

High Quality Lifestyles Limited

Rose Farm House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
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Is the service safe?	Outstanding ☆
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Is the service well-led?	Outstanding ☆
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Summary of findings

Overall summary

About the service

Rose Farm House is a residential care home providing personal care to five people with learning disabilities and autism at the time of the inspection. It is a specialist service for people that have anxious or emotional behaviour that has limited their quality of life and experiences. The service can support five people. The accommodation is spread over one main building which contains two bedrooms and one flat and two annex's each of which contained a one person flat.

People's experience of using this service and what we found

People had been exceptionally well supported to reach goals that had been previously deemed unattainable. People could display high levels of behaviour of distress, which had previously impacted on every part of their life, however no longer did. People had been supported to reduce the frequency and severity of their behaviour of distress through staff adapting their approach and learning lessons on how to support people more effectively. As a result, the volume and frequency of physical intervention that needed to be used had decreased for everyone living at the service. Staff told us this was important to keep people as safe and distress free as possible.

People had been supported to review and reduce medicines they were taking. Some people had taken medicines for long periods of time, to support them to reduce behaviours of distress. Staff had worked with healthcare professionals to reduce and remove these medicines with no adverse effect on the person, and no increase in distress. People were supported by a core staff team who knew them well and had developed their approach to support people in the most positive way. People were at the centre of everything within Rose Farm House, including the recruitment of new staff.

Staff and the registered manager demonstrated a positive culture within the service which supported people to achieve their goals. For example, one person was supported to be baptised. Staff worked with external agencies to provide the best outcomes for people. Health escalation plans were put in place to anticipate people's needs and make getting support fast and effective. People were listened to, and their aspirations championed by staff. Relatives told us they were kept informed about every part of their relatives' care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The service was able to demonstrate how they were meeting the underpinning principles of

Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People had been supported to gain new skills and take more control of their life for example with finances.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff demonstrated a person-centred approach and supported people to uphold their human rights, for example contesting their DoLS.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There was a clear culture of striving for excellence and supporting people to lead the best life.

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

Rating at last inspection

The last rating for this service was Good (published 3 September 2018).

Why we inspected

The inspection was prompted in part due to concerns received about restrictions on people and concerns of a closed culture. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Rose Farm House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rose Farm House 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.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke two people who used the service about their experience of the care provided. We spoke with six members of staff including the operations director, registered manager, deputy manager, team leader and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and a healthcare professional who visits the service regularly. We looked at training data and quality assurance records.

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 now improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's lives had improved and continued to do so living at Rose Farm House due to the extensive support from staff reducing risks to people. A Relative told us, "It would take me hours to tell you how my relative used to be. I can't speak highly enough about Rose Farm [staff]. They have changed my relative from an upset undecided child to a young adult. It is so brilliant. They are so good with my relative."
- Some people had a history of displaying complex behaviours when they were distressed. There were agreements in place with each person, that as a last resort, physical intervention could be used to de-escalate incidents. Staff followed restraint reduction programmes which had reduced the frequency of physical interventions. No interventions had been used for one person for fourteen months which was a significant reduction. Staff told us this had been achieved through building trust and understanding of the person. One staff member said, "It comes down to our relationship with them. It's a massive improvement for them as its much safer."
- People had previously shown behaviours of distress towards each other; however, this was exceptionally well managed by staff and was no longer considered a significant risk. People had comprehensive Positive Behaviour Support plans (PBS) in place which detailed what could trigger distress and how best to support them. When people became distressed during our inspection, staff identified the cause and took effective action to support them to relax and calm.
- Restrictions on people were regularly reviewed. Best practice guidance was followed to reduce any restrictions to a minimum. People who had previously needed two staff to support them when they went out or to do activities, now only required the support of one staff member. People told us the steps they were taking to reduce the support they received from staff. Other people were actively involved to talk through their wishes to reduce the support they received and explained to us how they planned to achieve this with staff support. They told us, "I want to eventually be independent."
- Staff worked in very close partnership with people to take positive risks which resulted in people trying new activities, acquiring new skills and growing in confidence. One person had a passion for music and a lifelong dream of attending a concert, which had previously not been possible due their anxiety. Staff supported the person in small steps over a period of time to attend small events, building to larger events until they were finally able to go to a concert. Staff shared with us photographs of the person smiling and dancing at the event.
- Staff used any incident which occurred as an opportunity for learning. The deputy manager led reflective sessions to review incidents that had occurred and work collaboratively with staff to identify any improvements and consider best practice. Staff had in-depth knowledge of people, and how best to support them. This had contributed to a big reduction in incidents at the service for everyone. For example, one

person could become anxious around Christmas and wanted to know when they were going home. A calendar had been put in place to help them count down the time and reduced their anxieties. This had been effective and the person looked at the calendar during times of distress to de-escalate.

- People had been supported and enabled to gain independence and life skills. Some people completed safety checks on the service and had been trained and supported by staff. They completed regular fire checks to ensure their home was safe and completed water checks to identify any scalding risks so they could be addressed. People enjoyed being responsible for their home, rather than being reliant on staff to complete this task.

Staffing and recruitment

- People were involved in recruiting staff who had the right skills and attitudes to support them to develop and achieve their goals. One person showed potential new staff around the service and participated in the interview process. The person had a list of questions which were important to them and asked about the character and values of potential staff. Their feedback was at the heart of recruitment decisions. The registered manager told us, "We are a very caring team. We care a lot about our people. I want to make sure they [potential new staff] show respect to the people from day one."
- The induction process for new staff had been developed further by the registered manager to include competency checks for staff on people's needs based on their care plans. The registered manager informed us this was an important part of the induction process, as it allowed them to assess the competency and understanding of the new staff members knowledge of the people they supported. This included if any physical intervention techniques could be used, PBS guidelines, and possible triggers for people. Staff were empowered and encouraged to develop their skills and knowledge. One staff member was so passionate about their role, they had created a learning pack for new starters containing information about CQC, safeguarding and whistleblowing. The registered manager told us they now shared this information with all new starters.
- Staffing was based on people's needs. Staffing numbers changed to ensure people always had the support they needed take part in activities as and when they wanted to. When people needed additional unplanned support the deputy manager provided this. The deputy manager told us this was important to support people to reduce their anxieties and avoid distressed behaviour. They continued to support for as long as people needed.
- People were supported by a consistent staff team who knew them well. The operations director told us, "The people we support are truly respected and valued as individuals. When our teams are seeing the results [of people achieving goals], they have been incredibly proud of their achievements and I believe this has continued to contribute to our very low attrition rate."
- Staff and the registered manager had implemented innovative ways of supporting people remain as safe as possible. Relatives were invited to attend training courses with staff on conditions such as epilepsy. This was to increase their knowledge and inform them on the best way to support their relative.

Using medicines safely

- People were supported to have maximum choice and support with their medicines. People's medicines were regularly reviewed. People had been supported to reduce the use of unnecessary medicines and staff had followed guidance from an NHS England a project called STOMP. STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines.
- Staff had worked with healthcare professionals to successfully reduce the number of medicines people were prescribed for support with distress, including antipsychotic medicines. Incidents of distress had not increased following the reduction of medicines and people were able to do more for themselves as a result. One staff told us, "It's so important not to over medicate. One person was on medicines for 15 years and they didn't have any distress when they came off it. It just shows they didn't need it. It's about how we

support them," and "We always want to make sure we look at everything before giving medicines."

- People who had been prescribed medicines on an 'as and when' basis to support them in times of distress, had been supported so effectively and successfully by staff that they no longer needed them. The deputy manager told us, "It has taken us time to get to know people, and develop our approach, but now people do not need 'as and when' medicines because staff support them so well in times of distress."
- One person had told staff they wanted to administer their own medicines without support. Over a period of time staff had supported the person to increase their independence when taking their medicines. The person knew about the medicines they took and told us why they took them. This was an incredibly important achievement for the person, and staff 'proud of them' for achieving their goal.
- Information about medicines was available for people ways they understood to support their understanding. People were included in all decisions made around their medicines.

Systems and processes to safeguard people from the risk of abuse

- People were at the centre of developing a comprehensive approach to safeguarding. When people had safeguarding concerns raised linked to incidents of distress towards other people when out, staff worked with them to develop person centred risk assessments. These supported positive risk taking, whilst embracing their diversity and how they chose to live but helped them to understand how others may react to them. The risk assessments detailed strategies to reduce the risk of behaviours escalating and as a result no incidents of concern had occurred when out.
- People had been empowered to take positive risks in relation to their finances. One person had been slowly supported to develop their skills around their finances. The person was now able to manage their money independently. They were supported to apply for the benefits they were entitled to and enabled them to successfully apply for a car which staff used to support them to go out and about. The person chose their own car with staff support and staff told us it was empowering for the person to make their own decisions.
- Staff understood the importance of safeguarding people. The registered manager had sought advice from the local authority safeguarding team appropriately. A relative told us, "I think they are brilliant and I wouldn't want them to go anywhere else."

Preventing and controlling infection

- Some people had become increasingly distressed because of restrictions in place to keep everyone safe during the COVID-19 pandemic. The registered manager sought guidance and advice from the provider and others and advocated for people to see their loved ones in the safest way possible. Extensive risk assessments and plans were put in place. Decisions were made in people's best interests to support them to see their family, when restrictions were having a measurable emotional impact on them. This action reduced the instances of distress and risks to people.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The registered manager told us, "One of the things I like about the team is that they all go the extra mile, to make sure the house is clean for example. We were recognised by the provider for how clean and well-kept the home is."
- We were assured that the provider was preventing visitors from catching and spreading infections. A healthcare professional told us, "I have visited during the covid pandemic and was pleased to see safety measures put in place to ensure the safety of the service users and staff."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or

managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a very positive culture within the service, built on mutual trust, respect and fondness between staff and people. People were encouraged and supported to achieve their goals and dreams. One person was a very passionate footballer, and football fan. They had been supported to be part of the disability football league. Staff recognised this was an opportunity for the person to develop further relationships, and people from around the organisation were encouraged to form a team to enter the league. The operations director sought sponsorship for kits to enable the team to be included. When we spoke with the person about football and their new team they smiled and were animated.
- Staff created a person centred open inclusive environment which achieved great outcomes for people and their loved ones. One person had been supported to follow their religious beliefs and finally be baptised, by their family priest. Staff told us this meant the world to the person, who has previously not been able to tolerate being in close proximity to other people, and their family.
- Staff and the registered manager demonstrated there was a positive culture within the service, documentation was written in a respectful manner. When staff spoke about people they were animated and their fondness for them shone through. When one person sought some assurance from the registered manager about a family member who had passed away, it was clear that the registered manager had provided consistent caring support to the person to support them with their grief.
- The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. We found that the registered manager had been open and honest, and understood their responsibility to comply with the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The leadership of the service was exceptional. The registered manager and the staff team had clear understanding of their roles and supporting people to achieve their goals and aims. One staff member told us, "[The registered manager] is one of the best managers I've ever had."
- The registered manager understood their responsibility to comply with legislation. They identified that with further support and guidance one person could challenge their DoLS. The person was supported over time to develop and demonstrate their understanding and was successful in challenging and removing their DoLS.

- Staff and the registered manager were passionate about improving every part of the service. In July 2021 the service won a Health and Safety award from the provider due to their 'consistent improvements year on year' and 'being proactive to address anything identified.' This achievement was recognised by the providers managing director and chief operating officer.
- Incidents were used as a learning opportunity for the staff team. Incident information was collated and analysed by the registered manager and deputy manager and they presented feedback to staff on any learning from the incident.
- The deputy manager was a trainer in PROACT-SCIP and led by example during incidents of distress. PROACT-SCIP is a values-based approach with an emphasis on being proactive and getting it right for the person, rather than being reactive or responding to an episode of distressed behaviour.

Working in partnership with others

- Staff and the registered manager had exceptional collaborative relationships with healthcare professionals, which enabled great outcomes for people. A healthcare professional told us, "I have found [the registered manager] easy to work with they are responsive to my suggestions, and have good suggestions of their own. They are able to express clearly any difficulties they envisages with implementing health advice given so that we can find a workable solution together."
- One person with a long-standing phobia of needles, who required sedation and extensive planning for any procedure involving needles had been supported through a de-sensitisation process. This enabled the person to have two vaccinations at the same time, within their home environment without distress or sedation. The registered manager told us it was a huge achievement for the person.
- A healthcare professional fed back the impact the staff team had on an individual, "When working with the resident I have seen a big improvement in quality of life and changes made maintained to evidence improvement."
- Staff had worked tirelessly to form strong relationships with healthcare professionals to ensure there was no delay to people receiving specialist help. One person had a known health condition which could change quickly. Staff organised an escalation plan with healthcare professionals so that when they needed specialist support a referral was not needed, and staff could contact and book consultations for them without delay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff were passionate about creating a culture of greater understanding and support. Everyone worked together to continually improve people's lives.
- There was an inclusive culture at the service, led by the registered manager and deputy manager. Regular meetings were held with staff, which reviewed positive outcomes and achievements for people and discussed how to further improve the service. When ideas were raised, such as creating 'you said, we did' books these were taken onboard and implemented.
- A healthcare professional said the best thing about the service was, "Team meetings, staff encouraged to work together and share their opinions." Staff told us their opinions were valued and used as an opportunity to improve people's lives. Staff told us when one person became anxious when out, they suggested the person take colourful pens to look at during times of distress as this was known to reduce their anxieties. This was implemented for the person, and they were able to use this technique to reduce their anxieties when out.
- Relatives told us they had been kept well informed of all aspects of their loved one's care. Relatives who had not previously used tablets to video call their relatives had been supported by staff to learn to do this during the COVID-19 pandemic.

