

## Progress Adult Services Limited Long Lane Farm

#### **Inspection report**

Kellet Lane Bamber Bridge Preston Lancashire PR5 6AN Date of inspection visit: 08 January 2019

Good

Date of publication: 23 January 2019

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#### Ratings

#### Overall rating for this service

Is the service safe?	Good $lacksquare$
Is the service effective?	Good
Is the service caring?	Good $lacksquare$
Is the service responsive?	Good $lacksquare$
Is the service well-led?	Good •

## Summary of findings

#### **Overall summary**

About the service: Long Lane Farm is a residential care home that was providing personal care to four people at the time we inspected. The service is situated on the outskirts of Preston close to local amenities and transport links. The home has three bedrooms and people have access to lounge, dining facilities and bathrooms. There is also an attached two storey annexe for one person with a lounge, bathroom and bedroom.

People's experience of using this service:

Systems were in place that confirmed any allegations of abuse were dealt with. Relevant risk assessments had been completed. The environment was monitored and safe for people to live in. Medicines were managed safely

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.

Relevant mental capacity assessments had been completed. A variety of meals were provided to people and we saw people taking part in meal preparation. Assessments were seen that demonstrated the relevant health professionals were involved in the care provided to people.

Care provided to people respected their privacy, dignity and promoted their independence. It was clear from our observations that staff knew people's needs well. Kind interactions were observed taking place.

Care plans had been completed and were regularly reviewed. These contained relevant information about how to meet people's needs. Plans were in place to ensure people's end of life wishes were taken into account and respected. A varied individualised activity programme was in place that ensured people lived a fulfilled life of their choosing.

Feedback about the service was consistently good. The registered manager understood the operation and management of the service. A variety of audits were in place that demonstrated the service was monitored and safe for people to live in.

Rating at last inspection: We undertook the last inspection on 21 and 22 June 2016 where it was rated as good in all key questions and good overall. The inspection report was published on 19 July 2018.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: We will reinspect the service as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the inspection forward if we received concerning information.

#### The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good 🔍
The service was safe.	
Details are in our safe findings below.	
Is the service effective?	Good •
The service was effective.	
Details are in our effective findings below.	
Is the service caring?	Good 🔍
The service was caring.	
Details are in our caring findings below.	
Is the service responsive?	Good 🔍
The service was responsive.	
Details are in our responsive findings below.	
Is the service well-led?	Good 🔍
The service was well-led.	
Details are in our well-led findings below.	



# Long Lane 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: The inspection was undertaken by two adult social care inspectors.

Service and service type: Long lane farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Long Lane Farm provides care to people living with learning disabilities or autistic spectrum disorder and younger adults.

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

#### Notice of inspection:

The inspection was unannounced which meant they did not know we were coming.

#### What we did:

Prior to our inspection we checked all the information we held about the service. This included any feedback, concerns, safeguarding investigations or notifications the provider is required to send to us by law. We asked for feedback from professionals involved in the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the service.

To understand people's experiences of living in the service we spoke with two people who used the service, one relative and received feedback from one professional. We also spoke with five staff. These included three care staff members, the quality improvement lead and the registered manager, who took overall

responsibility for the service. We checked a number of records. These included, one care file and associated records and three staff files. We also looked at records relating to the operation and oversight of the service.



#### Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

• People who used the service told us they felt safe living in the home. We observed people appeared happy in the company of the staff team, interacting positively. A relative told us, "I know [name] is safe there, at Long Lane Farm." Staff understood how to deal with any allegations of abuse and relevant training in safeguarding had been completed.

• Polices and guidance were on display about how to deal with any safeguarding concerns. Systems were seen that demonstrated any allegations had been dealt with appropriately.

Assessing risk, safety monitoring and management

• Relevant environmental risk assessments were in place that ensured people lived in a safe and monitored environment. Fire risk assessments, and emergency planning had been completed and personal emergency evacuation plans were in place.

• Detailed individual risk assessments were seen that provided staff with information about how to keep people safe and promote positive risk taking. Where accidents or incidents had occurred, records had been completed and an analysis of these was undertaken to ensure lessons learned were shared with the staff team.

Preventing and controlling infection

• The service was clean and tidy and free from clutter and relevant equipment was available for staff to promote good infection control practices.

• Policies and procedures were in place and training had been undertaken to guide staff in infection control. Regular audits were completed, and an action plan was in place that provided information about any actions required.

#### Staffing levels

• Duty rotas confirmed the staffing allocations for each shift. We observed appropriate staffing numbers during our inspection.

• Staff told us, "At the minute [we are] short staffed, but managing. People do overtime and staff from other homes cover." The registered manager told us the home was fully staffed.

• New staff to the service were recruited safely to the home. Records confirmed that only staff suitable for their role were employed. Relevant safety checks were seen.

Using medicines safely

• Systems were in place that ensured medicines were managed safely. Medicines were stored safely, and medications administration records had been completed in full and contained the required information to

ensure medicines were given to people safely. Audits had been completed that identified any actions required as a result.

• Records confirmed staff had completed medicines training and competency checks had been undertaken. The registered manager told us that two staff always administrated medicines to people to promote the safe administration.

Learning lessons when things go wrong

• The service had developed systems to ensure actions were taken to prevent any future risks and any lessons were learnt as a result of the findings, which were shared with the staff team.

### Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

• It was clear staff understood people's needs and how to ensure effective outcomes were provided to them. The relative we spoke with told us they were, "Absolutely made up with Long Lane Farm. The staff are excellent."

- Records confirmed staff had undertaken relevant mandatory and specialist training to support them in their role. Induction programmes were undertaken by new staff. These ensured they had the required information to enable them to deliver effective care.
- Staff told us and records we looked at confirmed supervisions were undertaken regularly. This ensured staff were supported and monitored.

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

- Care files contained information that confirmed assessments of people's individual needs had taken place.
- Records demonstrated regular reviews were undertaken of people's care and relatives had been involved in the assessments of their needs.

Staff providing consistent, effective, timely care within and across organisations

• Care files contained information which confirmed the relevant professionals had been involved in people's care and health needs. These included GP, speech and language therapy, social worker and the Deprivation of Liberty team.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 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 service 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.
- Records confirmed that DoLS applications had been submitted to the assessing authority. The progress of these were monitored by the registered manager.
- Care files confirmed that relevant capacity assessments had taken place. This would support decisions in relation to people's care needs. A relative told us, "They communicate well with me."

Supporting people to eat and drink enough with choice in a balanced diet

- •Menu choices were on display that demonstrated a variety of meals were offered to people. These included pictorial information that supported people with limited communication. Care files contained information about people's nutritional requirements, likes and choices.
- The staff team took part in the preparation of food and shopping for supplies. People who used the service were seen taking part in meal preparation with the support of staff during our inspection.

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

• The service had been adapted to ensure people's needs could be met safely. Evidence of personal items and mementoes were seen in people's bedrooms.

Supporting people to live healthier lives, access healthcare services and support

• People were supported to access relevant and timely care and reviews from health professionals. A professional told us they had no concerns in relation to the care people received in the service. Care records confirmed professionals were involved in people's health and support needs.

### Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their own care.

Ensuring people are well treated and supported

- The interactions observed demonstrated that people were consistently treated with kindness and the care delivered to them was good. Neither the professional or the relative raised any concerns about the quality of the care provided. They said, "[Name] has come on in leaps and bounds. [Name] is so well now. [Name] comes to stay with me now, which would never have happened before."
- •Care files contained information in them about how to ensure people received good care. Staff told us that people's needs would be recorded in, "The care plan. [People who used the service] all have their own person-centred plan." Summary files had been developed with relevant information about people's likes, routines and the support they required.
- The service had developed effective systems that ensured people were supported to communicate effectively. Staff discussed how they used verbal and non-verbal cues and communication aids, such as pictorial cards to understand people's wishes and needs.

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

- Throughout the inspection we saw people were involved in decisions and choices in all aspects of their care and activities they chose.
- Information about how to access the support of advocacy services was on display. Advocacy supports people to make important decisions.

Respecting and promoting people's privacy, dignity and independence

- Care was delivered to people in the privacy of their bedrooms or bathrooms. Staff spoke to people with kindness and treated people with dignity ensuring good regard for their rights.
- •It was clear staff supported people to maintain their independence and promoted improvements in their everyday life.
- The service 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 that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

• Detailed care files had been developed that contained information to support good care delivery to people who used the service. Records confirmed the involvement of relatives and professionals in their development. A relative said, "They communicate well with me. If there is anything I always tell [registered manager] or one of the staff."

•Regular reviews had been undertaken that ensured they reflected up to date information about people's individual needs.

• A varied and detailed activities programme had been developed for all of the people living in the service. The use of pictorial information was used that ensured people had information about their activity plans for the day or week ahead. Staff clearly knew what people liked to do and how to support them effectively.

End of life care and support

• Policies and procedures in relation to end of life care was available to support staff in meeting people's end of life care needs, if it was required.

• The registered manager told us about the plans being developed to ensure people's wishes in relation to their end of life care was respected and achieved.

Improving care quality in response to complaints or concerns

• People told us they were, 'happy' living in the home. A relative said, "I have no concerns at all and have never had to make a complaint and would raise any concerns without a problem." It was clear from our observations that people were relaxed and happy in the company of the staff team.

• Policies and procedures were in place that ensured all people had access about how complaints would be dealt with. Whilst no complaints had been received systems had been developed that ensured any complaints were handled appropriately.

#### Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, personcentred care; supported learning and innovation; and promoted an open, fair culture

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

• Where audits had been completed we noted that the findings from these were recorded so that any actions required could be acted upon. This confirmed the service was open and transparent in all areas.

• Polices were in place to support and guide all staff members in the delivery of care to people and the operation and management of the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager had been in post for a number of years. It was clear she had a good
- understanding of the operation and management of the service and of her responsibilities.
- Staff we spoke with understood their roles and their responsibilities to ensure people received quality care.

• Staff were complimentary about the registered manager. They told us, "[We are a] very close-knit team if anything goes wrong always feel everyone behind me. Would feel able go to anyone, I have faith and trust in everyone" and, "[Registered manager is firm but fair [she is] supportive."

Engaging and involving people using the service, the public and staff

- We saw feedback was obtained about the views of the care provided. Records included pictorial format that ensured all people regardless of their ability to communicate could offer feedback.
- Staff told us team meetings were taking place. Records we looked at confirmed staff had attended these and a variety of topics were discussed.
- •We saw evidence that the staff team were recognised for their involvement in the delivery of care in the service. Employee of the month certificates had been awarded to staff regularly.

#### Continuous learning and improving care

• We saw a variety of audits had been completed that demonstrated that the quality of the service was monitored and the home was safe for people to live in. The findings from these audits had been recorded to ensure actions were dealt with appropriately.

A wide variety of policies and procedures were in place to guide staff on the care delivery, operation and management of the service.

• The provider had developed effective ways of auditing and monitoring the service.

Working in partnership with others

• The records we looked at demonstrated the service worked in partnership with the wider professional team. These included GP, speech and language therapy, social worker and opticians.