the care plans showed staff were working with dietitians and speech and language therapists where indicated. People told us they enjoyed the food at the service and we saw there were enough staff available to help them with meals where needed.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. The service also worked closely with the local learning disability team. Social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One social care professional told us, "The files are comprehensive and easily accessible. Health professionals are involved with no delay as necessary in regard to any behavioural management plans. They act quickly in making and supporting [people] with any appointments."

Is the service caring?

Our findings

People were treated with care and kindness. People told us staff were caring and knew how they liked things done. One person told us, "Staff are very nice." Relatives also said staff were caring and knew how their family member liked things done. Comments received included, "Very much so. They are in tune with [Name].", "[Name] is very settled and happy." and "[Name] is always comfortable with all staff."

Staff showed skill when working with people and it was obvious they knew them well. We saw staff had a good knowledge of triggers that may upset someone and quickly diffused any situations that occurred. People were comfortable with staff and were confident in their dealings with them. We saw people approach staff confidently if they wanted any help or support, which was always given with skill and respect. Throughout our inspection it was obvious staff and people living at the home got on well together as they went about their daytime activities.

People's care plans were geared towards what people could do and how staff could help them to maintain or increase their independence safely and wherever possible. People's abilities were kept under review and any decrease in independence was noted and investigated, with changes made to their care plan as necessary. Where people were able to increase their independence this was noted and encouraged. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

We saw staff working with people encouraging their independence and supporting them in what they could do. At lunch time staff provided assistance only where needed. Where people were not able to manage, assistance was given quietly and respectfully.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. Staff listened and acted on what people said. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives were involved in people's lives and participated in the six monthly reviews. Formal reviews were held annually and involved the people, their relatives and a care manager from their funding authority. Where people had no family member to support them, independent advocates were involved instead. People told us staff knew how they liked things done and confirmed staff treated them with respect.

People's right to confidentiality was protected. All personal records were kept locked away and were not left in public areas of the service. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors.

Social care professionals felt staff were successful in developing positive, caring relationships with people using the service. They also confirmed the service promoted and respected people's privacy and dignity. Relatives told us staff treated people with respect and protected their family member's dignity. They said staff were caring and knew how their family members liked things done. One relative told us how their family

member was "so much happier" since moving to the service. They said previously the person's behaviour had been "terrible" but within the first week their behaviour had improved. They added, "We are more than happy."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Each care plan was based on a full assessment of needs and people told us they were involved in developing their care plans and setting goals.

Care plans each included a section called "My person centred plan" which included things that were important to the person in their life. The care plans had all been reviewed within the previous six months. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals. People all had allocated 'keyworkers'. The keyworkers were named staff who worked with individuals in planning and working towards their goals. People met regularly with their keyworkers and were able to discuss how things were going, what they were happy with and what they were not so happy with.

Each person had their own individual daytime plan, selected from different activities in which they were interested. One person told me about their work at a local garden centre and another described how they enjoyed photography and kick boxing, as well as working on the smallholding.

Eight people had jobs outside the service and others worked on the smallholding. People chatted with us about what they did during the day. Some people enjoyed caring for the horse and others took part in the chicken and egg project, where they took care of the chickens by cleaning out the chicken house, supplying food and water and collecting the eggs. Some people had worked towards, and achieved, a City and Guilds Award in Skills for Working Life.

Other people kept busy with pre-arranged activities and decided what they wanted to do, either inside the home or outside in the community. People could choose what they wanted to do and were also able to try out new activities when identified. People were involved in the local community and visited local shops, clubs, pubs, restaurants and other venues. People sometimes used public transport and the service had access to a vehicle when needed.

During our visit we saw building work was underway on the smallholding. An onsite café was nearing completion. The registered manager told us that, as well as being a place for people to socialise, the café would also offer work opportunities for people. With this in mind plans were underway for people, who were interested in working in the café, to attend food safety courses and begin training for working in a food service.

People knew what to do and who they would talk to if they had any concerns. Relatives we spoke with knew what to do if they had concerns and were sure they would be listened to and taken seriously if the situation arose. We looked at the compliments folder and found a number of letters and cards thanking staff for the work they were doing and expressing their appreciation for help received and support given to their family member.

People were supported to maintain relationships with their family and friends. One relative told us how a birthday party had been arranged for their relative. They told us everyone had been invited and they had been sent some lovely photos. Social care professionals felt the service provided personalised care that was responsive to people's needs. One social care professional commented, "The provision is individual to each person's needs and reflected in the care planning."

Is the service well-led?

Our findings

People benefitted from living at a service that had an open and friendly culture. People felt the staff were happy working at the service and that there was a good atmosphere. One person commented, "I am happy with everything." Staff told us they got on well together and that management worked with them as a team. All interactions observed between staff and people living at the service were positive, friendly and respectful.

In January 2016 the organisation signed up to the "Social Care Commitment". The Social Care Commitment is a Department of Health initiative. It is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven "I will" statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care.

Staff told us managers were open with them and communicated what was happening at the service and with the people living there. The managers had regular meetings which covered issues such as staff training, recruitment, complaints, health and safety. Each house held staff meetings every one to two months where any changes or plans were discussed. People living at the service had three monthly house meetings where they could discuss things that were important to them and find out what was happening. Suggestions and requests made by people during the meetings were passed to the management to take forward if possible.

The provider carried out an annual survey of people who use the service, relatives, staff and external health and social care professionals. The survey forms had been sent out in October 2015 and had been returned between January and March 2016. The service was correlating the results and planned to draw up a report and action plan based on the findings. So as not to waste time, a number of issues had been noted from the survey responses to be looked into and explored further. For example, making sure staff were aware of the provider's statement of purpose and ensuring relatives and friends were aware of the service's website and Facebook page.

The provider had an effective audit system in place. The system included three monthly visits to the houses by a member of the provider's management team. During those visits they looked at most aspects of the service provision. The provider had drawn up a new quality assurance visit form, based on looking at the five domains set out by the Care Quality Commission in relation to the fundamental standards expected. This included looking at the premises, fixtures and fittings and auditing medicines and various records. They also spoke with people living at the home to see if they were happy or wanted to raise any concerns. A report was produced which included an action plan for any issues identified and follow up notes covering progress on any action plan from the previous visit.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the

service and felt it was well-managed. They felt supported by the management and their colleagues when working at the service and said they felt they were provided with training that helped them provide care and support to a high standard. Comments received from staff included, "I really enjoy it. I think the quality of care is excellent.", "I think we all get on very well." and "I love working here, I feel so supported. It's lovely, like a second home."

Social care professionals felt the service demonstrated good management and leadership and worked in partnership with other agencies. Comments received included, "The service, in my opinion, provides a high and consistent standard of care. Family members I have been involved with say the service is exemplary and they have all trust in the staff meeting their family member's needs.", "Managers are well informed and knowledgeable. There appears an approachable chain of command between managers and staff with a good working relationship." and, "I personally have found the management extremely proactive as they review their policies and procedures when issues arise. They have embraced our visits and recommendations/actions were responded to in a very timely manner." In answer to whether they thought the service worked well in partnership with other agencies one social care professional commented the service was, "proactive, informative, adaptable to suggestions, supportive and available."