Fari Care Ltd

Clayhall Lodge

Inspection report

299 Clayhall Avenue
Ilford
Essex
IG5 0TE

Tel: 02071837951

Date of inspection visit:
22 August 2017

Date of publication:
21 September 2017

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on the 22 August 2017 and was announced. This was the first inspection of the service since it became operational on the 9 June 2017. The service is registered to provide accommodation and support with personal care to a maximum of six adults with learning disabilities or autistic spectrum disorder. At the time of our inspection one person was living at the service on a permanent basis and one person was using the service on a respite basis for a two week period. As a result of this we were not able to provide a rating for this service due to the limited evidence available.

The registered manager resigned from their employment at the service the day before our inspection. An acting manager was in place and had undertaken a period of employment working alongside the outgoing registered manager. The acting manager told us they planned to apply to register with the Care Quality Commission before the end of August 2017. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People were able to make choices about what they ate and drank. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were kind. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

The acting manager had plans to implement various quality assurance and monitoring systems. However, as the service had only been operational since June 2017 these were not yet in place at the time of our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Is the service effective?

Inspected but not rated

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

Staff undertook regular training to support them in their role. Staff had regular one to one supervision meetings.

The service operated within the principles of the Mental Capacity Act 2005. People were able to make choices about their care.

People were able to choose what they ate and drank and supported to cook themselves.

People were supported to access relevant health care professionals as required.

Is the service caring?

Inspected but not rated

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

People told us they were treated with respect by staff and that staff were kind.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Inspected but not rated

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

Care plans were in place which set out how to meet people's needs in a personalised manner.

People were supported to engage in various activities in the home.

The service had an appropriate complaints procedure in place.

Is the service well-led?

Inspected but not rated

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

The acting manager had plans to implement various quality assurance and monitoring systems. However, as the service had only been operational since June 2017 these were not yet in place at the time of our inspection.

Clayhall Lodge

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.

This inspection took place on the 22 August 2017 and was announced. The provider was given 48 hours' notice because the location provides was a small care home for younger adults who are often out during the day; and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration and any notifications they had sent us. Prior to the the inspection, the provider completed a Provider Information Return (PIR). 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 contacted the local authority to seek their views about the service.

During the inspection we spoke with one person who used the service and observed how staff interacted with people. We spoke with three staff, including the acting manager, the care coordinator and a senior support worker. We looked at records relating to two people including care plans and risk assessments. We examined staff recruitment, training and supervision records. We viewed medicines records and quality assurance systems. We examined the staff recruitment, training and supervision records and checked various policies and procedures.

Inspected but not rated

Is the service safe?

Our findings

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

The service had systems in place to protect people from the risk of abuse. The service had a safeguarding adult's procedure which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). There was also a whistle blowing policy. This made clear staff had the right to whistle blow to outside agencies such as the CQC if appropriate. Staff had undertaken training about safeguarding adults and understood their responsibility for reporting any allegations of abuse. One staff member told us, "First of all I am going to call the manager and tell her what is going on. If no action is taken I can email CQC."

The acting manager told us there had not been any allegations of abuse since the service became operational. We saw no evidence to contradict this.

People's money was managed by family members. The service did not hold money on behalf of people or have access to their bank accounts. This helped to protect people from the risk of financial abuse.

Risk assessments were in place which provided guidance on how to support people in a safe way. Assessments included information about the risks people faced and how to mitigate those risks. We saw assessments covered risks associated with self harm, absconding and abuse from others. Risk assessments were based on the individual risks people faced. For example, the risk assessment for one person stated, "Staff should closely monitor [person] anytime they get close to other service user's property or belongings as they may try to throw them away which may trigger anger in the other service user." The risk assessment for another person stated, "I can drink on my own but I need to be told if the drink is too hot. Drinks given to me should be warm, not hot." This meant risks assessments covered the individual risks people faced.

Where people exhibited behaviours that challenged the service they were supported in a way that promoted their wellbeing. The acting manager told us the service did not use any physical restraint when working with people and care staff confirmed this. Guidelines were in place about how to support people if they exhibited behaviours that challenged the service. The guidelines included information about what might trigger such behaviour and how staff should work with the person to help them become calm, for example by using diversionary techniques and giving people space and time. Staff had a good understanding of how to support people who were anxious and agitated and were able to tell us how they helped people in a calm and sensitive manner. One staff member said, "When you give [person] space and read [religious texts] they will calm down. Sometimes they do not want to engage with staff, so we leave them and go to them later and see if they want to go out."

There were enough staff working at the service to keep people safe. At the time of our inspection only one person was using the service. We saw that they had one to one staff support whilst they were at the service, this was in line with their care plan. We saw staff were able to respond to the person in a prompt manner.

Staff told us they thought staffing levels were adequate to meet people's needs and that they had enough time to carry out their duties. One member of staff said, "I think the staffing is fine at the moment, they only have two people living here."

The service had robust staff recruitment practices in place. The service had only been operational since the 9 June 2017. However, the provider of the service had other care services that were operating and had an established staff team. There were already enough staff employed so that no new staff were recruited specifically to work at this service. We found that appropriate checks had been carried out on prospective staff before they were employed. These checks included proof of identification, evidence of right to work in the UK, employment references and criminal records checks. This meant the service had taken steps to help ensure suitable staff were employed.

At the time of our inspection no one was prescribed any medicines. We found the service had a secure and designated cabinet for storing medicines and there was an appropriate medicines policy in place. This covered the safe obtaining, recording, administering and disposal of medicines.

Inspected but not rated

Is the service effective?

Our findings

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

Staff undertook training to support them to develop skills and knowledge relevant to their roles. New staff undertook an induction programme which included classroom based training and completing the Care Certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector. Staff told us and records confirmed that on-going training was provided. This included training about first aid, safeguarding adults, infection control and working with people with autism. A staff member said, "I did safeguarding, COSHH, moving and handing training. They keep it up to date."

Staff told us and records confirmed that they had regular one to one supervision. This had been with the registered manager who ceased working at the service the day before our inspection. The newly appointed acting manager told us they planned to continue to provide one to one supervision for staff. Records of supervision showed it included discussions about staff, people who used the service, health and safety and policies and procedures. In addition to routine supervision, staff also had an annual performance and development review. This provided the staff member and their manager with the opportunity to reflect upon the past year, what they had achieved and where there were areas for development in the year ahead.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one was subject to a DoLS authorisation. A senior staff member told us that a person usually had staff support when they went out and that the person consented to this. They told us the person had the capacity to make that decision and they were free to go out on their own if they chose to do so. At the time of our inspection people using the service had the capacity to make decisions for themselves. People we spoke with confirmed they were able to make choices about their daily lives, for example what time they got up and went to bed and what they wore. However, staff provided guidance to people to help ensure they wore clothing that was appropriate for the particular occasion and the weather. A staff member said, ""It's about supporting [person] to make choices and to choose something [person] likes but will feel comfortable in."

People had signed consent forms to consent to the service providing support to them. For example, taking their photograph or supporting them in the event that they required to take medicines.

People were able to make choices about what they ate They told us they did a lot of cooking themselves but

sometimes needed support from staff. One person said, "Sometimes I do it [cooking] myself." People were supported to eat foods that reflected their religion and culture and staff were knowledgeable about how to cook meals from people's culture. People told us they liked the food. We saw people were encouraged to eat a healthy balanced diet. Fresh fruits and vegetables were available at the service on the day of inspection. People were able to help themselves to food and drink and we observed people making cups of tea during the inspection.

People were registered with GP's, dentists and opticians. Records showed they were able to see health professionals as appropriate, including psychiatrists. They told us the staff supported them to arrange and attend health appointments.

Health action plans were in place for people. These set out how to support the person to be healthy. For example, through diet, exercise and access to healthcare professionals. Hospital passports were also in place for people. These included information for hospital staff in the event that the person was admitted to hospital. For example, they included details of people's past medical history, their food preferences, how they communicated and how they indicated if they were in pain.

Inspected but not rated

Is the service caring?

Our findings

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

People told us staff treated them in a kind and caring manner. One person said, "They [staff] treat me well" and described staff as "kind." The same person said, "I am happy."

We observed staff interacted with people in a caring and sensitive manner. For example, we saw one person became distressed because they could not get their phone to work. We observed staff supported the person to become calm and helped them with their phone. The person quickly became calm and showed signs they were happy. Staff were observed to be chatting with people and people were at ease in the company of staff. People were seen to be comfortable in approaching staff for support or to talk with them.

Care plans included information about supporting people to develop and maintain their independence. They set out what people were able to do for themselves and what they needed support with. For example, the care plan for one person about brushing their teeth stated, "I need assistance and prompting from staff. I require one to one support for this task as I can't brush my teeth properly." The care plan for another person stated, "I can dress on my own, but I cannot tie my shoe laces. I need staff support to help me put on my shoes and tie up my laces."

The care coordinator told us how they sought to ensure people worked with staff they got on well with. They told us when a person first moved into the service they did not get on well with the staff so different staff were used instead. The person confirmed they liked the staff that worked with them at the time of inspection.

Staff had a good understanding of how to promote people's dignity and privacy. A member of staff said, "Before you go in their room you have to knock. Even if they can't answer you have to knock and wait a while before you go in. When you go in you have to close the door and curtains." The same staff member said about supporting people with personal care, "Everything you are about to do you have to explain to them." Another staff member said, "No one else is allowed to come into the room when giving personal care."

The care coordinator told us that in order to meet people's cultural needs it was important that they were supported by staff of the same gender. We saw this was the case on the day of inspection and the staff rota confirmed this was the normal practice. One person told us they were supported to say their prayers and records showed people were supported to eat food that reflected their culture and religion. We observed that people wore clothes that reflected their religious and ethnic background. A member of staff said, "We make trips to Asian food shops and [person] is able to choose their own clothes [to buy]." Care plans included information about people's religious needs. For example, the care plan for one person stated, "I am a [religious denomination] and very religious. I eat only [religiously appropriate] food. I celebrate all [religious denomination] festivals and usually visit my family on festival days."

People had their own bedrooms. These included ensuite facilities of a toilet, shower and hand sink which helped to promote people's privacy. One person showed us their bedroom and said, "It's nice." Bedrooms were homely in appearance and contained people's personal possessions such as televisions.

People were able to maintain contact with family and friends. One person was out with their family on the day of inspection. Another person told us they regularly visited their family and were able to maintain contact by telephone.

Inspected but not rated

Is the service responsive?

Our findings

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

The acting manager told us that after receiving an initial referral an assessment was carried out of the person's needs. This was to determine if the service was suitable to meet their needs. They said they would not accept a referral if they thought it was not a suitable placement. The acting manager said of the assessment process, "Before going there [to meet the person] we request all the information about the person. When we meet the service user we explain about our care, what we provide." This helped the person to make an informed decision about whether to move in or not. The assessment process included discussions with all relevant people, including the person themselves, professionals involved in their care and where appropriate family members.

Care plans were in place for people which set out how to meet their assessed needs. The acting manager told us, "When they come here we use the assessment to do the care plan, but as the situation changes we have to update it. It changes every time something happens, for example if they had a fall we would update the care plan." This meant the care plan was able to reflect people's needs as they changed over time.

Care plans covered needs in relation to health, medicines, personal care and hygiene, dressing/undressing, mobility, eating and drinking, mental health and emotional wellbeing, religious and spiritual needs, hobbies and leisure activities and communication.

We saw care plans provided personal information about how to support individuals. For example, the care plan for one person on health stated, "I cannot make or keep track of my appointments, so staff need to make sure that my healthcare appointments are made and support me to go to the appointments." On leisure activities the care plan for the same person stated, "I like watching [religious denomination] channels on TV." Care plans included information about people's likes and dislikes. For example, the care plan for one person stated, "I like painting, I like going on long drives" and "I don't like anyone to touch my belongings" and "I don't like people talking to me in a loud voice."

The service supported people to engage in activities. One person said, "I went to bowling, sometimes I go out for a meal." We observed that the person was supported to go out for lunch on the day of our inspection. The care coordinator told us they were investigating the possibility of enrolling one person in a day service where they could engage in arts and crafts activities.

People told us they knew how to make a complaint although they said they had not needed to. One person said they would talk to the care coordinator [a senior member of staff] if they were unhappy about anything.

The service had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The acting manager told us there had not been any complaints received since the service became operational

and we found no evidence to contradict this.

Inspected but not rated

Is the service well-led?

Our findings

As the service had only been operational since 9 June 2017 we were unable to rate this domain due to insufficient evidence.

The acting manager commenced working at the service one week before our inspection and told us they planned to apply for registration with the Care Quality Commission by the end of August 2017. They replaced the outgoing registered manager. The acting manager told us there was a handover period of a week when both they and the registered manager were employed to enable them to learn about the service. The acting manager was supported in the running of the service by a deputy manager. Staff told us they had felt supported by the previous manager and said the deputy manager was helpful and approachable. They said they had not yet got to know the new acting manager well but we observed staff were at ease and relaxed in the company of the new manager.

The service had a 24 hour on call system. This meant that senior staff were always available to provide advice and support if required.

The service had only been operational for a short time which meant that quality assurance and monitoring systems had not had a chance to become embedded in the practice of the service. The acting manager told us about the quality assurance systems they planned to implement and operate. They told us the first team meeting was scheduled to take place by the end of August 2017 and we saw the agenda for this. It included introducing the new manager, safeguarding, the Mental Capacity Act 2005, confidentiality, team work, health and safety and activities. The acting manager told us they also planned to carry out unannounced spot checks of the service. One of the directors of the service carried out monitoring visits of other locations they ran and the care coordinator told us the same practice would be established at this service. The acting manager told us they planned to introduce monthly audits at the service. They said these would cover care plans and risk assessments, health and safety checks and the physical environment. The acting manager also told us they planed to carry out surveys of people and others such as relatives to gain their views on how the service was run.