Grantham and District Mencap Limited

Fairview Farm

Inspection report

Fairview Farm
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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 caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an announced inspection carried out on 30 August 2016.

Fairview Farm can provide accommodation and support for 22 people who have a learning disability. There were 19 people living in the service at the time of our inspection. Some of the people had special communication needs and used personal versions of sign assisted language to express themselves. The main accommodation was an adapted older building. In addition, there were two self-contained bungalows that were on the same site but which were separate to the main building. Although people could choose to stay in the building where their bedroom was located, in practice they used all of the accommodation as they visited friends and joined in social activities.

There was a registered manager. 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. In our report when we were refer both to the charitable organisation that ran the service and to the registered manager, we refer to them as being, 'the registered persons'.

People were not fully protected from the risk of financial mistreatment and medicines were not consistently being managed safely. The arrangements used to establish how many staff needed to be on duty were not robust. People had been helped to avoid the risk of accidents and background checks had been completed before new staff were appointed.

Staff had not received all of the training and guidance the registered persons said they needed. People were being reliably assisted to have enough to eat and drink and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had liaised with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had not been fully involved in planning and reviewing the support they received. This included the opportunities they were offered to pursue hobbies and interests. Staff had developed sensitive ways of providing additional reassurance to people who could become distressed and there was a reliable system

for resolving complaints.

People had not been fully consulted about the development of the service and quality checks had not always quickly resolved problems. Staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not fully protected from the risk of financial mistreatment.

Medicines were not always being safely managed.

The registered persons had not robustly established how many staff needed to be on duty at particular times of day.

People had been helped to avoid the risk of accidents.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received all of the training and guidance the registered persons said that they needed.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had not been fully involved in planning and reviewing the support they received.

People had not been fully supported to enjoy a wide range of hobbies and interests.

Staff had developed sensitive ways to assist people who could become distressed.

There was a system to resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives had not been fully consulted about the development of the service.

Quality checks had not always been effective in quickly resolving problems.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Fairview 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 registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 30 August 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for support and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spent time in the company of 10 people who lived in the service. We also spoke with four support workers and the registered manager. We observed support that was provided in communal areas and looked at the support records for four people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After our inspection visit we liaised with the local authority who assisted some people to pay for living in the service. We did this to find out how well the registered persons were meeting the terms of the contract they had agreed with the local authority. We also spoke by telephone with three relatives so that they could tell us how well the service was meeting their family members' needs and wishes.

Requires Improvement

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. A person said, "The staff are good to be me." Another person who had special communication needs pointed towards a member of staff, smiled and waved to them to show their approval. We saw that people were relaxed when in the company of staff. In addition, we noted that when people came home after going out into the community they were happy to join staff sitting in the lounges. We observed them enjoying having a cup of tea and chatting about the things they had done. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I've always been very happy that my family member lives at Fairview Farm because I know that they're safe and well cared for."

Although staff knew how to protect people from harm because they knew how to recognise and respond to abuse, we found that people had not consistently been safeguarded from the risk of financial mistreatment. We examined the records that staff kept of each occasion when they supported two people to manage their personal money. In each case we found that the records were not accurate. This was because the money left in the cash balances was less than the records said should have been there. Although the amounts of money in question were small, the lack of a robust system to manage and properly record people's money increased the risk that people would not be safely supported to use their funds. The registered manager said that they would immediately investigate the discrepancies we found and would introduce more rigorous checks to help prevent similar mistakes from happening again.

We found that staff had identified a number of possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this was the way in which the temperature of hot water was regulated in order to reduce the risk of scalds. Another example was the provision of hoists and other equipment to enable people with reduced mobility to safely change position. However, other potential risks were not well managed. These included a security issue relating to access to the main building. Another shortfall involved the provision that had been made to support people to quickly move to another part of the building in the event of an emergency such as a fire. We saw that staff had not been provided with up to date information about how best to provide the individual support each person needed to receive. This increased the risk that people would not safely receive all of the assistance they needed. We raised these shortfalls with the registered manager who assured us that both matters would be promptly addressed.

We found that there were reliable arrangements for ordering, storing and disposing of medicines. However, records showed that there had been seven occasions in the four months before our inspection when medicines had not been correctly dispensed. Although records showed that the staff concerned had been given additional training and guidance, these measures had not fully addressed the problem. The registered manager said that they intended to introduce more robust checks at the end of each shift to remind staff to double check that everyone had received all of the medicines that had been prescribed for them.

We were told that the registered persons had reviewed the support each person required and had calculated how many staff needed to be on duty at any particular time. However, this process had not been recorded and so we could not establish how well the assessment had been completed. Although there were

enough staff on duty at the time of our inspection to provide people with the basic personal care they needed, we noted that staff were sometimes rushed. We also noted that three people did not spend as much time as they wanted in the company of staff. One of them said, "I like being in my bedroom but I'd still like to see the staff a bit more because I like them." Another person said, "Sometimes staff aren't around enough."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service (DBS) to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this, other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service. The registered manager said that it was considered good practice to ensure that all staff had new DBS disclosures at least every three years. However, records showed that the disclosures for some staff exceeded or significantly exceeded this timescale. The registered manager said that this oversight would be addressed as soon as possible.

Requires Improvement

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. An example of this occurred when we asked a person about their relationships with staff. The person put their arms around a nearby member of staff, smiled and used sign assisted language to say that the member of staff was their friend. Another person said, "The staff are very good and help me lots." Relatives also commented positively on this with one of them remarking, "Even with all of the staff changes recently the staff do known my family member really well and because of that they can provide they very particular care they need."

We saw that staff had the knowledge and skills they needed. We observed an example of this when a member of staff effectively supported a person who had special needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a deliberate way from one activity to the next. Another example involved a member of staff quietly accompanying a person who had reduced mobility to the bathroom. Once there, the person was able to use the facilities on their own and so the member of staff waited outside until the person was ready to be supported to return to the lounge.

However, we found that staff had not consistently been provided with all of the training, guidance and support that the registered persons said they needed. Although new staff said that they had been provided with some introductory training this had not been organised and recorded sufficiently to enable them to complete the Care Certificate within the required timescale. The Care Certificate is a national scheme that is designed to ensure that new staff have all of the competencies they need to safely support people in the right way. In addition, records showed that some established staff had not received all of the refresher training that the registered persons intended. A further problem was staff had not regularly met with a senior colleague to review their work and to plan for their professional development. Although the registered manager said that they would promptly address these shortfalls, the problems concerned had increased the risk that staff would not always have the knowledge and skills they needed to consistently support people in the right way.

We observed that staff were supporting people to eat and drink enough to stay well. Records showed that people had been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes that might need to be referred to a healthcare professional. We noted that staff had liaised with healthcare professionals after a person had lost weight and that as a result they had been given a high calorie food supplement to help them stabilise their weight. We also noted that staff had consulted with healthcare professionals about how best to assist some people to reduce the risk of them choking when eating their meals. We saw that staff were reliably following the guidelines they had been given which described how foods such as meat should be cut up into small pieces to make them easier to swallow.

Staff had consulted with people about the meals they wanted to have and records showed us that they were provided with a choice of meals that reflected their preferences. We saw that staff supported people to be as

involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in taking care of themselves. In addition, it contributed to catering being enjoyed as a shared activity. A person said, "I help the staff do things like putting things on the dining table and clearing away afterwards."

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. A relative commented on this saying, "the staff keep in touch with me and yes I'm confident that my family member gets all of the medical attention they need."

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. An example of this involved records that showed key people had been consulted when it had been necessary for a person to receive medical treatment which involved them having to stay in hospital.

People can only be deprived of their liberty in order to 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 found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had considered the circumstances of each person who lived in the service to see if it was necessary to apply for an authorisation from the local authority. They had concluded that this was not necessary because people were not being deprived of their liberty.

Good

Is the service caring?

Our findings

People who lived in the service were positive about the quality of the support they received. We saw a person with special communication needs sitting with a member of staff in one of the lounges before they went out to attend a local day opportunities service. They were discussing what items the person wanted to take with them and then they went off to find them. Later on we saw the person just before they left and we noted that they were smiling and pleased to have prepared fully for their day out. They said, "I get bothered and the staff get me sorted out they do." Relatives were very complimentary about the way staff cared for their family members with one of them saying, "The staff are just excellent. They're caring and it's like a big family. I know that my family member is safe as long as Fairview Farm is there."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when supporting people. They usually took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. We noted an example of this when a person needed to be supported in a particular way after they returned from spending time in the garden. This involved staff assisting them to spend time in their bedroom where they could relax and enjoy being inside again.

Staff were knowledgeable about the support people needed, gave them time to express their wishes and respected the decisions they made. An example of this occurred during our inspection visit when a person indicated that they wanted to spend time in the room where we were speaking with the registered manager and looking at records. We noted that the registered manager warmly welcomed the person and chatted with them at length until the person decided to leave the room and relax in one of the lounges.

We saw that staff had supported people so that they could establish their own preferred lifestyle in the service while living in the company of other people. Staff recognised the importance of this and had developed a detailed knowledge of things that were important to each person. An example of this was the way in which staff supported people to maintain the contact they wanted to have with their relatives.

We noted that staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. We saw that staff knocked on the doors to private areas and waited for permission before entering. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas.

The registered manager had developed links with local lay advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was

present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Requires Improvement

Is the service responsive?

Our findings

People told us that staff had asked them about the support they wanted to receive. One of them said, "The staff talk to me and ask me stuff about who I am and what I want." Another person said, "I like the staff because they help me and make sure I'm doing right." Relatives were also positive about the assistance their family members received. One of them remarked, "I know how much help my family member needs and believe me without a great deal of support they wouldn't be able to manage. Let alone be nicely presented and look well in themselves."

The registered manager said that each person had an individual support plan that was regularly reviewed. They said that this was necessary to ensure that people were fully engaged in making decisions about the support they received. The also said that the plans were an important means of ensuring that staff had all of the information they needed to support people in the right way. However, we noted that most of these support plans were hard to find. This was because they were kept as part of larger files that did not follow any recognisable order and which contained a large number of historical documents. We found that the actual support plans were documents that had been prepared by care managers (social workers). They were designed to give general descriptions of the support to be provided rather than the more detailed accounts that the registered manager said that staff needed. In addition, the three support plans we examined had not been reviewed on an annual basis which the registered manager said was necessary in order to ensure that they remained up to date and fully reflected people's changing needs and wishes.

The registered manager said that they recognised there were shortfalls in that the service had not prepared suitably detailed support plans to guide staff when assisting people. They also said that much more needed to be done to enable people to use their individual support plans to make decisions about the assistance they wanted to receive. We noted that as a result of this the registered manager was arranging for people to work with staff to develop new support plans that described in user-friendly how they wanted to be supported.

People showed us that staff were providing them with all of the practical assistance they needed. We saw that this support was carefully provided so that people were gently encouraged to do things for themselves whenever possible. An example of this involved a member of staff suggesting to a person how they could best organise buying a present for one of their relatives. We saw that with guidance the person was able to decide what item they wanted to purchase and which shop was likely to stock it.

We found that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in a risk assessment document and reassured them. They noticed that the person was becoming anxious because they were not able to go to a day opportunities service which was closed for a holiday break. The member of staff suggested a number of other activities that the person could enjoy and later on we saw them smiling and busily reorganising some soft furnishings in their bedroom.

Staff understood the importance of promoting equality and diversity. They had been provided with written

guidance and they knew how to put this into action. An example of this involved staff being aware of the need to respond to people's spiritual needs that might include supporting them to attend religious ceremonies.

Most people spoke enthusiastically about the interests and hobbies staff supported them to enjoy. They said that they liked regularly attending day opportunities services where they met up with friends and had the opportunity to complete a range of occupational and social activities. In addition, they said that they enjoyed going to a regular social club in the evening and being supported by staff to go away on holiday. However, some people told us that they would like to have more opportunities to undertake different and more frequent social activities. Commenting on this a person said, "It can be a long day just sitting without much to do apart from watching television." During our inspection we spent time in the company of six people who lived in the service. Three of them were involved in activities such as doing a jigsaw and other games. However, three people were seen to spend a lot of time in their bedroom or in the lounge where they sat and did not have any significant contact with anyone. We raised this matter with the registered manager who said that they planned to consult with people who lived in the service so that they could contribute to the development of the calendar of social activities available in the service.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. An example of this was when we pointed to a copy of the complaints procedure in the presence of a person who had special communication needs. The person smiled, pointed towards the door of the nearby office used by staff and gave a 'thumbs-up' sign. We noted that people had been given a user-friendly complaints procedure that used pictures and signs to explain their right to make a complaint. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. Relatives said that they had not had to make any formal complaints but were confident that any concerns they raised in the future would be properly addressed. One of them, "I've no worries at all. If there's something minor it gets sorted straight away so it doesn't linger on. I find the service to be very professional. The staff want the best for the people who live there."

Requires Improvement

Is the service well-led?

Our findings

People who lived in the service said and showed us that they were asked for their views about their home as part of everyday life. We saw an example of this when a member of staff discussed with people possible destinations for trips out so that they could choose where to go. We saw them engaging people by using sign assisted language and by pointing to pictures and objects that related to different destinations. This was done so that the people concerned were helped to indicate their choices. A person told us, "The staff help me say things I want to do."

The registered manager said that it was good practice to invite people to monthly meetings in the main house and in the bungalows. This was so that staff could support people to suggest improvements to their home. However, we found that this arrangement was not well organised as only one meeting had been held in the four months preceding the inspection. We also noted that no records of the meeting had been prepared. This mistake had reduced the registered manager's ability to inform people about any actions staff had taken to introduce any improvements they had suggested. In addition, we were told that the registered persons invited relatives to complete a quality questionnaire each year to give feedback about how well they thought the service was doing. However, records showed that relatives had not been invited to comment on the service in this way since 2014. Shortfalls in the arrangements for people and their relatives to contribute to the development of the service reduced the registered persons' ability to ensure that changes met stakeholders' needs and wishes.

Records showed that the registered manager and staff had regularly completed a number of quality checks. These were intended to ensure that people reliably and safely received all of the care they needed. These checks included establishing that fire safety equipment, hoists, electrical services and gas appliances remained in good working order.

However, other quality checks had not always effectively identified and quickly resolved issues. Examples of this were shortfalls related to the way people were supported to handle their money, protecting people from avoidable risks to their health and safety and the management of medicines. In addition, there had been shortfalls in the systems used to establish staffing levels and to renew DBS disclosures. Other problems that had not been effectively resolved included shortfalls in providing training and guidance for staff, planning the delivery of support and developing opportunities for people to enjoy occupational and social activities. Although people had not experienced direct harm as a result of these problems, the lack of a robust quality management system had increased the risk that people would reliably benefit from the facilities and services they needed. We raised our concerns with the registered manager who said that they would strengthen the way in which quality checks were completed so as to address each of the problems we identified.

Records showed that no significant accidents or near misses had occurred in the service during the 12 months preceding our inspection. We saw that there was a robust system to analyse any mishaps that did occur so that action could be taken to help prevent them from happening again.

People showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They knew about most of the support each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support were noted and reviewed. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that the registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved enabling and encouraging staff to subscribe to a nationally recognised programme that is designed to promote positive outcomes for people who use social care service. We saw that this commitment was reflected in the way staff acknowledged the importance of respecting people's dignity and promoting their independence.