

Norwood

The Farm House

Inspection report

Ravenswood Village
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Farm House is a care home without nursing which is registered to provide a service for up to eight people with learning disabilities and some with physical disabilities. There were seven people living in the service on the day of the visit. All accommodation is provided within a two-story building within a village style development.

This unannounced inspection took place on 25 September 2018. At this inspection we found the service was Good overall.

Why the service is rated Good overall:

The previous registered manager left the service at the end of August 2018. There is a manager running the service who is in the process of registration. She is an experienced registered manager who has moved from another home located within the village development. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's safety was contributed to by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect people and who to alert if they had any concerns. General operational risks and risks to individuals were identified and appropriate action was taken to eradicate or reduce them.

There were enough staff on duty at all times to meet people's diverse, individual needs safely. The service benefited from a stable and experienced staff team. The provider had robust recruitment procedures. People were given their medicines safely, at the right times and in the right amounts by trained and competent staff.

The service largely remained effective. Staff were well-trained and able to meet people's health and well-being needs. They were able to respond effectively to people's current and changing needs. The service sought advice from and worked with health and other professionals to ensure they met people's needs.

There had been issues with some aspects of the building such as a roof leak, faulty underfloor heating and the absence of door guards which the staff had pursued but were still outstanding.

People were encouraged 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 practise.

The service continued to be caring and responsive. The committed, attentive and knowledgeable staff team provided care with kindness and respect. Individualised care planning ensured people's equality and diversity was respected. People were provided with a range of activities, according to their needs, abilities, health and preferences. Care plans were reviewed by management regularly. Care plans contained up to date information and records demonstrated that risk assessments were reviewed within stated timescales.

The manager, whilst new to the post was well regarded and described as approachable. The quality of care the service provided continued to be reviewed and improved, as necessary.

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 remains good.

Good ●

Is the service effective?

The service has deteriorated to requires improvement.

There were areas of the home requiring repair and refurbishment. This included a downstairs bathroom, a leaking room and faulty underfloor heating in the conservatory and a hold open device for a bedroom door.

Requires Improvement ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

The Farm House

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 was unannounced and took place on 25 September 2018. It was completed by one inspector.

The provider sent us a provider information return (PIR). This document is designed to provide key information about the service, what the service does well and improvements they plan to make. We gathered this information as part of the inspection visit.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at documentation for four people who live in the service. This included care plans, daily notes and other paperwork, such as medication records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff supervision and training records.

During our inspection we observed care and support in communal areas of the home. We interacted with people who live in the home. We spoke with four staff members, the manager and the deputy manager who was very familiar with the home. We requested information from a range of other professionals, family members and staff. We received five responses from family members and two visiting professionals. In addition, we received written feedback from five staff members.

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Staff continued to receive training which covered safeguarding adults and were able to explain what action they would take if they had any safeguarding concerns. There had been no safeguarding issues in the previous 12 months.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential harm to individuals. For example, risks associated with falling, attending activities and the onset of dementia. We received feedback from a health care professional who stated, "I am happy to say that the team are both knowledgeable and supportive, recognising the signs and symptoms in the early stages of dementia and liaise with me on a regular basis." During our observations we saw staff were aware of the risk management measures in place and were carrying out activities in a way that protected people from harm. People had an individual emergency and evacuation plan, tailored to their particular needs and behaviours.

We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

People, staff and visitors to the service continued to be kept as safe from harm as possible. Staff were regularly trained in and followed the service's health and safety policies and procedures. Health and safety and maintenance checks were completed at the required intervals. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. We received no evidence from any source which would indicate any concerns with regard to the safety of people living in the home.

People continued to be given their medicines safely by staff who were appropriately trained to administer medicines and whose competency to do so was tested regularly. There had been no medicine administration errors reported in the previous 12 months. We noted from the staff training record that that all staff who were medicines administrators were up to date with their class room based medicines training but some e-learning was showing as overdue. It was acknowledged that there had been issues with the electronic recording of e-learning training when completed and the manager had already implemented a system whereby staff printed off their certificates once training had been completed and copies were kept within their individual files.

The service continued to provide enough staff to meet people's needs and keep them safe. There was a minimum of three staff during the day with the majority of staff working long days. There was a waking night staff member on duty each night. Additional staff were provided to cover any special events or emergencies such as illness or special activities. Any shortfalls of staff were covered by staff working extra hours or bank

staff. In any event staff who were familiar with the people in the home were used wherever possible. The service rarely used agency staff but always tried to use workers who knew and were known to the people using the service.

The provider organisation had safe and robust recruitment procedures in place. The required checks and information were sought before new staff commenced working for the service. We spoke with staff who were the most recently recruited and they confirmed that they had completed an application form, that references had been sought and that a Disclosure and Barring Service check had been obtained.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who used the service. Systems were in place to ensure details of any accidents or incidents were recorded and reported to the manager. The manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded and lessons learnt were shared.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. However, there were outstanding issues with some aspects of the fabric of the building which needed to be addressed.

People benefitted from monitoring of the service that was designed to ensure the premises remained suitable for their needs and was generally well maintained. However, we noted that there were a number of ongoing issues with the building which would involve capital expenditure to rectify. There had been a periodic leak in the conservatory roof which had led to the underfloor heating failing. This will become more significant as colder weather approaches. There was a ground floor bathroom in need of refurbishment and adjustment. This included a bath which was not used and a toilet which was positioned so that anyone using it had to sit in a certain manner in order for the flush action to be accessed. In addition, one person would benefit from a door hold open device because they were spending increasing amounts of time in their bedroom and did not wish to be shut off from activities in the home. Despite staff chasing these issues the manager was planning to address these problems as a matter of urgency so that an acceptable resolution could be found.

A family member sent us information which included, "I have been very fortunate to have a very happy well cared for son living in the Farmhouse." The service remained effective because people received care from staff who were supported to develop the skills, knowledge and understanding needed to carry out their roles. Staff told us they received the training they needed to enable them to meet people's needs, choices and preferences.

A mandatory set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual and diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool. The training considered mandatory included, fire awareness, manual handling, medicines and food hygiene. We found staff received additional training in specialist areas, such as epilepsy and autism if required. This meant staff could provide better care to people who used the service.

Care plans provided information to ensure staff knew how to meet people's individual identified needs. People had documentation which covered all areas of care, including healthcare and support plans. People were supported with their health care needs. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary. A health care professional provided feedback which included, "The care and management appear to be exemplary and I have no concerns. I think the staff seem to have a very good relationship with their residents and are good advocates for their healthcare needs. I have good faith that they act in their interests and meet their needs. The residents seem to be well looked after and I am grateful to the staff for their help in maintaining their resident's happiness and health to the best of their abilities."

Staff were required to receive formal supervision every two months as a minimum to discuss their work and how they felt about it. It was emphasised that support and guidance was an on-going and readily available

resource which was confirmed by the staff we spoke with. There had been gaps in the supervision frequency for some staff but the new manager had implemented a dated matrix with scheduled dates for all staff. In addition, she had implemented a supervision agenda which included topics the provider organisation wanted covered. It was the managers intention to monitor the supervision matrix to ensure that all staff had regular meetings. Staff confirmed they had regular supervision and said they felt supported by their manager and the assistant manager. They felt they could go to the manager/assistant manager at any time if they had something they wanted to discuss.

People were involved in choosing menus. Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Some examples included food suitable for identified choking risks and weight management meal plans. The advice of speech and language therapists was sought, as necessary. Observations at the lunchtime period suggested that people enjoyed the food at the service and we were told they could always choose something different from the menu. Staff regularly consulted with people on what type of food they preferred and ensured healthy foods were available to meet peoples' diverse needs and preferences. We noted that all meals were freshly prepared.

People's rights to make their own decisions were protected. During our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training which covered the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that conditions on authorisations to deprive a person of their liberty were being met. The manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations.

Is the service caring?

Our findings

The Farm House continued to provide a caring service.

People were supported by a dedicated and caring staff team who knew them well. People indicated by telling us, smiling or by their demeanour that they liked living in the home. People were seen to be comfortable and confident in staff presence. Two family members told us that they were confident with the care provided. People's wellbeing was protected and all interactions observed between staff and people living in the service were caring, friendly and respectful. A relative told us, "I know he identifies more with the staff than the other residents and why not. Always doing interesting things and certainly looking after his welfare." Another relative told us, "I do not have any concerns about [name], she has been a resident there over 60 years, & during that time I have never had a problem." Staff knew people extremely well and listened to them and acted on what they said. Staff were highly knowledgeable about each person, their needs and what they liked to do. An extract from the last local authority quality visit undertaken in November 2017 stated, "All residents presented as comfortable with staff and orientated to their surroundings. There was evidence of excellent rapport and residents were encouraged to interact with the auditor. Residents actively sought out staff at times, and staff were responsive. There was evidence of staff being mindful of dignity at all times."

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person very well. People were supported to make as many decisions and choices as they could. People's individual communication means were well understood by staff which ensured that all interactions were clear and acted upon. Care plans described how people made their feelings known and how they displayed choices, emotions and state of well-being.

People were treated with respect and their privacy and dignity was promoted. A comment from a visiting health care professional stated, "Yes I find that the team are friendly and respectful to individuals needs and appear to support their clients with dignity and respect." Staff interacted positively with people, communicating with them and involving them in all interactions and conversations. Staff used appropriate humour and 'banter' to communicate and include people. Support plans included positive information about the person and all documentation seen was written respectfully.

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were written and updated together with people wherever possible, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service.

People's right to confidentiality was protected. All personal records were kept locked in the office and were

not left in public areas of the service. The staff team understood the importance of confidentiality which was included in the provider's code of conduct.

Is the service responsive?

Our findings

The service remained responsive to the care and support people needed.

We observed the staff team recognising and responding to people's requests or behaviour when they needed assistance.

There had not been any new admissions for some time, however, the evidence suggested the service would complete a full assessment of any person prior to them moving into the service. The service responded to changing needs such as behaviour or well-being and recorded those changes. Relatives indicated within their responses that they were confident their family member's health and social needs were met by staff who knew them and cared about them. Support plans were reviewed, formally, a minimum of annually and whenever changes occurred or were deemed necessary. We noted from the care/support plans seen that the information available was accessible and well ordered.

People's care remained person centred and care plans reflected this. Care plans ensured that staff were given enough information to enable them to meet specific and individualised needs. Information was provided, including in accessible formats, to help people understand the care available to them. The manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carer's. The service was already accomplished with documenting the communication needs of people.

The service continued to provide people with an activities programme which responded to their abilities, preferences, choices, moods and well-being. People had some set and some flexible activities. People went to organised day care activities according to their needs with staff accompaniment, as necessary. There was an acknowledgement within the service that some people were getting older and this needed to be taken into consideration when planning and encouraging activities for individuals.

The service had a robust complaints procedure which was produced in a user friendly format and displayed in relevant areas in the home. It was clear that some people would need support to express a complaint or concern, which staff were aware of. Complaints or concerns were transparently dealt with in accordance with the provider's policy and regulations. We noted that no formal complaints had been made about the service during the previous 12 months. The evidence from discussion suggested that any concerns or complaints would be addressed appropriately and in a timely manner to the satisfaction of the complainant.

Is the service well-led?

Our findings

The service had a manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All of the registration requirements were met and the manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

The previous registered manager had left the service. A new manager had transferred from another of the providers services and was undertaking the registration process for the Farm House and another home on the village site. She had been in post approximately two weeks prior to the inspection. Whilst new to the home the manager was experienced with a track record of driving improvements across all aspects of service provision. Despite new to the post staff were positive about her approach with comments such as "The service has a new manager who has been very proactive since joining the service. I feel that the service is well managed and staff are given the support they need." And, "My homes manager is new to The Farmhouse, she has been very approachable and open."

The service was monitored and assessed by the manager, the deputy manager, staff team and provider to ensure the standard of care offered was maintained and improved. There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. Continuous improvement plans (CIP) had been developed by the provider and had been formulated and updated from listening to people and staff and from the formal auditing processes.

There was an open, transparent and inclusive atmosphere with the manager operating an open-door policy. We observed a team meeting where the manager encouraged comments and feedback from staff present. Staff were confident to provide their views and there was a clear commitment to improving the service for the benefit of the people who lived there. The manager wanted an approach where everyone was striving for excellence and this was clearly evident and supported by those staff spoken with. The manager told us that they had always been well supported by the provider and the associated specialists based on the site. It was her intention to review any shortfalls within the home and to address these as a priority. This work was already underway and was evident from those records we reviewed.

The concept of partnership working was well embedded and there were many examples provided where external health and social care professionals had been consulted or kept up to date with developments. Partnership working also extended to the in-house teams located on the site who were there to support, guide and instruct services to question and embrace good practice.

The views of people, their families and friends and the staff team were listened to and taken into account by the management team. A recent provider led initiative to engage family members more effectively had been implemented with some success. People's views and opinions were acted upon without delay and always

recorded in their reviews. Staff meetings were held regularly and minutes were kept. Staff told us they felt included in decisions and they were confident that their ideas and suggestions would be considered by the new manager.

The service continued to ensure people's records were detailed, up to date and reflective of people's current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. A comment made in the most recent Local Authority quality review summed this up, "Care Plans were observed to contain a good level of detail. They were personalised and descriptive. The auditor had a sense that if asked to deliver care to a named individual, this could likely be provided to an effective standard from the detail in the care plan." Records relating to other aspects of the running of the home such as health and safety and maintenance records were accurate and up-to-date.