

Cygnet Learning Disabilities Midlands Limited

Farm Lodge

Inspection report

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Essex
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Ratings

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

Summary of findings

Overall summary

What life is like for people using this service:

The service was new and had been running for twelve months at the time of our inspection. The property was clean, comfortable and spacious, with plenty of room for people to live. There had been initial challenges for the service, with management embedding new systems and some turnover of staff as the provider wanted to ensure the right employees were supporting people. The Care Quality Commission had been made aware of safeguarding concerns, but were confident the service had acted appropriately with the people's best interest in mind.

There had recently been a change of registered manager, though from our observation there was little impact on people, staff and systems in the service as the previous registered manager was able to assist with the induction of the new registered manager.

People told us they felt safe and happy and the service was their home. One person told us, "This is one of the best places I've been, so homely, so beautiful." There were safeguarding systems and processes in place that sought to protect people from harm. Staff knew the signs of abuse and what to do if they suspected it. There were sufficient staff in place, all of whom had passed robust recruitment procedures to ensure they were suitable for the role. There were systems in place to monitor people's safety and promote their health and wellbeing, these included online risk assessments and care plans. The provider ensured that when things went wrong, these incidents and accidents were recorded and lessons were learned.

People's needs were assessed in detail before moving into the service so the provider knew whether they could best meet a person's needs. Staff were sufficiently skilled and experienced to fulfil their roles, received training and were supported through supervision and appraisal. People were prompted to eat and drink healthily and could choose what foods they wanted to eat. 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.

People were treated kindly and compassionately by staff. People were supported to express their views and make decisions about the care and treatment they received. Staff respected people's privacy and dignity and supported them to be as independent as possible.

People received personalised care, having their support needs and preferences detailed in their care plans. People were supported to lead meaningful and fulfilled lives through activities of their choice. The provider had a complaints policy and process in place and people told us they would feel comfortable raising complaints. There were no people at end of life but the provider had policies in place should they need to support someone in that position.

People and staff thought highly of the registered manager and that the service was well managed. Staff

knew their roles and understood what was expected of them. The registered manager knew their responsibilities in ensuring people received a safe, high quality service. People and staff were engaged in the service and their opinions were sought. There were quality assurance systems in place to assist the provider to monitor and improve its care and treatment of people. The service had built local community links to benefit the lives of people using the service.

This service met characteristics of Good in all areas; More information in 'Detailed Findings' below.

Rating at last inspection: This is the first inspection of this service.

About the service: Farm Lodge is a residential care home that provides personal care for up to five people with Learning Disabilities. At the time of the inspection three people lived at the service.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

the service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Farm Lodge

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: There was one inspector.

Service and service type: Farm Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered 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.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is small and the manager may have been out of the office. We needed to be sure that they would be in to assist us with our inspection.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including a carer, an administrator, a team leader, an area manager and the registered manager. During the inspection we reviewed a range of records. This included three people's care records and medicines records. We also looked at six staff files, records relating to the

management of the home and a variety of policies and procedures developed and implemented by the provider.

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.

Safeguarding systems and processes

- People told us they felt safe and that the service was their home. One person told us, "I feel very safe." There were policies and procedures in place for staff to follow keep people from harm. The safeguarding policy described the different types of abuse vulnerable people faced. All staff had read this policy as part of their induction. The safeguarding procedure also had a flowchart for staff to follow in case they suspected abuse so that they knew what to do. Staff had also completed safeguarding training. This meant staff knew how to keep people safe from potential harm or abuse.
- We saw detailed records were kept of safeguarding concerns and alerts and that, where necessary, information was shared with the local authority and the Care Quality Commission (CQC). We saw that concerns had been investigated properly and fairly in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.
- There were easy read posters throughout the service so that people using the service knew about abuse, that it was not tolerated, and that they should talk to staff if they had concerns. This showed that the provider thought about how to communicate with people about keeping them safe.

Assessing risk, safety monitoring and management

- There were risk assessments to monitor risks to people. A staff member told us, "[Risk assessments] are in their care plans – I've read them as soon as we have a new one." Most of these risk assessments were kept on an online system that was updated by staff frequently. People's risk assessments were detailed and covered a wide range of potential risks to ensure that the provider was able to mitigate risk as much as possible. They included risk assessment of physical behaviours, verbal behaviours, social behaviours and mental health. The risk assessments were traffic lit and numerically coded to more easily identify higher risks. This meant the provider sought to keep people safe by managing and monitoring risks.
- The provider ensured people's safety by implementing various environmental risk assessments regarding fire, health and safety and evacuations. Staff knew how to support them in case of emergency.
- Where assessments identified actions to be completed to ensure people's safety, the registered manager maintained an action plan to ensure outstanding issues were addressed.

Staffing levels

- The provider had completed robust checks to ensure staff were suitable for the role. These included looking at their employment histories, checking their references, assuring their identities and right to work in the UK as well as completing checks with the Disclosure and Barring Service (DBS). DBS certificates verify people's criminal history and suitability for working with vulnerable adults and or children. This meant the provider recruited employees suitable for working with vulnerable people.
- There were a sufficient number of staff at the service. One staff member told us, "We have enough staff." We observed someone requiring support and being attended to immediately. The provider maintained a rota

and ensured there were enough staff on shift at all times. The provider received guidance from local authorities as to how many staff were needed to support people. Where there was need for cover other workers and bank staff could be called. This meant people received support in a timely manner and felt they could rely on staff to help them meet their needs.

Using medicines safely

- Each person at the service had their own health folder. These health folders contained important information and documentation about people's health and the medicines they required. These folders were detailed and described people's health needs, what allergies people might have, when they needed to be referred back to the prescriber of their medicines and body maps of people when injuries occurred. This shows the service supported people to stay healthy and well whilst providing person-centred care.
- We checked people's medicines and their medication administration record (MAR) folders and found that service was recording and logging people's medicines correctly and in line with the providers policies and best practice guidance.
- Senior staff were trained to administer medicines and they were competency checked to ensure their understanding of processes and procedures. We spoke with staff and were confident they knew how to administer medicines and knew what to do if there were administration errors. This meant people were supported to receive their medicines in a safe way.

Preventing and controlling infection

- There were effective measures in places to ensure that risk of infection was prevented and or minimised. Staff wore personal protective equipment, such as gloves and aprons, when necessary and understood the principles of infection control. One staff member said, "Washing hands all the time, we clean the meds room daily, check the temperatures, we always make sure the pots are clean...and wearing gloves." This meant people were kept safe from infection as much as possible.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded appropriately and shared with the provider. The provider and management team analysed incidents and shared learning across the organisation with specific information for staff teams being fed back through lines of management. We saw an example where a person had left the service without the knowledge of the staff; Staff need to know where this person is at all times to keep them safe; this was recorded and analysed with a decision made to ensure it did not happen again. This showed the provider wanted to keep people as safe as much as possible.

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.

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

- People's needs were assessed before admission to service. These assessments were comprehensive. They covered people's physical and mental health needs as well as their background. This meant the service had ample information to ensure they could provide effective care for them.

Staff skills, knowledge and experience

- People told us the staff knew their roles. One person said, "They know what they are doing and know their job." Staff received an induction upon starting work at the service. Staff completed training, reading policies and meeting people and staff. Inductions included learning about the role, introduction to moving and handling, communication, confidentiality, duty of care and positive behaviour support. This meant staff knew how to provide effective care and support to people.
- Staff received relevant, ongoing training for their roles and the provider monitored this through a digital system to ensure employees had completed their training. A staff member said, "Yes the training is fantastic." There were development opportunities in place for staff and we saw that some staff had completed national vocation qualifications in health and social care. This demonstrated staff were given the right guidance and knowledge to support people.
- Staff received adequate supervision in line with the providers policies and had appraisals planned. There were outstanding supervisions that hadn't happened. However, we were aware of the recent change in registered manager, who had the supervisions planned and assured us these would soon take place. However, staff told us they felt supported. This meant that staff were supported to carry out their jobs.

Eating, drinking, balanced diet

- The service promoted healthy eating and monitored people's weight where appropriate. One staff member told us, "We've got health nutrition plates which are healthy option plates, we also have [pictures] of fruit and veg size planners, we discuss portion size." Another staff member said that, "[Person] is diabetic... when we get jellies we go for low in sugar and low fat." Where appropriate the service coordinated care with nutritionists and dieticians to ensure people knew what to eat to be healthy. This ensured that people received the right support to manage their health and wellbeing.
- We saw that people could choose what they wanted to eat and could do so when they wanted. A staff member told us, "On a Sunday we do a weekly menu – hold a group discussion and people make free choices and we do a food planner. It's ok to change minds on the day." We saw that the fridge, freezer and cupboard were sufficiently stocked, there pictorial recipe books and a food planner on the wall. We also noted that shelves in fridges and cupboards were allocated so that people with cultural needs could keep food separate from others. This showed that people were supported to eat what they like.

Healthcare Support

- People told us they were supported with their healthcare and saw the doctor regularly. Each person using the service had their own health folders. These provided an overview of the health care appointments they had and health action plans. There were detailed notes in the health folders so that staff and or visiting health care professionals could access information they might wish to know about people.
- The health folders also contained communication passports for when people needed to access hospital in emergency. These included likes, dislikes, current medicines, medical history and plans of what to do if people were anxious. This meant that if people had to go to hospital, staff there would know how to support them.

Staff providing consistent, effective, timely care

- Staff communicated effectively with other staff. One staff member told us the methods they used to communicate, "Handover – new [staff] need to read the journals, communication book and [people's] histories and attend team meetings." There were systems in place, such as daily journals, handover sheets and a communication book, to share information among staff. Team leaders also had a handover folder where information was passed from shift to shift. There were also daily, weekly and monthly checklists to assist staff with completing their duties. This meant that staff knew what was happening in people's lives and knew when changes had occurred that might affect how their needs are met.

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

- People were involved in decisions about the premises and environment; they could decorate their room how they liked and they contributed with the gardening. One person told us, "I have a beautiful bedroom it feels like home, I have pictures up, I have a tv, a lovely carpet and a bed." Another person told us, "I have my own pics [in my room]." This meant people felt comfortable in their home and they could take ownership of where they lived.

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

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

People can only be deprived of their liberty 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 whether any conditions on authorisations to deprive a person of their liberty were being met and found the service to be compliant.

- There were DOLS in place for people using the service to keep them safe from harm. The service kept record of the authorisations and applied for them appropriately. The service had provided easy read pictorial forms for people to sign seeking their understanding around the DOLS. We also saw a, 'Your rights' record form that informed people about their rights, DOLS authorisations, the associated legal protections and about access to advocacy. The service also had DOLS posters on the wall. This demonstrated the provider had been as transparent as possible about allowing people to understand why restrictions might be in place.

- We saw there were mental capacity assessment forms for significant decisions such as managing finances. These highlighted what people understood and their ability to retain information. These were useful for staff as they had checklists that aimed to involve the person as much as possible and were signed by the person making the assessment and the registered manager. We also saw mental capacity forms for day to day decisions for people. The examples we saw focused on diabetes and safety in the kitchen. This meant the provider wanted to involve people as much as possible in gaining their consent.
- Staff had received training and understood their responsibilities around consent and mental capacity. Two people told us before providing care staff always, "Ask permission." One staff member said, "Always presume capacity. Work with them – if you think there is a risk then presume they have capacity and work around and see if you can support them making decision in the best interest." We witnessed staff seeking consent from people going about their daily duties.
- We saw that the people had signed advanced care statements that highlighted peoples wishes should they not have the capacity to make decisions with regards to their preferences. Care plans stated that, 'All staff must read [person's] advance decision statement which is kept in their care file.' This showed the providers commitment to seeking people's consent and meeting their wishes, even when they may not be able to make decisions.

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 care.

Ensuring people are well treated and supported

- We observed being staff being kind to people and being involved with the tasks and activities they wanted to do. One person told us that staff were, "Very caring." For example, we saw staff plaiting people's hair and watching television with them. We read people's daily journals that staff completed at the end of each shift. These indicated that people were well treated and supported to live rich and meaningful lives.
- We were present when there was an incident at the service. The staff responded quickly and addressed the situation. We observed them provide emotional support to a person who was upset and distressed. This showed that people were supported in a compassionate manner.
- People's wellbeing was considered. The service used various systems to monitor people's wellbeing. Records indicated that where people's wellbeing appeared to decrease the service sought to provide them with more support. This meant that people were looked after.
- People were supported to receive care and support from others. When and where people needed support in their lives that was beyond the remit of the provider, the provider would advocate for people and seek out that support. For example, people were supported to meet with legal, clinical and welfare professionals. This meant that people's human rights were upheld.

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

- People were involved in decisions about their care. A person told us that staff knew their needs, "[Staff] understand... it's all in my notes." We saw easy read forms as well as notes and checks to ensure things were explained to people before they signed documents. We also saw that the service used pictorial cards and menus to assist people make decisions and or understand what was going to happen. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- Resident meetings were held regularly. Minutes from these meetings saw people discuss what activities they wanted the service to provide and the registered manager told us they were keen to ensure they occurred. For example, people had stated they would like a karaoke machine and the registered manager had agreed to purchase one. This showed people were involved with decisions about how to spend their time and supported to express their views.

Respecting and promoting people's privacy, dignity and independence

- People had their own rooms and told us their privacy was respected. Staff were able to explain to us how they respected people's dignity and we saw that the service went to great lengths to ensure people's independence was promoted. One staff member said, "I treat people how I expect to be treated." Another staff member said, "Encourage [people] to be independent. Don't do everything for [people], support and prompt [people] to do stuff." On the day of our inspection people went shopping with staff as they wished to purchase some items for an event later that day. We saw evidence in people's care plans of activities the

provider had sought for people to promote their independence as much as possible. This meant that people could spend time how they wanted to.

- The service followed data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

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

- Each person using the service had detailed care plans that identified and recorded their needs and goals and highlighted any risks and or blocks to those goals and needs being met. For example, "[Person] is independent in all personal care. Staff should be aware of any change in [person's] personal care routine which may suggest a deterioration in their mental health." Care plans covered topics from physical and health needs, domestic needs, activity engagement, daily routines, preferences and risk assessments. There were also plans for when situations arose such as safeguarding and positive behaviour support.
- * Staff recognised the importance of care plans. One staff member said, "It's their care plan and its personally centred around their needs." Another staff member told us that the care plans, "Gives you insight into [people's] issues." This meant staff could meet people's needs and knew how to support them in the best way possible.
- The service maintained paper and digital care plans so that people could see and agree with their care plans (paper) and the provider could remotely access their information and analyse it (digital). The care plans ensured that staff knew what people liked and disliked and how to work with them.
- People were supported to take part in activities of their choice. One person told us, "We're going on holiday soon to Great Yarmouth." Another person told us, "They're going to bring me bowling and ice skating." A staff member said, "Whatever they want to do [we do] - we've been to Southend this summer."
- Care plans contained activity planners and there were interest checklists, completed by people and staff, that highlighted people's interests. These were wide ranging and gave people an opportunity to highlight an interest they might want the service to support them with. We saw from people's care plans that they had participated in these activities and the service had ensured extra staff were available and risk assessments had been updated. This meant people were enabled to live rich and satisfying lives.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. A person told us, "Yes I would go to the manager if I had any problem... but that has never happened." Another person told that making a complaint would be, "Easy for me to do."
- The provider had a complaints, compliments, suggestions, comments policy and procedure that staff were aware of and these had been provided to people in an easy read format. Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The service did not have complaints log, stating they had not received any formal complaints. They were able to provide evidence of a small number of informal complaints which had been dealt with appropriately. The registered manager told us they would create a log if they had to deal with formal complaints. This demonstrated that people's concerns would be listened to if raised.

End of Life care and support

- No one at the service was at end of life nor in need of end of life support. In a circumstance where people needed end of life support, the provider had policies and procedures in place.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred 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.

Plan to promote person-centred, high-quality care and good outcomes for people

- People and staff told us they thought highly of the registered manager. One person said, "[Registered manager] is wonderful." Another staff member told us, "They're really good, you can tell they know what they're doing."
- The registered manager and the regional manager could convey the provider's commitment to providing person centred care in discussions with us, and it was evident from documentation and systems in place that the people were at the centre of the work the service provided. The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and thereby making people's lives better.

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

- The service was well run. One person said, "It's well managed, there's no nonsense." A staff member told us, "People work together as team." Staff said they were clear in their roles and understood what the provider expected from them as these expectations were outlined at induction, explained in their employee handbook and through the supervision and management they received at the service. This meant people received good treatment from staff who knew what they were doing.
- The registered manager was relatively new in post but understood their role and could share information with us about the quality performance of the service, the risks people and the service faced and knew their responsibilities regarding regulatory requirements. This demonstrated the manager was clear about their role and in being so, provided people with a better service.

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

- People were supported to complete surveys for the service to capture their views and opinions. We saw a survey in a person's care plan where they were asked questions such as, 'Do you like your room? Can you personalise it?' and asked whether they liked staff or not. We saw evidence that indicated service users feedback led to changes of what was in in the garden. In this way the service could find out people's preferences and involve them with how the service worked.
- Resident meetings were held and discussed topics including what is the Care Quality Commission and what safeguarding meant for people. These meetings demonstrated that people were supported to engage with each other and be involved with the running of their home.
- Staff meetings were held and discussed topics including equality and diversity, expectations within employee roles, time sheets, and handover and communication books. One staff member said, "If I felt there

was something I would speak up – I would be listened to." This showed staff were involved in shaping and understanding the service.

Continuous learning and improving care

- The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, infection control, care, physical healthcare, DoLS and safeguarding as well as quality audits of the entire service completed by the provider every six months. A staff member said, "We do Health and Safety [audits] daily, medicines too." There was a monthly audit calendar so staff knew what audits needed to be completed. All actions from audits were added to an action plan that the registered manager oversaw. These audits and action plan allowed the provider to monitor and improve care for the people using the service.

Working in partnership with others

- The service was connected to the local authority's provider forum and linked in with Skills for Care Skills for care are a charity setting standards for people in the social care field. The registered manager was invited to attend registered managers meetings in the local area. The registered manager was due to be attending a health care conference and was supported by the provider to engage in such activities. The service had links with external services that enabled people to engage in the wider community. These partnerships demonstrated that the provider sought best practice and was innovative in enhancing and developing the service to ensure people received high quality care and support.