

Lambs Support Services Limited

Bank Hall Farm

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Bank Hall Farm is a registered care home providing personal care to six people living with a learning disability and/or autism at the time of the inspection. The service can support up to seven people.

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

Right Support: Further Improvements were required from the provider to ensure staff received all of the training they needed and to ensure an appropriate level of management and oversight of records. Further Improvements were required from the provider to ensure staff received all of the training they needed and to ensure an appropriate level of management and oversight of records.

Since the last inspection, the provider had made a number of improvements to the living environment for people living at Bank Hall Farm which improved safety and made the service more homely; further improvements were planned. Family members spoke positively of the improvements already made. 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. People were supported to take part in activities of their choice outside of their home and spend time with their families.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. Further improvements were needed to develop people's care planning documents. Care plans did not always reflect the service they received from the staff team and did not always demonstrate the underpinning principles of Right support, right care, right culture. However, people were supported by staff who knew them well. Risks to people were identified and where possible reduced. People had access to health care professionals. Medicines were managed safely; and family members felt that their relatives were safe at the service. Appropriate checks were carried out when recruiting new staff to support people.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The provider had an Autism strategy in place to promote positive care and support for people using the service. The senior management team had developed an on-going action plan to make improvements within the service. Staff were aware of the improvements required and were confident that the recent changes had improved the service. Family members felt involved in decision making around their relatives'

lives.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 08 March 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made, however the provider remained in breach of regulations.

This service has been in Special Measures since 29 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

You can read the report from our last inspection, by selecting the 'all reports' link for Bank Hall Farm on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to staff training, management and oversight of care records at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have also made a recommendation the provider follow and continually monitor the service against current best practice regarding fire safety in care homes.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe
Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective
Details are in our effective findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led
Details are in our well-led findings below

Requires Improvement ●

Bank Hall Farm

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and a pharmacist inspector.

Service and service type

Bank Hall Farm is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bank Hall Farm is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 22 June 2022 and ended on 5 July 2022. We visited the service on 22 June; 28 June and 5 July 2022. One of these visits occurred outside of normal working hours.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We monitored feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spent time with five people who used the service. We spoke with six family members on the telephone to gain their views on the care that people received. We spoke with 14 members of staff including the manager; assistant manager; care and ancillary staff and members of the providers senior management team.

We reviewed a range of records. This included five people's care and medication records. We looked at the recruitment records of three staff; training records and records relating to the management of the service. We reviewed the care plans of four people using the service and other records relating to the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

At our last inspection the registered provider had failed to ensure that sufficient action had been taken to ensure fire safety within the premises and to ensure risk assessments were in place to fully protect people's wellbeing. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an enforcement warning notice was issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to mitigate known risks to people using the service.
- The provider had sought advice in relation to fire detection and evacuation. This was an improvement from the previous inspection.
- Nutritional risk assessments had been developed for people in addition to a new programme of weight monitoring.
- Systems were in place for regular testing of equipment and services. Locking mechanisms had been changed for people's bedrooms. Further work was taking place to ensure that all locks in use could not result in a person being locked in or out of a room at any time.
- Regular fire drills were taking place to ensure that all staff were aware of what action to take in the event of an emergency evacuation being required. Discussion took place around the need for all staff to have regular up to date consistent direction in relation to fire evacuation procedures.

We recommend the provider follow and continually monitor the service against current best practice regarding fire safety in care homes.

Preventing and controlling infection

At our last inspection systems were either not in place or robust enough to demonstrate that risks associated with infection control were safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service provided a clean environment for people to live. However, during the inspection we identified one person's bedroom requiring cleaning; the kitchen dishwasher was broken; a table in one person's bedroom was damaged, creating a hygiene risk and a pair of shoes were seen 'drying' on the radiator in the kitchen. Once identified to senior staff, action was taken immediately to address these issues.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. This was an improvement from the previous inspection.
- We were assured that the provider was accessing testing for people using the service and staff. This was an improvement from the previous inspection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was following government guidelines for visitors to the service.

Staffing and recruitment

At our last inspection systems were either not in place or robust enough to demonstrate that temporary workers (agency staff) had the necessary skills, training and experience to support people. We also found there were a lack of records to demonstrate staff had been safely recruited. These were breaches of Regulation 18 (Staffing) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of these aspects of regulations 17 and 18.

- Sufficient staff were available to meet people's needs.
- Information was available relating to the safe recruitment of staff.
- Records showed that appropriate recruitment procedures had been followed when employing staff. This included obtaining references and checks to ensure that applicants are suitable to work within the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This was an improvement from the previous inspection.
- Regular agency staff provided care and support to people when required.
- Staff showed they were committed to the needs of people and cared about the people they supported.
- Family members spoke positively about the staff supporting their relatives. Comments included "Staff are brilliant, he has them on a piece of string. He is very, very happy there. I know he is very happy"; "As a parent I am happy that he is cared for, loved and well looked after" and, "The majority of staff are very good."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies when required.
- Family members told us they felt their relatives were safe using the service. Their comments included,

"[Name] is a lot better, calmer there and he has found his happy place"; "Feels that [Name] is safe at the service" and, "[Name] is really happy at the service and is the least challenging he has ever been."

Using medicines safely

- People received their medicines as prescribed and a sample of medicines checked demonstrated that records were correct.
- Individual guidance was in place for managing people's 'when required' medicines, to help ensure these medicines were used correctly.
- Appropriate arrangements were in place to support people with their medicines when away from the home.
- The provider shared copies of the STOMP [Stopping over medication of people with a learning disability or autism] pledge with staff and people were supported to attend medication and health reviews with their GP.
- We saw that action was taken in response to any incidents or shortfalls identified through the providers own medicines audits.

Learning lessons when things go wrong

- The registered provider had devised action plans to recognise the shortcomings they had identified in quality of support and following the previous CQC inspection. These were ongoing.
- The registered provider had a system in place for the reporting of incidents and accidents.
- A family member told us "Very response when things go wrong. They always try and resolve it."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that sufficient systems were in place or robust enough to demonstrate that training required by staff had been completed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made, the provider remains in breach of Regulation 18 (Staffing).

- Support delivered to people was not always consistent.
- Training was largely up to date, however training in reducing or eliminating the use of restraint remained outstanding for some staff who were also responsible for reviewing incidents of restraint. Regular agency staff were not provided with specific training to support people.
- People were not always supported in a consistent manner. The majority of staff appeared confident and engaged people in conversations, interactions and activities. However, we saw that a small number of staff supported people in a 'risk averse' manner with little interaction with the person.

The provider had failed to ensure that systems were robust enough to identify and action training required by staff to deliver a consistent service to people had been completed. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Training records showed that the majority of employed staff had completed their allocated on-line training courses.
- Staff were extremely knowledgeable about the people they supported. People freely and comfortably communicated with staff using their preferred method of communication. Interactions were seen that involved trust and humour and it was evident that meaningful relationships had been formed.

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

At our last inspection the registered provider had failed to ensure that sufficient systems were either place or robust enough to demonstrate that risks associated with people's safety or environment were safely managed. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Systems were in place to maintain the safety of people's living environment.
- Improvements had been made to or were planned to improve the decoration and facilities within the building.
- One person had decorated their bedroom and other people's rooms had been painted. Plans for further refurbishment were in place that included the addition of a bath to one person's shower room and the development of a sensory room.
- Decoration, soft furnishing and curtains had been added to some communal areas of the building creating a comfortable place for people. We saw two people comfortably lying on cushions relaxing during the evening.
- The grounds were well maintained and tidy. People were seen to spend time enjoying the garden during the summer days and evening.
- Some internal door locks were of a design that enabled a room to be locked from the outside only. Discussion took place regarding the need for people to be able to exit all rooms at all times. The locks in use were currently being reviewed by the provider and as an interim, a risk assessment had been developed to minimise any risk related to the current locks.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

At our last inspection The registered provider had failed to ensure that sufficient systems were either in place or robust enough to demonstrate that risks associated with people's safety or nutrition were safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an enforcement warning notice was issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported with their nutrition and hydration needs. People's weight was regularly monitored, and records of their dietary intake were maintained and reviewed when required. People were seen to enjoy their meals and were offered condiments of their choice.
- Menus available to people had been reviewed and were available in both written and pictorial formats. Discussion took place around further developing the pictorial menus to include foods available for breakfast; supper and snacks.
- Recording of health appointments in support plans had improved following their review. This was an improvement from the previous inspection. During the inspection one person received a visit from an external health care professional.

Ensuring consent to care and treatment in line with law and guidance: Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA.
- Where required DoLS had been applied for/renewed for people. Best interest decisions had been made on behalf of people when they were unable to make a specific decision themselves.
- Family members felt involved with the decision making for their relatives. One family member told us how they had been involved in the designing of their relative's bathroom. Another told us that they had worked with the staff and local health care provider in maintaining a specific service in their relative's best interest.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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.

At our last inspection the provider had not ensured that the quality assurance and monitoring systems in place were robust and identified the breaches we identified in that report. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made, the provider remains in breach of Regulation 17 (Good governance).

- Quality assurance systems were not always effective.
- Systems in place by the provider had failed to ensure that specific training / updated training in reducing or eliminating the use of restraint needed by staff had been completed.
- Not all records showed evidence that staff and the people who were subject to restrictive interventions were fully briefed. Improvements were needed so that each person's care was planned to offer learning opportunities to promote skills where possible and consider future pathways.
- Current care plans did not reflect the care and support delivered to people by the staff team, these plans were currently being developed by members of the quality team. Discussion took place around fully involving staff supporting people in the development of people's plans. A more person-centred consistent approach should be given to recording people's planned care and support. Right Support, Right Care and Right Culture guidance and principles should be considered in planning people's care.

The provider had not ensured that systems in place identified further improvements required. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the previous inspection the registered manager had resigned from their post. A peripatetic manager had taken up the role as manager at the service. They were working with the senior management team to implement positive changes within the service.
- Further staff had been employed to maintain a clean and safe living environment for people. The outside

areas of the service were regularly maintained; fire safety was managed, and internal improvements had been made. One family member told us "The environment has changes for the better since October."

- Leaders understood regulatory requirements and notifications about incidents taking place had been submitted when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we identified that the provider was not promoting a positive culture that was person-centred, open, inclusive and empowering, which achieves good outcomes for people. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and further improvement were planned to enhance people's lives. The service is now longer in breach of regulation 10. We will continue to review this at our next inspection.

- An autism strategy was in place to promote positive care and support for people using the service. This included specific training and information for staff planned for the future. .
- People were supported to take part in activities of their choice outside of their home. For example, bowling and gaming establishments. One family member told us that their relative had recently joined a specific local association to meet new people.
- The majority of family members spoke positively about their engagement with the service. One family member told us that staff worked with them to ensure that their relative had regular visits to them; this included dropping them off and being available if the family needed supported. They told us "I can't fault the place" and, "I can't thank them enough for the help they have given." Another family member told us how staff had worked with them to carry out a visit to meet up with others for a significant family event.
- Family members told us that communication had improved between them and the service since the current manager started in their role. In addition, family members told us of a communication system that had been introduced which enabled them to view photographs of their relative and make comments.

Continuous learning and improving care; Working in partnership with others

- Systems were in place for improving the care and service people received.
- The senior management team had developed an on-going action plan to make improvements within the service. Staff were aware of the improvements required and were confident that the recent changes had improved the service.
- Staff had worked with other agencies to ensure that that one person's move from the service to another had been a positive transition. This had involved supporting the person's staff team at their new home and visiting them for several days after their move.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems in place identified or taken action to further improvements required. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that systems were robust enough to identify and action training required by staff to deliver a consistent service to people had been completed.</p>