Country Retirement & Nursing Homes Ltd

Decoy Farm

Inspection report

Browston Lane
Browston
Great Yarmouth
Norfolk
NR31 9DP

Tel: 01502730927
Website: www.kingsleyhealthcare.co.uk

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Decoy Farm is a service providing personal care and nursing care for up to ten people with a learning disability or autistic spectrum disorder. The service was split into four buildings, two of which were self-contained accommodation. There were nine people living at the service when we inspected.

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

People's experience of using this service and what we found
The service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not always fully reflect the principles and values of Registering the Right Support. People had not consistently been supported to carry out a programme of activity which was meaningful to them. Staff and management told us this was due to recent difficulties in the service which had affected usual routines and activities which took place. Funding authorities were reviewing people's allocated hours to ensure they were receiving the correct number of hours per week to take part in activity and community outings.

People's dietary needs were not always documented accurately to ensure people were receiving food groups in line with specialist advice. Changes in people's weight had not always been referred to dieticians in a timely manner.

The service used systems and processes to safely administer, record and store medicines. However, we found that the records to support the use of medicines were not always available or the information provided was not accurate between different types of documents.

Staff training was not always updated within the recommended time frame and records of staff training were not always up to date. Some staff working directly with people had not received any mandatory training or induction to ensure they were competent to support people effectively. Two new staff had not worked in care previously. Some staff had not received regular supervision.

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; However, the policies and systems in the service did

not always support this practice; documentation relating to best interests' decisions were not always in place for some restrictions such as door sensors and alarms to monitor movement.

People told us that staff were caring, and we observed positive interactions between people and staff.

Auditing processes had not always identified where improvement was needed. Some audits were not completed robustly which would help the service to identify and address on-going issues.

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

Rating at last inspection
The last rating for this service was Good (published 24 January 2017).

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. Some actions have already been taken by the provider to reduce risks, such as additional staff training, and improvements in the management of medicines.

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

Enforcement
We have identified breaches in relation to governance, safe care and treatment, staffing, and person-centred care at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an improvement plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Decoy 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 Care Act 2014.

Inspection team
Three inspectors (two of whom specialised in medicines) and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Decoy farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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

During the inspection
We spoke with three people who used the service. Some people were unable to speak with us, so we

observed the interactions between staff and people throughout the two inspection days. We spoke with members of staff including the service quality manager, operations support manager, registered manager, three nurses, one service guardian, and two support workers.

We reviewed a range of records. This included four people's care records and all medicine records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

We spoke with three relatives, four health professionals, one social care professional, and one independent advocate.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- When medicines were administered for the control of psychological agitation or anxiety, the reason for the administration of the medicine was not always completed to justify their use.
- When people are given their medicine mixed in food or drink without them knowing (covertly), we found that there was no documentation of a completed mental capacity assessment to justify giving them their medicine in that way. The provider told us that this had been completed but were unable to find the document. Records stating which medicines were to be given covertly did not cover all the prescribed medicines for the one person. There was inconsistent information around how to administer the medicines covertly between different care documents, and there was no evidence of a pharmacist having reviewed each medicine to ensure they were being given safely and effectively.
- The medicines information on the electronic MAR system, was accurate and correctly reflected the medicine people were prescribed and took. However, the information that the service printed out for healthcare professionals, and to send with people when they moved care settings, did not accurately detail how and when they took their medicines. This could lead to people not having their medicines as their prescriber intended them to.
- At times there were no staff trained to administer emergency medicines. This meant that people requiring medicines, such as those needed to control a seizure, may not receive them promptly as the service relied on emergency services at these times. This was an avoidable risk.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Records showed that people had their medicines as prescribed. The service used an electronic system to aid in the administration and recording of medicines. The provider was working with the company who developed the software to make changes and improvements to the system.
- Following the inspection, the provider acted promptly to address the concerns we have reported on.

Staffing and recruitment

- The provider had not ensured that sufficiently competent, skilled, and experienced staff were deployed to ensure they could meet people's care and treatment needs. Some staff had not received mandatory or refresher training. Two new staff had no previous experience in care yet were working directly with and were responsible for people who had complex needs.
- Staffing levels were calculated based on agreed funding from commissioners and core hours. Some people required 1:1 staffing, others had 2:1 staffing to ensure they could take part in activities and stay safe

when out in the community.
● Rotas showed the number of staff on duty would cover the required staffing levels. However, funding authorities had raised concerns that people had not always received their allocated hours to deliver activity outside of the service. They are currently in the process of reviewing this with the provider to ensure people receive the hours they are funded for. Additionally, two external professionals advised us that information provided by the service to them showed that people had not always received their allocated hours.
● The registered manager told us there had been staffing issues, with several staff leaving the service, but they had recruited new staff to 'make up the numbers'. However, we found these staff had not been appropriately inducted into the role.
● Staff were not always given scheduled breaks and at times worked without a break throughout a twelve hour shift, which had the potential to affect their concentration and practice. Staff told us they could take a break for ten minutes if they wished, and sometimes there was an additional 'floating' staff member to relieve them, but this was not always the case. One staff member said, "I haven't really minded to be honest, but now you mention it, a proper break to refresh would be nice."

This demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Our observations throughout the inspection were that staff were attentive to people's needs and all people were observed with one or two staff members at all times.
● Staff continued to be recruited safely, and records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.

Assessing risk, safety monitoring and management
● People's care plans contained risk assessments in areas relating to people's care, such as mobility, nutrition, behaviours which challenge, choking and epilepsy. However, some areas of risk, such as people using the jacuzzi in the service, had not been assessed for all people.
● One person who was at risk of choking had a clear plan in place describing how to prevent choking, but it did not describe the actions staff should take in the event that they did choke. It also made no reference to equipment which was in place to alleviate choking.
● Records relating to people's nutritional needs were in place, however, information from professionals, such as speech and language therapists and dieticians, were not available on the electronic system staff were using so they could check they were following the most up to date guidance.
● We identified some environmental risks such as a washing line at neck height which posed a ligature risk, and a summerhouse that was full of bags and a bucket with cigarette ends and water in. Once we told the provider they immediately addressed all risks. However, they had not identified these potential hazards independently.
● The provider's maintenance team had carried out checks on window restrictors, and checks on the temperature of the water to prevent the growth of legionella bacteria. Equipment such as bath lifts had been serviced.
● There was a good standard of fire safety at the premises.

Systems and processes to safeguard people from the risk of abuse
● Not all staff had received regular safeguarding training, records showed that six staff had not undertaken the training since being employed in the service, and several were overdue refresher training. This meant that staff may not know and understand what they should do if they suspected or witnessed people were being abused.
● We asked people if they felt safe, One person told us, "[In the past] we felt unsafe. I can't talk about other

residents who have gone." Another said, "Yes, I feel safe here."
● All staff we spoke with were aware of who to contact if they had concerns about people's care or safety. One staff member said, "We can come across all types of abuse. The important thing is to report any suspicions, be it staff or family members."

Preventing and controlling infection
● We found some areas of the service to be unclean. This included debris found under two sofas, and one communal shower cubicle was visibly unclean with old soap debris around the edges.
● There were no dedicated domestic staff working in the service. Care staff were responsible for cleaning in addition to delivering care tasks. This meant that on occasions, cleaning duties were not completed as frequently as required, as staff prioritised people's care needs.
● Not all staff had received up to date training in infection control. We saw two staff wearing nail varnish which can present an infection control risk.

Learning lessons when things go wrong
● The provider had systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
● During the inspection visit we discussed areas for improvement in relation to medicines and staffing with the quality manager. Following the inspection, they sent us information on how they were addressing the issues found.
● Staff told us accidents and incidents were discussed in hand over meetings to make sure everyone was aware of how to minimise risks of the accident or incident occurring again. However, health professionals told us that information was not always handed over in an effective way and that staff knowledge between shifts varied.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Training included relevant subjects such as moving and handling, epilepsy awareness, medicines, safeguarding, infection control and autistic spectrum conditions. However, People had not always been supported by staff who had been assessed as competent. Additionally, two new staff who had no previous experience of working in care had not undertaken any mandatory training but were working directly with people.
- Staff competency checks were not in place for all staff. Five of the nine nurses had not recently been assessed as being competent to manage medicines.
- The training matrix was not up to date and records were not easily accessible to review training documentation.
- Staff were not always receiving regular supervision sessions to ensure training needs were identified and that they were working effectively.
- The provider had not adhered to its induction training policy which states that before any new staff member is allowed to work on their own a full assessment of their competence is completed which includes an assessment of any risks arising as a result of their working unsupervised.

This demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action following the inspection to ensure new staff, or staff who needed further training were supervised by nurses and management. They set a date by which all mandatory training had to be completed.

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

- People were not always effectively supported to ensure their nutritional intake was in line with professional advice. Concerns were raised with us by external professionals regarding the staff teams understanding of how to support people with their nutritional needs.
- One person continued to gain weight, despite very detailed guidance from a dietician. The documentation of their food intake had been very poor so the dietician had been unable to review the person's progress. Staff had not understood the importance of accurate recording.
- Another person had started to refuse food and lost weight, but relevant professionals were not advised of this in a timely manner.
- Despite two training sessions provided by the dietician, staff continued to lack understanding in how to

support people effectively and to ensure documentation relating to people's dietary intake were clear.
● When assessing people's needs, staff used assessment tools to determine levels of risk. However, the tool used to assess people's risk of malnutrition was not the most effective for younger people with a learning disability.
● We were provided with examples by a relative, of occasions when they felt care had not been delivered in line with good practice. This included support with dietary needs. They told us, "Why can they not get this [diet] right. [Name] has always loved healthy foods, yet here it doesn't happen. I think the staff defer to keep the peace. If [name] says no, they don't try any further."

This demonstrates a breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's care and treatment was not continually delivered in line with recommendations and guidance. Health care professionals reported that some staff lacked skills to manage people's dietary needs effectively.
● The registered manager had not ensured that all staff had the appropriate skills to support people. For example, at times there were no staff trained to administer emergency medicines. Not all staff had been trained to use a suction machine which could help during a choking episode.
● The service had received support from external professionals to advise on the most effective way to support people when they became distressed. However, we were informed that staff did not always follow the guidance. One health professional told us, "Communication is poor. One shift will understand and follow what we have advised, but the next shift won't even know about it. Information isn't always passed on."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Best interests' decisions were not always in place for mechanical restrictions, such as door sensors and alarms to monitor movements. The registered manager told us they would address this promptly.
● All people living in the service had an authorised DoLS. Information relating to any conditions were noted in care plans. Information was kept on when DoLS were due to expire.
● Staff were observed to give choice to people when delivering their care. This included where they wanted to be and how they wished to spend their time.

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

● The service had been adapted to meet people's needs. People had their own belongings in their bedrooms which were personalised.
● People could access an outside area and people told us they enjoyed using this in the summer. The accommodation was spacious inside and out, giving room for interests to be pursued. There were many resources within the service such as physio balls, footballs, books, soft toys, and photo albums. One person was seen using a scooter inside.
● In the garden of the main house, there was a large lawn with seating, and we saw people using this.
● There were extensive gardens with animals and a polytunnel where people could help care for the animals or grow produce.

Requires Improvement

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

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

- Due to some of the wider failings in the service, people living at the service did not always benefit from a caring culture. For example, ensuring staff were appropriately trained to deliver effective care, and ensuring that recommendations and guidance from external professionals were being followed. This put people at potential risk of harm and did not demonstrate a caring approach.
- We observed staff to be kind and caring in their interactions with people. One person said, "They [staff] have been stars for me." Another said, "I have a key worker who talks to me."
- Where people experienced periods of distress, we saw staff were skilled in helping them, using effective de-escalation techniques in line with their care plans.

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

- Feedback surveys were provided on an electronic device which people could access at regular intervals. The registered manager told us that key workers, named nurses and family members also shared their views on behalf of people. The data from late 2018 showed that all people were 100% happy with the care they received, but there was no context to this, and no additional comments from people or advocates to demonstrate more fully their views about their care.
- We asked people if they had the opportunity to give their views. One person said, "We have residents' meetings, I might speak for others, their family give me information and I share it for them." Another said, "Not sure about residents' meetings, but [operations manager and registered manager] I'd talk to. They are here a lot."
- Several people had an independent advocate who provided representation and support to people who lacked mental capacity to agree to the care being provided to them that involves restrictions on their liberty and so had been authorised under the Deprivation of Liberty Safeguards. One advocate told us, "I always feel that staff and management are acting in the best interests of the clients. The atmosphere always appears homely and happy, whenever I visit."
- People were encouraged to maintain relationships with people that were important to them.
- Care plans prompted staff to confirm if people or relevant others, had been involved in reviewing these.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We always make sure doors are closed and people have privacy when need, like having a bath."
- People's care plans made reference to tasks people could do independently, such as personal care tasks and cooking.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Care plans were not always clear about people's food likes and dislikes. Staff told us that information was previously displayed in the kitchen areas, but a person who recently left the service kept taking the information down.
- Not all aspects of risks affecting people had been detailed in their care plans. For example, in the case of one person being at very high risk of choking, the plan did not detail actions staff should take if they did choke, or the use of equipment that was available to them. Others were using the jacuzzi without this having been individually risk assessed and a care plan being put in place to ensure they were safe.
- Information provided by the service and by health and social care professionals did not demonstrate that activity was always being delivered as planned. External professionals reported that this had been an issue for some time.
- People had activity planners in place, however, staff told us these had not always been delivered due to recent issues in the service. For example, music therapy hadn't been delivered. 'Activity sheets' provided to us did not always demonstrate that planned activities had been undertaken.
- Health and social care professionals also told us that people were not getting their allocated time to undertake meaningful activity. One social care professional told us, "[Name] is not going to [activity] weekly which they are funded to do. I have regular updates which show this isn't happening."
- The service had access to three vehicles for people to go out in. We observed three people either going out or returning during the time we were there. Records showed that lots of people were, 'taken for a drive out', which we did not consider was particularly imaginative or if people really found it meaningful. It was not clear from people's records if this was their choice, or if they were given a choice about undertaking an activity whilst out. One relative told us, "The 'drives to nowhere' occupies [name] with minimal effort. Why don't [staff] provide an activity or walk instead whilst they are out. [Name] needs exercise."

End of life care and support

- The management and records of people's end of life care and wishes was not always consistent. Personalised and comprehensive end of life care planning was not in place for people to ensure that staff had the guidance they needed to support people if they entered the final stage of their life.
- People's care plans contained a section on 'death and dying'. However, we found these contained limited information on how staff could deliver care which met people's needs and wishes.

All of the above constitutes a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were encouraged to develop and maintain relationships with family, friends and personal relationships.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Where there was difficulty establishing how best to communicate with people, assessments had been carried out by speech and language therapists to promote good communication for people. Each person had a communication profile in their care plans which gave staff some indication of how people communicated and what certain sounds and gestures meant for that person.
● Staff told us they used a variety of methods to communicate with people, which included word association, picture cards, writing boards, computerised methods and objects of reference. During the inspection we saw staff showing people things to enable them to make choices through gestures or pointing.
● We heard different staff following a similar routine and set of actions to effectively meet an individual's needs.

Improving care quality in response to complaints or concerns
● The service had a complaints procedure for people and relatives to raise concerns.
● There was an easy-read complaints leaflet displayed in the main house and an advocacy leaflet.
● Details of complaints were logged and included email correspondence showing any responses by the service. However, relatives had differing perceptions of raising complaints. One relative told us, "I have no issue raising concerns, but I speak with [registered manager] frequently so any issues are addressed quickly." Another told us, "There would be no point complaining, [registered manager] never makes contact."

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- Auditing systems had not been used to improve practice. For example, information to assist staff on when to administer 'when required' medicines was either incomplete, inaccurate or missing. This had been identified in the last two medicine's audits conducted by the service, but action had not been taken to resolve the issues. Medicines audits completed by the service identified the same issues happening over several months and these were still happening when we inspected.
- Issues such as staff wearing nail varnish had been identified in the April 2019 infection control audit and was still being identified as an issue at the July 2019 Audit. Additionally, some audits contained just 'yes' or 'no' answers without any further detail. Areas of the service we found to be unclean had not been identified in the audits. This meant the audits were not effective or being used to improve practice.
- The provider had not ensured that staff were up to date in their training to ensure they had the skills to support people effectively.
- Where external professionals had raised concerns about staff practice, the same issues had occurred over a long period of time, such as maintaining accurate records in respect of people's dietary intake. This was also identified in the providers own quality audit.
- The quality and auditing system needed to be developed further so findings could be collated and actions taken to drive improvement. This will help to support positive changes to practice.

The above constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Positive outcomes for people had not always been achieved. Guidance from external professionals had not always been followed by staff delivering people's care or overseen sufficiently by the registered manager.
- Staff spoke passionately about people living in the service, and how they felt things would improve after recent issues within the service. One staff member said, "We can get back to what we are good at now, things are already better, the atmosphere is so much more relaxed. Listen to the laughter out there."
- The registered manager demonstrated that they were a good advocate for people living in the service and

gave us several examples of situations where people had been supported to express their views. An external advocate told us, "I always feel that staff and management are acting in the best interests of the [people]. It is well managed and [registered manager] knows [people] as well as any of the staff that work directly with them."

● The registered manager was in agreement about where the service needed to improve, and told us that they anticipated improvements would be identified.

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

● We received mixed feedback from relatives about the care being delivered. One relative told us, "[Registered manager] will not return my calls, its proactive avoidance and very unprofessional." Another said, "I can't fault the care at Decoy Farm, [registered manager] is incredibly sensitive and a good leader."

● The registered manager told us that people were regularly asked for their views via feedback systems and meetings held in the service. However, information they provided to us did not include any views or comments from people to support the data; that everyone was 100% happy with all aspects of their care. Advocates and staff members who supported people to provide feedback had also not included their views to give the data context. ● Following the inspection, the provider told us that at the end of the survey people had an option to share their views with the service, and that staff prompted people to complete this section. However, it was their choice whether or not to add any comments.

● A new role had been created in the service to provide staff with an opportunity to progress. The 'service guardian' role oversees various aspects of support provided to people. The provider envisaged that this role will not only improve standards but will help staff to develop a stronger sense of ownership of their role and to provide a system of career progression.

● Staff meetings were held in the service to share information. Attendance was sometimes low, but the registered manager was addressing this.

Continuous learning and improving care

● The provider had not ensured that staff were suitably trained before working with people. Five of the nine nurses employed by the service had not recently been assessed as being competent in medicines. The training matrix was not up to date and records were not easily accessible to review training documentation.

● New staff had not been trained or supervised sufficiently to ensure they could meet the complex needs of people living in the service. Some new staff had not worked in care previously. One staff member told us, "Not had a lot of training lately, we do get emails if we don't do training. More training would be good. We should be better at pulling up [staff] on things like that."

● The registered manager told us that staff had attended network meetings organised by the communication development worker at the learning disabilities team. Staff had also recently attended a workshop to learn more about sensory processing difficulties. Staff who attended will share the learning in the upcoming team meetings.

Working in partnership with others

● The service worked in partnership and collaboration with a number of key organisations. However, regular meetings had been held with the provider and external health and social care professionals who raised concerns around staffing allocations, and how advice was not always being followed to ensure best outcomes for people. These meetings will continue until external professionals are assured that the service is delivering a high standard of care to people.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not cover all areas of risk or people's end of life needs. Activities were not always provided in line with people's assessed needs. 9 (1) (3) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that medicines were being managed effectively, or that staff were competent to administer medicines. 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People were not always effectively supported to ensure their nutritional intake was in line with professional advice. 14 (4) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Treatment of disease, disorder or injury	Systems and processes were not robust and did not identify areas where quality and/or safety were being compromised. 17 (1) (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that sufficiently competent, skilled, and experienced staff were deployed to ensure they could meet people's care and treatment needs. 18 (1) (2) (a)