

Witham Valley Care Group Limited

Village Farm

Inspection report

Newark Road
Norton Disney
Lincoln
Lincolnshire
LN6 9JS

Date of inspection visit:
26 June 2019

Date of publication:
03 October 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Village Farm is a residential care home providing accommodation and personal care for up to six people whose needs are associated with learning disabilities and autism. The home is situated in the village of Norton Disney, which is approximately seven miles from both the city of Lincoln and the market town of Newark-on-Trent. At the time of this inspection six people were living at the service.

The home worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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's experience of using this service

People and relatives were positive about the staff and the management team. People told us staff were very caring and compassionate and that staff knew them extremely well. Staff told us that it was a very happy team and they all worked well together.

People were protected against abuse and discrimination and their rights were upheld. Safe recruitment was followed to ensure the staff employed were suitable to care for people and shared the values of the service.

People received their medicines as prescribed. These were administered by staff who were competent to do so. The registered provider was following relevant guidance for infection control. The environment was clean and well maintained.

Staff received training and were well supported to ensure they had the skills, knowledge and confidence they needed to perform their roles effectively. Staff were very knowledgeable about people's needs and supported people to remain as independent as possible.

People were well supported to eat and drink enough to maintain their health and their dietary needs were well supported.

There was a strong person-centred culture throughout the service and staff were skilled in providing compassionate and caring support for people. People's dignity was very well managed with thoughtfulness and care was individualised with people's choices and preferences fully respected.

Staff demonstrated caring values and showed a very positive regard for what was important and mattered to people. The trust developed between people and staff helped promote people's independence, confidence and helped them achieve positive outcomes. Respect for equality, diversity and inclusion was fully embedded within the service and in how staff communicated with and worked with people.

Staff promoted people's right to make their own decisions wherever possible and respected the choices they made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people lacked capacity, the registered provider and registered manager worked within mental capacity legislation and consulted with relevant people on important decisions made in their best interest.

People and their relatives were involved in reviewing their care and making any necessary changes. Information was provided in formats that were accessible to people. When it was needed staff worked well with a range of external health and social care professionals to ensure people's existing and changing needs were being fully met

A process was in place which ensured any concerns or complaints people and their relatives may have had could be raised. Concerns were acted upon quickly and lessons were learned through positive two-way communication.

The service was consistently well managed by a registered provider and registered manager who worked closely together and demonstrated strong values, led by example and maintained an open and a caring culture.

The registered provider had systems in place to monitor quality and was open to the continuous development of the service. They had implemented technology to obtain more feedback about the services provided and to assist them in the monitoring of people's safety, wellbeing and care. Any improvements identified as needed were driven through constructive engagement with people, their relatives, staff and stakeholders.

Systems were also in place to enable the registered provider to monitor accidents and incidents to identify any lessons learned and make any improvements when they had identified this was required.

Rating at last inspection

At the last inspection we gave the service a rating of 'Good' (published 02 November 2017).

Why we inspected

Since our previous rating was awarded the registered provider of the service has altered its legal entity but all of the facilities and arrangements for care remained the same as when we last inspected. We have therefore used the previous rating to inform our planning and decisions about the rating at this inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Village 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Village Farm is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

The registered provider was given a short period of notice before we undertook our inspection visit. This was because people often went out into the community to take part in activities or to visit their friends or relatives. We therefore needed to be sure that they, the registered manager and staff would be in.

What we did

In planning our inspection, we reviewed information we had received about the home since the last inspection. This included any notifications (events which happened in the home that the provider is required to tell us about).

The registered provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

In addition, we considered our last Care Quality Commission (CQC) inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with five people, a relative who met with us as part of our inspection visit and another relative by telephone. We also spoke with the registered provider, the registered manager, a senior staff member, the registered providers training officer and four of the care staff team.

We reviewed a range of written records including specific parts of three people's care records, staff recruitment information, information relating to the administration of medicines and the registered providers auditing and monitoring of service provision.

After the inspection

Following our inspection visit we spoke with four relatives of people who lived at the home by telephone to seek their views of the care being provided to their loved ones.

We also continued to seek clarification from the registered manager to support and validate the evidence we found during our inspection. The registered manager provided us with a range of additional audit and quality assurance information as part of this process.

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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and that this was as a result of the way staff supported and cared for them. Relatives told us they were also assured that their loved ones received safe care.
- Staff knew how to recognise and protect people from the risk of abuse. They had also received safeguarding training and had access to the registered provider's policies and guidance about protecting people from harm, which they followed closely.
- Care records provided staff with guidance of any known triggers which might affect their mood and behaviour. Staff were aware of the strategies required to support people safely and effectively.
- We saw staff supported people at time of heightened anxiety, by using sensitive diversional techniques which were based on staff knowledge of the person. For example, we saw how a staff member sensitively supported a person who began to get distressed and how their approach had an immediate and positive impact and the person soon relaxed.
- People had been further assured with the addition of an easy to read safeguarding information notice board which people and staff could access for any additional information about how to raise any concerns about safety at any time they wanted.
- We spoke with the staff member who had been given the role as 'safeguarding ambassador.' They attended meetings with external professionals in order to bring back updated information and learning for the whole staff team. This was then used to keep developing staff knowledge and understanding of safeguarding. They told us this had increased staff confidence.

Assessing risk, safety monitoring and management

- The registered provider had maintained effective systems to ensure potential risks to people's safety and welfare had been assessed and when it had been needed, they had taken action to reduce any potential or actual risk.
- Risks to people's health, safety and welfare had been assessed and management plans were in place to minimise the potential for harm to occur. We saw that risk management plans were reviewed regularly.
- People were supported to take risks whilst still enabling them to retain their independence and live a fulfilled life. An example of positive risk taking included, a person who had been identified as being at risk when they chose to leave the building. Staff described how their risk assessment provided staff with guidance about how and when to support the person to safely take a full and active part in individual and community activities. This showed a positive approach to managing risk.
- Care records showed, and staff also described how they were aware of words or phrases people used to indicate they may be getting distressed. This knowledge helped staff to respond quickly and sensitively to reassure the person and for them to feel safe without the need for additional interventions.
- The registered provider had appointed a health and safety officer who supported the homes monitoring

and implementation of health and safety systems. The registered provider also employed an external health and safety consultant who undertook annual audits at the home to ensure compliance and effective safety systems were consistently in place and adhered to.

Staffing and recruitment

- People told us their needs were well met by the numbers of staff available and in the way, they were deployed to support them.
- Staff we spoke with told us that staffing levels were well maintained and that rotas were planned in advance. This helped ensure there was always enough staff with the right mix of experience and skills to care for people safely.
- There were processes in place to enable the safe and timely recruitment of staff. Checks had been made with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. A process was also in place to ensure references were requested to provide additional assurance about staff members previous employment.

Using medicines safely

- Medicines systems were safely organised, and people were receiving their prescribed medicines when they should.
- Where people needed support with their medicines, this was provided safely and in line with good practice, national guidance and people's individual needs and preferences.
- The registered provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Staff had guidance about people's preference related to how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'.
- Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance. We also noted staff were trained to administer emergency medicines which people may need if they had an epileptic seizure.

Preventing and controlling infection

- The home was clean and people were protected from the risk and spread of infection. People told us they felt their bedroom and communal areas were kept clean.
- Two people showed us their rooms and described how they were encouraged to be involved in helping to keep their rooms and the home clean and tidy.
- There was easy read information around the home to help people understand how to prevent and control the risk of infection.
- The home had an effective infection control lead who attended quarterly local authority infection control meetings and training sessions and had developed systems and processes for ensuring good infection control measures were being sustained. Staff received externally accredited training in infection control and we saw the home had been awarded the highest rating possible for its food hygiene by the food standards agency.
- Through our discussion with them, staff demonstrated their understanding of the principles of infection prevention and control and had received training about the subject.

Learning lessons when things go wrong

- The registered persons had ensured that arrangements were in place to analyse any accidents and near misses so that they could establish how and why they had occurred.
- This enabled them to review any themes and trends. Examples of action taken to reduce further risks included, care plans and risk assessments being updated, and referrals to external health care professionals for further assessment were completed.

- Where learning points had been identified, the registered manager shared them with the staff team and people's care plans were updated to reflect any changes needed.

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 remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved to Village Farm, the registered manager completed an in-depth assessment of their care and treatment needs. The registered manager told us the work undertaken included the involvement of relatives and when needed, any external health and social care professionals. This helped ensure all of those involved could fully contribute to the process.
- Assessments included any protected characteristics under the Equality Act 2010 and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified.
- The registered manager told us they recognised and respected people's diverse needs were important to understand, and these were discussed at the pre-assessment stage. Staff had also completed training in equality and diversity and we observed they showed respect and a very good understanding of people's diverse needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 told us they were supported to make their own decisions about the things they had chosen to do.
- The registered manager and staff used best interests' procedures to ensure people who were not able to make a clear decision for themselves were supported in the right way.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected. Where conditions for authorisations were in place the registered manager confirmed they were being met.
- Any restrictions on peoples' freedoms were documented within current DoLS authorisations, these were

accessible to staff and were contained within each person's care record.

- In addition, the registered manager had ensured good communications with those external professionals involved was maintained. This ensured the authorisations were regularly reviewed.

Staff support: induction, training, skills and experience

- The registered provider maintained a comprehensive induction programme for new staff. This included the Care Certificate which sets out common induction standards for social care staff.
- People were cared for by staff who received regular programme of on-going training to ensure they were, skilled and experienced to meet people's identified needs.
- A number of the staff team had worked at the home for a considerable time, and relatives told us that although there had been some staff changes recently, this helped provided consistency and continuity.
- Records showed staff had received training in subjects such as epilepsy and behaviour management and they demonstrated their confidence and a clear understanding of the subjects when we spoke with them.
- Staff had regular opportunities to meet with the registered manager. They told us they were able to discuss their training and development needs and any work issues they had.
- The registered provider had developed an effective on-going performance management system that enabled any issues with performance to be identified and managed to support staff in improving their performance and continue to develop skills through any additional training identified as needed.

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

- People were supported to maintain healthy nutrition and hydration and staff were knowledgeable about people's individual dietary needs.
- People told us they enjoyed their food. We saw that they were involved in planning menus and helping to cook their food with any support given by staff sensitively with a focus on maintaining people's independence.
- We observed people could access the food and drinks they wanted at any time.
- We observed people's mealtime was a positive communal experience. People received opportunities to feedback their views on the menu choice and were very complimentary of the options, quality and quantity of food.
- People's nutritional needs, preferences and allergies including, if appropriate, any religious or cultural dietary needs, had been assessed and planned for.
- People told us they were encouraged to maintain a varied and healthy diet but that they made their own choices regarding the foods they wanted to eat. People's weight was monitored to enable staff to enable staff to identify if excessive weight gain or loss was identified. Any recommendations made by external healthcare professionals in how food and drinks should be provided was followed.

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

- People were able to access all areas of the service including the garden area.
- People had been involved in choosing the decoration of their bedrooms and had highly personalised them to their own tastes.
- People also had the option to choose to have their own key to their room. One person showed us how they valued this option and how they liked to leave their private space secure when they went out.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives told us their loved ones had access to the healthcare support they needed. One relative commented that, "They [staff] are good at medical appointments, dentist appointments and opticians."
- The registered provider had a number of trained Oral Health Ambassadors who had implemented initial

oral health assessments and then ongoing oral health monitoring on a monthly basis. The ambassadors promoted excellent oral health care and supported the team to find creative ways of managing oral health care.

- Staff demonstrated a good understanding of people's physical and mental health needs and how best to support them.
- People's care records showed how staff worked with a variety of external health and social care professionals. Any recommendations made were implemented into care plans to provide staff with any updated guidance relating to the support required.

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 increased to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were truly respected and valued as individuals and were empowered as partners in their care. For example, the registered provider told us how when they recruited new staff, prior to any new appointment their Human Resources Manager consulted with people to obtain their views and any questions they wished to be asked at interview. The Human Resource manager provided feedback to people on applicant answers to these questions following interview to ensure people could be further consulted with and involved in the staff selection process.
- Care plans reflected peoples needs and people told us they and their relatives were encouraged to regularly discuss their care with staff. Their views and decisions they made were recorded in their care notes and acted upon.
- Each person had a keyworker with whom they had an input in choosing and with whom they spent time discussing and reviewing their needs and life goals.
- Staff respected people's right to change their minds and supported them to alter any arrangements they had made regarding activities they had planned to suit their needs.
- Staff had used innovative and creative approaches to obtaining one person's choices who had difficulties with engaging in decision making to be able to make choices when re-furbishing their bathroom. By doing so, the person was able to be fully involved in this process and the choices made were their own. Following the bathroom refurbishment staff used the same approach to obtain the persons preferences for the re-decoration of their bedroom.
- When one person sustained an accidental injury, staff were pro-active in their approach to ensuring the person was able to continue to live their life as they wished to and to access their chosen activities. Through discussions with the person and their relative, staff adapted a downstairs en-suite room to ensure the person could continue to be as independent as they wanted to be whilst recovering. Staff were attentive and conscientious and made sure that the new room was comfortable and personalised to the persons' own taste and with their belongings, even though it was temporary. The impact of this approach ensured the person's emotional well-being was sustained.
- One person tended to isolate themselves from other people. Staff had reviewed the impact of this, and the person's particular interests and supported the person to attend an interview at a connected service for a short-term job within the maintenance team. The person received a wage for the work completed, which they used to buy Christmas presents for their family. The impact of this was an improvement in the person's quality of life and sense of self-worth. The person had taken great pride in shopping for and choosing the presents for their family. This further led to staff using a creative approach to supporting the person with activities of interest to them. This included the purchase of a new workshop where the person showed us

they were currently restoring old bikes. The person took great pride in showing us the workshop and their plans for the restoration of the bikes.

- Staff had taken the time to carefully establish people's preferred methods for communicating and had kept on learning how these needed to be developed. This had helped to ensure people could always express themselves in the way they wished and be understood.
- Easy read documents and picture cards were also available to help people who needed support to make informed decisions and choices.
- People had been supported to maintain close links with their relatives, who told us they could support their loved ones in expressing their preferences whenever this was needed.
- In addition, if people needed any help in communicating their views, they could be supported to access information about lay advocacy services and how to contact these services if needed.
- Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

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

- We received many examples of how people had experienced positive outcomes due to the kindness, sensitivity and compassion of the staff team.
- People told us, verbally and through their preferred method of communication, that they felt well cared for and were treated with respect and kindness by the registered manager and staff.
- The registered manager and staff supported people in a very person-centred way.
- The registered provider gave us a clear example of this is when describing how one person's relative was taken suddenly ill. The registered manager and staff quickly responded to the relatives request to have their family member by their bedside. Being able to meet this request meant that the person's relative had their end of life wishes fulfilled. Equally this supported the person with their bereavement needs. This caring approach was followed up with the registered manager and most suitable staff member supporting the service user at their loved one's funeral with the creation and use of easy read materials to aid their understanding. The person was also supported to visit their relatives house to say goodbye to the house, providing an individualised approach to the person care and support.
- The registered provider, manager and staff, regardless of their position spent time with people and people responded to them positively. Staff were attentive, had time to spend with people and it was clear from their exchanges, smiles and laughter together that people and staff had developed positive and trusting relationships with each other.
- Staff were extremely positive about their work and spoke about people with great empathy, kindness and showed an interest in people's wellbeing. A staff member said, "Our emphasis is on the people we are here to support. We start with people and make sure everyone is treated individually for who they are."
- People told us they were treated fairly, with respect and were free from discrimination. They could discuss any needs associated with culture, religion and sexuality.

The needs of people were unquestionably the highest priority within the service. The staff team put appropriate measures in place to ensure people's needs and wishes were met by the most suitable person regardless of their position. The registered provider described how one of the company directors facilitated and supported one person to travel and spend time with their elderly relative twice a year. The person took great joy in spending time with their family member and relatives had acknowledged that this approach was very person centred.

- We saw staff understood people's differing needs and preferences and supported them to go about their daily lives in the manner they wished to, either collectively or on an individual one to one basis.
- One person described how they enjoyed writing stories and was happy to read their latest story to us. We saw this gave the person a great sense of self-worth and they happily talked about their interest in writing with us and how their family and staff helped them maintain this.
- Another person showed us how they liked to care for the chickens and rabbits they had as pets at the

service and how much this meant to them.

- One person had a love for music and spent a great deal of time listening to this. We observed how staff sensitively promoted their access to music and how much this had also meant to the person.

Respecting and promoting people's privacy, dignity and independence

- People told us they could talk to staff in private whenever they needed to. They showed us they could have keys to their bedrooms when they wanted them and said that staff respected their choice not to be disturbed if this was their wish.
- Staff supported people to maintain their dignity. For example, we saw staff helping people to consider what clothing they wanted to wear before they went out so they were appropriately dressed.
- There were no restrictions on when people received visitors.
- Staff understood the importance of maintaining confidentiality regarding people's personal information.
- The registered provider had ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.

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 Good. At this inspection this key question had increased to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received opportunities to participate in a wide range of social, recreational and pastoral activities. These were based on people's own interests, hobbies and pastimes and we saw how staff were creative and resourceful in promoting social inclusion.

- For example, when one person found it difficult to access time with their family due to anxiety around the timings of visits, staff took action to promote choice for the person by putting strategies in place which included a visual aid and more robust communication systems with the person's relatives to ensure the person was clear around the timings of their home visits. This led to a decrease in the person becoming distressed and an increase in family contact, therefore improving the quality of life for the person and assisting in strengthening the relationship between the person and their family.

- People told us they had just returned from a holiday and had enjoyed the experience. Staff told us in advance of their holiday they had a meeting to discuss where people would like to go and how they would like to be supported with their holiday. Most people fed back they were happy to go away as a group and one person preferred to go on holiday on their own. The person was given the choice about how their holiday should be undertaken and they chose the staff they would like to go with them on their holiday.

- Where people had chosen to and were able, they were also supported to register to vote in elections.

- Where people had chosen to be involved in taking a part in local community activities, this had been fully supported to do this and that this had helped people to fully engage with their local community.

- When giving us their view of the home a relative told us how happy they had always been with Village Farm, saying, "They not only provide support to [named person] but also provide support to wider family. They go above and beyond to ensure contact is kept up. It feels like through barbecue and village hall events, they have given us the opportunity to get to know other families. It is a really lovely network of people all centred around a really lovely service providing care to their relatives."

- All of the arrangements in place to deliver care were set out in very detailed care plans, which set out people's needs and guided staff about how they should support those needs.

- In addition, people had also been involved in creating a highly personalised and summarised care plan, which they kept with them in a file they had chosen. This information was set out, so it was easy for people to access and be in full control of.

- Following our last inspection, the registered provider had consulted people, relatives and staff in further developing approaches to supporting people and a poster outlining these values and strategies was displayed in the home. The registered providers training department used this to promote the organisations approach during staff induction and ongoing training. This showed that people, relatives and staff were involved in shaping and sustaining a positive person-centred culture at the home.

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.

Throughout our inspection we observed people and staff communicated openly using a range of verbal and non-verbal communications which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.

- The registered provider employed a qualified non-verbal communications tutor who had supported the development of staff communication skills. The tutor facilitated 'shared learning' experiences by tailoring a bespoke communication session that was delivered with people and staff together. This shared learning promoted more effective communication which developed confidence in both people and staff. The impact of this approach was that staff and people were able to communicate more effectively and this had helped contribute to the reduction of the number of behavioural incidents triggered by communication difficulties.
- The registered manager and staff had been creative in ensuring all of the information available to people about the home was fully accessible to them and in formats such as words and pictures to help them fully understand the meaning of the information.

An example of this in practice related to staff having adapted the service user guide to make it more accessible. This includes actual pictures of people and places alongside general easy read information. These were available to people, most of whom had decided to keep a copy in their personal rooms. These guides included information on how to independently raise a concern and contact the local authority safeguarding team and CQC.

Improving care quality in response to complaints or concerns

- People indicated through their preferred method of communication, that they would speak with the registered manager or staff if they had any complaints to make.
- Relatives also told us they were confident in approaching the registered provider and manager regarding any concerns they had. One relative said, "They are always willing to speak at length and address any concerns we may have or troubling [name of person]. It might be something small but can become source of anxiety for [name of person]. They identify and work to resolve issues and put other things in place for future, so it doesn't happen again."
- The registered provider had a complaints procedure which the registered manager and staff followed.
- The policy was available in an easy to read format so that everyone could access it. Since our last inspection, any concerns received were complaints had been recorded and managed in line with the registered provider's policy.
- At the time of this inspection there were no on-going concerns or formal complaints.
- The registered manager showed us how they had also set up a compliments log to enable them to better log and retain any additional feedback they received from people, relatives or other visitors.
- In addition, a new signing in process had been set up using new technology which enabled visitors to submit their own feedback when they had completed their visit to the service.

End of life care and support

- People were able to have informed involvement and a lead in deciding their end of life care wishes.
- Although no one at the home was receiving end of life care, records showed and our discussions with the registered manager and relatives confirmed, time had been taken to sensitively and carefully consider the subject so that any specific end of life wishes people may have made could be fully respected at any time the information may be needed.
- The registered manager and staff knew people very well and acknowledged the sensitivity of the subject

and the importance of involving the person and those close to them. This meant that the choice to include any wishes or not was made by people with their relatives.

- Relatives we spoke with told us they felt this approach would ensure that if it were ever needed, end of life care and support care for people would be compassionate, caring and personal.
- Care records included the following statement to help people understand what they were being asked about and why, so they would feel assured, "This is a plan to help us at the end of your life. This is not a sad thing. It is good to have a plan about what you want. So, this will help you make decisions while you are well so that everyone will know what you want. You can always change your mind later."
- With this in mind, the staff team had worked closely with people and relatives in the way it suited each person, at their own pace in order to fully understand any particular wishes they and their loved ones might want to be carried out.
- Where appropriate and the information had been given, this also included details about the support people may also need following the death of anyone they knew well, including their relatives.
- Any decisions agreed were recorded in detail and kept open so that people could change their minds at any time if they wished to.
- A relative described how their loved one chose to take an active role in the funeral of their close relative and that they read out a letter they had decided to put together at the ceremony. They told us, "[Name of person] needs a lot of consistency and we all use the same words which helps enormously to help [name of person] to feel safe and sure. The social story about dealing with death was phenomenal. Things were fully explained using written and signed information. Staff also helped to make a memory picture board."

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 remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had in place a clear vision and a set of values which reflected the principles of high-quality person-centred care. The registered manager and staff demonstrated their understanding of those visions and values.
- A new manager had registered with CQC since the last inspection.
- The registered provider had ensured they had communicated the change in manager to people, relatives and staff the previous manager had maintained a key role in the service as the registered providers training officer.
- People, relatives and staff told us this had helped with the transition to the new manager and people and relatives without exception, were consistently positive about the care and approach of the registered manager and staff.
- Staff were also positive when they spoke about the registered manager and the systems in place to support them.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- A relative we spoke with described their approach to the duty of candour when they described when they raised a concern following an accidental injury for their loved one, "The support has always been excellent but when things didn't go to plan they took swift action to have a meeting with us and to support the changes needed. Advocacy services were accessed together, and we planned how we would move forward. They explained their role clearly and the duty of candour. Not only to me but to [name of person]. This was explained in ways we could both understand and helped us to fully understand the importance of [name of provider] being open and their approach. They were very honest and apologised. The work resulted in vast improvements for all of us. They definitely did the right thing."
- The registered provider had systems in place to gather people's views about the quality of services they received, such as the use of surveys. Records showed the outcomes of surveys were used to develop and improve the services provided for people.
- People told us they had weekly house meetings together with staff where they were able to share their views and plan the things they wanted to do.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had a clear commitment, drive and determination to continually drive forward improvements to the services being provided.
- They had developed a range of detailed audits and checks that had proved to be effective in managing the service. The registered managers analytical approach to situations meant they were always considering lessons learnt and shared any learning with staff.
- Audits looked at aspects of the service such as medicines administration, person centred planning, staff training and health and safety. Action plans were in place to address any shortfalls identified by the audit process.
- The registered manager showed us how the audit outcomes and actions had a positive impact for people. For example, Care plans had been updated to include monthly oral health assessments which were used to enable any changes in oral health to be quickly identified and actioned.
- Following our last inspection, we also saw the registered provider had reviewed their processes related to staff learning from incidents involving the need for interventions from staff to keep people safe.
- This review had led to a new system being established using up to date recording technology to enable staff to record when people became distressed and any triggers which may have led to this. The process had been introduced alongside the use of a staff approach based on 'Positive behaviour support (PBS). The registered manager confirmed this had helped them to better identify the things which might upset people, so they could anticipate these and reduce the risk of people experiencing them. This had led to a reduction in incidents and increased people's emotional health and well-being.
- The registered manager showed us they and the registered provider had regular communications to enable them to keep them and the staff updated with any professional learning and changes they needed to be aware of.
- Weekly staff meetings ensured that any incidents, concerns, or strategies surrounding people's needs were discussed and communicated accordingly, this included raising any information provided by relatives. The meetings had an open agenda available for staff to include issues they wanted discussing at the meeting.
- In the absence of the registered manager the weekly meetings were conducted by the senior of the team on shift, ensuring continuity. Records were maintained for all meetings and these were available for staff who were unable to attend the meeting to read. This ensure all staff were aware of the meeting outcomes.
- The registered manager also had access to and used a range of professional health and social care websites they and staff could refer to in keeping their knowledge up to date.
- As an example of their continued openness to learning, following our inspection visit, the registered manager sent us an example of them attending a training course regarding developments in the way peoples end of life decisions were recorded and how she would be applying this learning with the staff team.
- In addition, the registered manager also attended a regular local adult social care network meeting which kept them up to date with good practice and service development. They also attended regular meetings with other managers within the registered provider's other organisations to enable shared learning.
- The registered provider and registered manager ensured their knowledge and skills were kept up to date by them continually looking ahead to potential changes in legislation. This enabled suitable training courses to be identified, such as Protection of Liberty Safeguards, and enabled the registered manager and other relevant staff to attend training in preparation for changes and developments. The registered provider and manager took a proactive approach in researching training, prioritising training needs and ensuring the practice within the home was kept up to date.
- The registered manager and staff had also continued to maintain positive working relationships with other agencies who were involved in the lives of the people who lived at Village Farm. These included local health services, local authority commissioners and local safeguarding teams.