

Parkcare Homes (No.2) Limited

Finn Farm Lodge

Inspection report

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Folkestone
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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

About the service

Finn Farm Lodge is a residential care home providing personal care to three people with a learning disability at the time of the inspection. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us they were supported by staff who understood them and were kind. People and their loved ones were encouraged to have a say in planning their care and support. People's privacy and dignity were respected.

People were supported to understand the need to eat a balanced diet and to exercise. Staff understood people's needs. When people became anxious staff took the time to listen to their concerns and reassure them. People were supported to develop and maintain relationships with friends, partners and relatives. Staff supported people to visit their families. People took part in a range of activities which they told us they enjoyed. Relatives were happy that people were supported by staff of the same gender and a similar age.

People told us, staff kept them safe. Staff helped people to understand when they were vulnerable and how to get help. Risks to people were assessed and people were involved in planning how to reduce risks. People's medicines were managed by competent and trained staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The manager and staff had a shared vision for the service which focussed on people achieving their

potential. The manager was aware of their regulatory responsibilities. Staff worked closely with other professionals to meet people's needs. People were supported to be a part of their local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 May 2017.)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Finn Farm Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Finn Farm Lodge 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.

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A manager was in post who had started the application process with CQC to become registered.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service briefly and one in depth about their experience of the care

provided. We spoke with four members of staff including the manager, deputy manager, and two care workers. We spoke with one visiting health professional.

We reviewed a range of records. This included two people's care records and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives about the care their loved one received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their loved ones told us they felt safe at the service. One person said, "They keep me safe. If someone was being mean to me I can tell staff and they would help me."
- Staff helped people to stay safe by helping them understand when they were vulnerable and to recognise when people were treating them badly.
- Staff had received training in safeguarding and could tell us about how they would respond to any concerns. They told us they felt confident to raise any issues with the management team and that they would be listened to.
- When safeguarding incidents had occurred the local authority safeguarding team had been informed and action had been taken to prevent it happening again.

Assessing risk, safety monitoring and management

- People were involved in identifying, assessing and managing risks related to them and the things they wanted to do. Staff spent time supporting people to understand all the possible outcomes of their choices.
- Positive risks were encouraged, and people were supported to try things they had not done before such as carriage riding.
- People had risk assessments related to their specific health conditions, these were detailed and covered all areas staff needed to be aware of.
- Risks to the environment were assessed and plans were in place to minimise these. For example, people had personal emergency evacuation plans (PEEPs). PEEPs detail the support people would need emotionally and physically to leave the service in the event of an emergency such as a fire.

Staffing and recruitment

- There had been no new staff at the service since the last inspection, when recruitment processes were safe.
- Recently potential new staff had been interviewed. People told us they had met them and were asked for their views by the manager and staff. They told us staff listened to their views.
- Staffing levels were based on people's assessed needs. Levels took into account people's activities and appointments.

Using medicines safely

- People could tell us about their medicines and why they took them.
- Medicines were administered by staff who were trained and assessed as competent.
- People's medicine records were complete and accurate.

Preventing and controlling infection

- Staff understood the need for infection control and took appropriate measures such as using gloves when appropriate.
- People were encouraged and supported to keep their home clean and to store and prepare food safely. Staff explained to people about why this was important.

Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and to identify themes.
- Staff told us they often talked about incidents or issues relating to safeguarding and used them as a learning tool to improve the care they gave people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and continually reviewed taking into account their support needs and preferences.
- Assessments made use of nationally recognised systems such as person centred planning and positive behaviour support. This supported people to move towards their goals and increase their social interactions.

Staff support: induction, training, skills and experience

- Staff told us they had the training and support required to carry out their role. Training included core subjects and training specific to people's needs such as positive behaviour support.
- Relatives told us that staff were well trained, however they could benefit from a wider understanding of Prader Willi syndrome (PWS) and all the ways it could impact people. The manager had recognised this, and staff had completed training focussed on PWS with a specialist in the condition.
- Staff had regular supervision where they could gain feedback on their performance, identify training needs and discuss any concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- People with PWS have a compulsion to eat and are very focussed on food. Staff worked with people to manage this and have a balanced diet to maintain a healthy weight.
- People could tell us about how they managed their food and how staff supported them to manage their food. People had been supported to lose weight or maintain a healthy weight.
- Staff involved people in preparing their food. On the day of inspection people were making healthy cereal bars which they could have as snacks.
- People could become very anxious about food and drink. Staff understood this and answered people's questions then distracted or redirected people to talk about other things they enjoyed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to manage their health needs and staff worked with health professionals to manage this.
- A visiting health professional told us, "The staff let me know if there are any changes or issues. They follow what I have asked them to do. They took ownership and that helped the person to take ownership too."
- Relatives told us staff had supported people to access appointments with a dentist and optician, which

they had refused to attend for a number of years. They said, "They get my loved one to wear their glasses and that is not an easy task."

- People were supported to take part in regular exercise. People told us about the range of exercises they did and how staff joined in to make it fun.

Adapting service, design, decoration to meet people's needs

- People had a say in how their home was decorated and furnished. There were enough communal areas for people to be able to have space from each other if they wished.
- A relative told us staff were considerate when supporting people to decorate their rooms. They said, "They put up lots of shelves for my loved one and we didn't have to ask. They just thought about what was important to them."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity had been assessed and DoLS authorisations had been applied for and approved when required.
- Staff were aware that people's capacity could fluctuate when they were very anxious. Staff supported people to feel calmer and understand their choices before making decisions.
- When there were conditions attached to people's DoLS authorisations these had been followed by staff.
- People told us staff listened to them and supported their choices. For example, in relation to food. People told us staff did not stop them having lots of food instead they helped them to understand why it was a good idea to stick to their plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care by a staff team who knew them well.
- A relative told us, "What I really like is that they have staff the same gender and age as my loved one. This means when they go out together it's like he is just out with a friend, it's not obvious it's a carer."
- People told us staff understood them and listened to their concerns. One person said, "They do get me and help me to talk about bad things that have happened in my past. It makes me feel better."
- When people became anxious staff responded quickly to reassure them and listen to their concerns. One person was upset by the presence of the inspector. Staff repeatedly explained to person why the inspector was there and that nothing was going to change for them.

Supporting people to express their views and be involved in making decisions about their care

- People told us they and their relatives had been involved in planning their care.
- People could arrange to do activities with a chosen member of staff and the manager would plan the rota to support this. For example, one person liked to go to football matches with a member of staff who enjoyed football too.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to be as independent as possible.
- People told us they all had jobs to do in the house. They told us they were involved in doing their own laundry, cooking and sorting the recycling.
- Staff promoted people's dignity and privacy. One person's bedroom window had opened widely meaning people passing the service could see into their room. Staff discussed with the person how they could resolve this so member of the public would not see them undressed. A window restrictor was put in place to prevent the window opening too far which solved the problem.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support was designed around their needs and with them and their relatives.
- Following recent training about PWS, a new care plan had been designed. Staff were working with people to implement this. The sections already completed gave staff important information about PWS and how it impacted on people.
- People took part in a range of activities which they enjoyed. These included attending local day services, sports, cinema visits and trips to the local pub.
- People were supported to maintain relationships with friends and romantic partners. People told us they could speak to staff about any worries about these relationships. They told us staff were supportive and listened to them.
- Relatives told us staff supported people to visit their families. One relative said, "My loved one used to stay overnight but we can't manage that any more. So, staff bring them to visit and then come back and collect them. We are quite a long way away and it makes a big difference for us."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could access documents in easy read format. For example, staff were speaking to people about the upcoming election using easy read information to support their understanding.
- When supporting people to make complex or stressful decisions, staff used pictures to help the person say what they wanted. For example, when choosing between foods.

Improving care quality in response to complaints or concerns

- People had access to an easy read complaints procedure.
- People and their relatives told us they felt able to complain or raise any concerns and felt these would be addressed. There had been no complaints since the last inspection.

End of life care and support

- No one at the service was in receipt of end of life care.
- People had information which had been gathered from them and their relatives about the care they would like at the end of their life. This included any religious considerations and who people would like to be

informed if they were seriously ill.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, their relatives and staff told us the manager was approachable and open to their suggestions.
- There was a clear vision and set of values from the provider which staff upheld. The focus was on care tailored to each person to support them to reach their potential and have the life they wanted.
- The manager and senior staff were open and transparent about any errors which occurred and how they would prevent them happening again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality team completed regular audits. Any shortfalls identified formed the basis of an action plan. Action plans showed that shortfalls were quickly addressed and resolved.
- The manager had only been working at the service for a short period of time. Staff told us they were already aware of his expectations and the improvements they want to make.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their loved ones told us they were asked for their views of the service. They were able to give their views through surveys and review meetings.
- Staff told us they could give their views and ideas at any point.
- One person raised some concerns whilst speaking to the inspector. The manager immediately spoke with the person and planned how they would resolve the issue. The person was happy with this and their anxiety reduced.

Continuous learning and improving care; Working in partnership with others

- The manager had a focus on working with people and staff to drive improvement at the service. When starting to work at the service they had immediately sought information and support around the best practice in meeting the needs of people with PWS.
- The manager and staff were aware of information about changes in policy and practice from the provider. They also accessed information from other agencies such as Skills for Care. Skills for Care are a national charity who support adult social care providers.
- Staff worked with health professionals such as psychologists and speech and language to improve people's care and meet their needs.
- People were supported to be part of their local community. Attending group exercise classes, local events and watching the football at the local pub.