Care Quality Commission

Freeways

Miller 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

Overall summary

This inspection took place on the 7th May 2015 and was unannounced

Miller Farm is a care home providing personal care and support for people with learning disabilities. The home is registered for up to 10 people. At the time of the inspection they were providing personal care and support to eight people.

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

People and their relatives told us they felt safe and were happy with the care and support provided. Systems were in place to help ensure people were safe. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff.

Summary of findings

People were supported by sufficient numbers of staff. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us they felt well supported in their role and received regular supervision.

Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Care plans were sufficiently detailed and provided an accurate description of people's care and support needs. The management of medicines within the service was safe.

Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected. People had good healthcare support and accessed healthcare services when required.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs. The mealtime experience for people was positive. People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns. The provider's quality assurance arrangements ensured that where improvements to the quality of the service was identified, these were addressed

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from harm or potential abuse by staff that had received safeguarding training and were aware of their responsibilities to report abuse.

There were enough staff to meet people's needs and to ensure they had their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received appropriate training to keep people safe and to meet their specific care and support needs.

The service worked closely with health and social care professionals to provide continuity of care that met people's needs as assessed in care plans.

Good

Is the service caring?
The service was caring.

People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Good

Is the service responsive?
The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative.

People's plans were updated regularly and when there were any changes in their care and support needs.

People using the service and their representatives were encouraged to express their views about the service.

People knew and were supported in how to make a complaint if they were unhappy about the home

Good

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

People and staff informed us that they were satisfied with the management of the home.

The leadership at the service was visible which inspired staff to provide a quality service to people.

Good

Summary of findings

Staff were supported with regular meetings and supervision sessions and their suggestions and comments were encouraged.

There were effective auditing systems in place to monitor the quality of the service. The outcomes were regularly reviewed by the manager and where necessary action was taken.

Miller 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.

The inspection took place on 7th May 2015 and was unannounced. The inspection team consisted of two inspectors. We reviewed the information we held about the service including previous inspection reports, safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law. 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 with us. Not everyone who used the service was able to verbally communicate with us.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had not completed a Provider Information Return (PIR) prior to the inspection, as they were not asked to. 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.

We spoke with two people who used the service, two members of care staff and the manager. We reviewed three people's care plans and care records. We looked at six staff support records. We also looked at the arrangements for the management of medicines, complaints and compliments information, and quality monitoring and audit information. After the visit we contacted three relatives, to gather their opinions of the service.

Good

Is the service safe?

Our findings

One Person told us "I feel safe here, no bullying". When we asked relatives if they felt their family members were safe they told us "I am happy with him there, I want him to be there" and, "Absolutely No concerns whatsoever about this. They are very aware of risks and take these into account at all times."

People were supported to be as independent as they could be because the staff had a progressive approach to risk. A relative told us: "My brother is progressing really well he has come on in leaps and bounds and doing lots of things that he previously didn't".

Other care professionals we spoke with told us the service was safe. One professional who had contact with the service, told us, "They have always managed risks very well." Staff told us their training in relation to safeguarding was up to date. One staff member said, "We get good safeguarding training here." They were able to describe the kinds of abuse that could potentially occur in a care home environment and what they would do if they felt people living at the home were at risk of abuse.

Staff also told us the provider had a whistleblowing policy and that they would raise concerns with the registered manager, or the registered provider, if they were at all concerned about care at the home. the provider's procedures for safeguarding people and whistle-blowing were pinned up on the noticeboard in the office. These provided a reference for staff regarding the steps to follow and the contact telephone numbers to use. One staff member told us, "I would have no problem raising any concerns at all. I know exactly what is expected of me." Another staff member said, "We have to be vigilant because people cannot tell us about things, so we have to observe how people respond. I would have no problem reporting anything. At the end of the day it is all about looking after people." This meant the provider had ensured, as far as possible, that people were protected from harm.

A total of 14 care staff were employed. Staff records showed that checks had been carried out with the Disclosure & Barring Service (DBS) or its predecessor, the Criminal Records Bureau (CRB), before the staff were employed. In addition, at least two written references including one from the staff member's previous employer were obtained. Documents verifying their identity were also kept on their staff records. The provider had obtained a record of their employment history and the reasons previous employments had ended. By employing suitable staff the provider helped ensure the safety of people living at the service.

Waking night staff were available at night.in order to respond to people's needs at any time of the day or night.. Three care staff plus the registered manager and deputy manager were on duty during our visits and we saw in staff rotas that this was the usual level of cover during the daytime. The rotas showed that staff levels throughout the day were, on some days, increased above this, if people had one to one staff support. The registered manager and staff told us the staffing levels were adjusted in response to people's activities and needs as appropriate. One staff said, "If we have an activity that needs a driver then the rota will be altered to make sure this happens." During the inspection we observed staff sitting with people talking about their plans for the day, other staff were supporting one person attending a medical appointment.

Risks were assessed so that people were safely supported to be as independent as possible. People's care plans described how the identified risks would be managed and showed they were regularly reviewed. For example, staff were aware of how people needed to be supported when going out for walks. Another person had been risk assessed to go walking on his own with a GPS tracking device in order to keep him safe, as he often walked for a number of hours sometimes at night. The local Police had knowledge of him doing this and were in regular contact with the staff and manager.

Environment and equipment risk assessments were undertaken to ensure people were safe.. For example, the provider had an up to date fire risk assessment for the building and risk assessments were in place for the use of individual pieces of equipment. Other records showed that routine health and safety checks on the building and facilities were regularly undertaken, such as fire safety and water safety checks. Other documents and reports confirmed that arrangements were in place for independent inspections of equipment, portable electrical appliances (PAT) and other installations.

The registered manager had a file for recording and analysing all accidents and other incidents as they occurred. This included the actions that had been taken to reduce the risks of future incidents/accidents, where

Good

Is the service safe?

possible. .The service had clear emergency and contingency arrangements and procedures. Copies of these were held in the dining room in a bag clearly marked, emergency 'Grab Bag'. This contained guidance and procedures for staff to follow in the event of various emergencies and incidents so that people could be kept safe.,

Medicines were securely stored, properly administered and well managed. The medicine administration records showed people received their medication at the correct times. A clear record was kept to show when medicines had been given or any reason why they had not. Training records showed staff had been trained in how to handle medicines safely. A care worker, who administered medicines, confirmed they had been trained to do this safely. They also described the audits and checks which were regularly carried out to make sure that medicines were fully accounted for. We saw in records that medications errors had occurred and these had been addressed. At the time of the inspection, no one self medicated.

Good

Is the service effective?

Our findings

A relative told us "I find the staff fine" and "I have no problems with the staff there". One person told us " the staff are lovely to me"

We looked at how the manager ensured staff had the appropriate knowledge and skills to meet people's needs. An induction programme was in place for new staff and their competency was assessed throughout. The competency assessment had recently been reviewed to make this more robust and provide the manager with greater assurance that staff were competent. For example Medication Competency, staff have to observe 8 medication rounds and then be observed for 8 medication rounds and then they can dispense medication.

The provider had invested in the development of trainers within the organisation who delivered the majority of training to staff. This enabled training to be tailored to the specific needs of each person and could be refreshed as often as required. Staff appreciated the face to face training and said they were up to date with courses and were reminded when training was due. The manager was able to demonstrate that training could be booked quickly in response to an emerging identified need, and gave a recent example of this. All staff had completed training in Dementia, as people in the home were getting older and people who were being referred were also older.

A member of staff told us "I receive regular supervision which is helpful and supportive"; records confirmed this was held six weekly and staff were able to bring items to the agenda to discuss. Each staff member had a learning and development plan in place and this highlighted gaps in skills and knowledge or requests for additional training and how these could be met.

Staff confirmed they had received training to provide basic awareness of the Mental Capacity Act 2005 (This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves). More in depth training was planned for each member of staff. Care records showed that staff were using mental capacity assessments, and were familiar with consulting other stakeholders for best interest decision making. Records demonstrated recent joint discussions between the registered manager, care staff, external professionals and family members of what decision would be in the best interest of someone requiring a medical intervention. The person was unable to make that decision for themselves.

The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider had made a DoLS application to the relevant placing Local Authority for one of the people living in the home. This showed the provider was ready to follow the DoLS requirements. People were free to leave the home when they wished but most people chose to go out with the support of staff or relatives.

People had different methods of communication with some people using variations of Makaton (Makaton is a language programme using signs and symbols to help people to communicate) or making known their wishes through body language, vocalisations, and facial expressions. Staff had an in depth understanding of people's individual communication styles. However to ensure people had opportunities to make decisions around their preferences they were supported to use a range of tools that included use of widget software, pictorial schedules, pictorial menus and the use of social stories. A member of staff told us "we have an iPad with a communication application on it using pictures and people find it so much easier to comment and complain and we support people to do this".

Some people could become very distressed or anxious. Care records gave staff clear information about triggers to behaviours, the form the behaviour might take, and guidance as to how staff should offer support to de-escalate situations. Staff had been provided with training to provide interventions. All interventions that could be used were clearly recorded in each person's behaviour support plan and were kept under review. The frequency of any incidents were recorded and analysed to inform discussions with health and social care professionals in seeking better ways of working with the people concerned.

One person told us "the food is alright" and "yes I get enough to eat". Staff were currently receiving food hygiene training and understood about the preparation of food and correct serving temperatures. Records showed that no one required a special diet and menus were made up of

Good

Is the service effective?

people's known and preferred items of food. We viewed the menus which showed people ate a varied diet. Records of what people ate and drank each day were kept and monitored to ensure people had enough to eat and drink. Staff were observed offering drinks at regular intervals. People's records showed they had responded well to this support, and staff input would be gradually reduced now that they were sustaining a good food intake and maintaining a stable weight. Staff used various forms of communication to get people to be actively involved in choosing their own food. We observed a member of staff using picture of food to support a person to choose their lunch. People were encouraged to help prepare their lunch. We were told that One person preferred to eat alone; we saw that staff were vigilant to facilitate this request.

Staff confirmed people were supported to attend all routine and specialist health care appointments and the outcomes of these were recorded in detail to inform others within the staff team. Health action plans were in place and hospital passport information in the event that the person needed to be admitted to hospital, these contained all the information needed by health care professionals about the person and their health needs.. Health care records showed there were good links with health professionals including a doctor, dentist, chiropodist, podiatrist and psychologist. Health appointments were recorded in the house diary to ensure that staff were reminded when these were due. One person told us "yes I see the doctor and dentist when I need to". Treatments that required invasive interventions were appropriately discussed in the person's best interest where they lacked mental capacity to make their own decisions.

Good

Is the service caring?

Our findings

One person who lived in the home said "I am very happy here" and "the staff are very kind and look after me." Throughout our inspection we observed the staff were very caring and the people who use the services were all contented and happy. No one raised any concerns about their care or the support provided.

Some people had limited verbal communication skills; however the staff who worked at the home were able to understand people's needs and choices. One person we met made use of Makaton. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.to let the staff know what they wanted. Detailed communication plans were included in people's care files.

We observed that staff were caring, kind and good-humoured. They gave people time to make decisions for themselves and treated them with respect. We spoke with two members of staff during our visit and they showed good knowledge of the support needs of the people living at the home, including the emotional support that people required. Staff had attended equality and diversity training, staff told us that it reminded them of the differences that all people have and to recognised their own personal prejudices and help to address these so not to impact on the people they support. Each person had a keyworker who they could talk to about personal matters.

A residents meeting was held monthly and we saw people's views were sought before the meeting. Everyone was encouraged to attend and the minutes showed that discussions were positive and constructive.

Staff worked together with people to enable them be as independent as possible. People said that staff helped them to learn new skills such as personal care and cooking. One person said, "I am supported to be as independent as possible by the staff". Records of care showed the service had assessed what people's support needs were in relation to their personal care, managing household tasks and following their interests. A relative told us, "Staff are discreet and understand my family member is learning slowly." Care records showed people had specific goals in relation to becoming more independent. For example, a person's records included guidelines for staff on supporting them to develop their skill in relation to washing their own laundry. People said staff would assist them with personal care if required. The manager said everyone required some level of support from staff to meet their personal care needs either direct help or prompting to maintain good personal hygiene and appearance. Support was entirely centred on the person's needs. One staff told us "we support people to be as independent as possible".

Staff supported people to make choices in everyday activities such as choosing what to eat and how to spend their time. Staff had attended training that covered dignity and respect and made reference to promoting people's privacy. The staff, which included agency staff, clearly knew people's likes and dislikes with regard to recreational activities, daily living and support each person needed. The service had guidelines on personal and professional boundaries for staff and had risk assessments regarding personal care (cross gender care).

we observed that people's bedrooms were furnished and decorated to their taste. People's bedrooms had personal belongings including keepsakes, pictures, DVDs and CDs and everyone had their own TV in their room if they wanted. There were locks on the bedroom doors that people could use if they wished to.

We saw that written information concerning people who used the service was kept confidentially in the office.

During the inspection staff showed compassion and concern for someone who was feeling unwell and told us that " if her cough doesn't get any better we will make an appointment with the doctor tomorrow"

Relatives said "We can visit any time and the staff are always available for us to speak to"

Good

Is the service responsive?

Our findings

A relative told us “they discuss my brother’s care with me and keep me informed.” We observed care records were regularly reviewed and evaluated. Each person’s care record included a personal details sheet, which included information of the person’s religion, nationality, date of birth, family members and key workers. There was also a record that provided details of ‘significant people in my life.’ these had been written in consultation with the person who used the service and their family members. This ensured the service knew who to contact if they needed further information about people’s needs or preferences.

A staff member told us, “Every day is different.” there were records of regular reviews in each of the care records we looked at. Care records included general issues, health, social interaction, and communication, imagination, challenging behaviour, goals achieved and new goals. Each person’s care records included details of activities the person liked to do. One person told us “I like to go shopping, out for cups of tea and I have a bus pass.” people could choose which members of staff accompanied them on holiday. One person told us that “I had lady carer with me when I went to Disneyland” and they could also choose whether to take part in an activity.

During our visit, staff supported people with their daily routines and in making choices about what to do. We met with one person who told us that staff supported them with their chosen activities. These included going on holiday. these activities corresponded with the person's activity planner.

People were encouraged to participate in activities of their choosing and to keep in touch with their family. A family member of a person told us that they visit their relative regularly and often go out with them for something to eat in the community. They told us that staff always offer to support the activity, but the family member said “I prefer to have time on my own with (name)”. On the day of our arrival one person was attending a wheelchair assessment appointment, she required assistance to go to this, a member of staff supported her to use the wheelchair and get into the transport. People had attended a club that supported people to meet with other people who had similar disabilities and to enjoy the company of friends. We were told by people’s families and staff of individual and group activities people enjoyed such as walking, recreational days and holidays.

We asked people about making complaints and were shown the yellow happy/blue unhappy complaints forms and the ‘Happy App’ on the iPad. People were able to take the iPad and press either the happy face or sad face and a picture of what they were happy or sad about. The iPad information is sent straight to a webpage and all responses are collated 6 monthly. The feedback forms are collected on a daily basis by staff and addressed if possible straight away . There was a file of complaints that had been received in the previous 12 months. Details of the complaints had been recorded, including information provided by the complainant, a record of meetings held with the people involved and the notes of the meeting held with the complainant with the outcome. This showed that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

The registered manager knew each person well. One person said, “We see them every day.” A relative told us that the “manager absolutely keeps me informed”. Staff were positive and spoke highly of the registered manager and their leadership. One told us, “I know I could approach them about anything and they would make time for me.” Staff demonstrated a clear understanding of their roles and the lines of accountability. One told us, “I would speak to my shift leader if I had a concern but I know I could always go to the manager.”

The service had a clear vision and values to support people appropriately and promote independence; these ran through all the homes policies and procedures. Staff were very clear on the vision and philosophy that underpinned the service. One told us, “I had heard such good things about here, I knew this was where I wanted to work.” A relative told us that there was a real ‘sense of purpose’ to everyone living at Miller Farm.

Staff meetings were held monthly. Staff who were unable to attend were able to access meeting minutes and had to sign to let the registered manager know they had read them. These meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational issues. Staff commented that they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. One staff member said, “The communication here is very good, lots of chances to share our views.”

Quality assurance systems were in place to monitor the running of the home and the effectiveness of systems in place. The registered manager told us, “I have oversight of all areas of the home.” Audits were in place for a wide range of areas, these included medicines, care plans and health and safety. The registered manager kept a ‘quality assurance log’ which drew together key themes related to the running of the service. It identified when routine and significant events had occurred and included qualitative comments which were designed to drive improvement. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that the registered manager would support them to do this in line with the policy. We looked at a recent incident report and saw it clearly identified what actions had been taken and how staff had been briefed.

The registered manger was accountable to their area manager. The area manager visited bi-monthly to oversee the service and to perform six monthly audits. The service’s ‘development plan’ was discussed and progress reviewed at these meetings. The registered manager said “The area manager is very supportive and challenges in a positive way.” The registered manager had also recently set up a reciprocal arrangement with the registered managers of other local services to share best practice and ideas. The registered manager told us, “We can discuss issues which affect our homes and draw on each other’s experiences on how we can improve.” This showed the registered manager had established a professional support network.

Miller Farm had community links in place to ensure people could remain involved with and contribute to life outside the house, for example people were involved in voluntary work at a local charity shop.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.