

## Forward Care (Residential) Limited

# Hill Farm

### Inspection report

15 Keycol Hill, Newington, Sittingbourne,  
Kent, ME9 8LZ  
Tel: 01795 841220  
Website: [www.forwardcareresidential.co.uk](http://www.forwardcareresidential.co.uk)

Date of inspection visit: 22 December 2014  
Date of publication: 29/04/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection was carried out on 22 December 2014. Our inspection was unannounced.

Hill Farm is located on the outskirts of Sittingbourne and staff provide care and support for up to nine people who have a range of physical disabilities and learning disabilities. Some people had sensory impairments, epilepsy, limited mobility and difficulties communicating. Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were nine people living at the home.

Hill Farm had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 came into force on 1 April 2015. They replaced the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

Staff were not clear about which care files were most up to date. This meant that staff using the records to guide the care they delivered did not have access to the most up to date risk assessments which could put them and people at risk of harm. Other records including the fire evacuation plans and care plans had not been regularly reviewed and updated. Records were not always stored securely or kept confidential.

People who were assigned one to one staffing during the day did not always receive this. This meant people were at risk because they were not always receiving the care they required at these times.

On two occasions staff did not treat people with care or respect and in these instances we reported this to the team leader who took action. These instances showed that these staff did not know how to effectively communicate with people who had limited verbal communication and who relied on staff to understand them and care for them.

The principles of the Mental Capacity Act 2005 (MCA) were not always followed.

The home had an activities schedule. This schedule showed that there were planned activities on a daily basis. Not all of these activities took place because staff were busy. The staff did not always respond to people's needs or wishes as one person had an activity planned for them that the staff knew they did not like.

**We recommend that the provider seeks and follows guidance related to enabling people to take part in meaningful activities that suit their preferences and meets their needs.**

Some staff told us that they did not feel well supported by one of the providers. Staff told us that the providers had been slow to sort things out if there was a financial cost involved.

The provider had not always assessed the quality of the service or care and action had not always been taken to identify shortfalls or improvements that could be made.

People were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff and in their own home.

The home was clean and had been well maintained to a suitable standard. New carpets had been laid on the stairs and on the upstairs landing and hallway which made the home more comfortable and pleasant for people living there.

The provider operated safe recruitment procedures which made sure that the staff that were employed were suitable to work with people.

The storage and administration of medicines was safe.

Staff training records showed that most staff had attended training relevant to their job roles and had been supported to gain workplace qualifications.

Care plans identified clear guidelines for supporting people with behaviour that other people may find challenging and staff followed these in practice.

People had enough to eat and drink. The menu's helped people to make a choice of the food they preferred.

People were supported and helped to maintain their health and to access health services when they needed them.

The majority of the staff treated people with kindness and compassion, staff stopped what they were doing when asked questions or asked for help. Staff were discreet in their conversations with one another and with people who were in communal areas of the home which showed respect for their privacy. Staff were careful to protect people's privacy whilst they supported people with their personal care.

Care files included communication passports, which provided clear descriptions of how people communicate. For example, one person's communication passport stated that the person said 'What do you mean love' if they did not understand. This meant that staff had clear information about people's communication which enabled them to provide person centred support. There were two occasions when staff failed to communicate in accordance with the guidance.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to but not always

## Summary of findings

responded to. Staff felt confident that any concerns raised following the whistleblowing policy would be addressed correctly. Staff told us, “It’s a great team”; it’s a “Nice place to work” and the manager “Is very good, she knows her stuff”.

# Summary of findings

## 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 home was not consistently safe.

Staff had received training and knew how to keep people safe, however the recorded guidance was out of date.

The records related to keeping people safe from harm or in the event of a fire were not maintained accurately which meant people could be at risk of receiving inappropriate or unsafe care.

Staff were employed using safe recruitment procedures.

**Requires Improvement**



### Is the service effective?

The home was not consistently effective.

Staff did not always follow the principles of the Mental Capacity Act 2005 when carrying out assessments.

Staff had the necessary training and to support them in their job roles. Staff had adequate support from the registered manager, which included regular supervision meetings. Staff were supported to gain workplace qualifications.

Staff supported people effectively to meet their needs except on one occasion when a member of staff did not communicate effectively.

People had enough food and drink to meet their needs and preferences.

**Requires Improvement**



### Is the service caring?

The home was not consistently caring.

Most staff treated people with kindness and compassion, staff stopped what they were doing when asked questions or asked for help. However, we observed one agency staff member spoke with a person in a disrespectful manner that did not show that the person was treated with kindness and compassion.

Care files included communication passports, which provided clear descriptions of how people communicate. Advocates were working with some people in the home to assist them to express their views.

Staff had a good rapport with people. They gave people plenty of time to communicate their needs. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying.

**Requires Improvement**



### Is the service responsive?

The home was not consistently responsive.

The home had an activities schedule which did not always take place and did not always include people's preferred activities.

**Requires Improvement**



# Summary of findings

Care plans reflected all aspects of people's health and personal care needs but they had not always been reviewed and updated. Information was included about people's preferences about how their care was delivered.

Staff knew people well and engaged in conversations with them about their activities and interests. The staff asked for people's choices and respected their views.

## Is the service well-led?

The home was not consistently well-led.

The provider had not always responded to requests from people and staff in a proactive manner, which led to occasions when staff felt they had not been listened to.

The provider had failed to assess the quality of the service, identify the shortfalls or the areas that required improvements.

Records relating to people's care and the management of the home were not well organised or accurately maintained.

Staff understood their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to.

**Requires Improvement**



# Hill Farm

## 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 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 home, and to provide a rating for the home under the Care Act 2014.

The focussed inspection took place on the 22 December 2014, it was unannounced. The inspection team consisted of two inspectors. A focussed inspection is an inspection that follows up on compliance actions and requirements from warning notices.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law. The previous inspection was carried out on 09 April 2014. The inspection found that the provider was in breach of regulations relating to consent to care, care and welfare of people who use services, requirements relating to

workers, assessing and monitoring the quality of service provision and records. We took action against the provider. The provider submitted an action plan to show how they planned to improve the home.

We spent time talking with two people who lived in the home. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We interviewed six staff, including the team leader.

We contacted health and social care professionals to obtain feedback about their experience of the home. These professionals included GPs, local authority care managers and nurses; however we did not receive feedback from these people.

We looked at records in the home. These included three people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, four weeks of staff rotas, and five staff recruitment records, meeting minutes, policies and procedures.

# Is the service safe?

## Our findings

People were unable to verbally tell us about their experiences. We observed that people were relaxed around the staff and in their own home.

Staff had a copy of the local authorities safeguarding adult's policy, protocols and guidance, however it was out of date, it was last updated in May 2005. The local authority reviews and updates this policy twice a year. Staff understood the various types of abuse and how to report any concerns about abuse to make sure people were protected. Staff told us that they had completed safeguarding adults training. The staff training records showed that all 19 staff had attended safeguarding adults training within the last three years. This meant that staff had received training to enable them to keep people safe. However, they did not have access to the most relevant guidance to refer to if required in order to keep people safe.

Each person's care plan contained individual risk assessments in which risks to their safety were identified such as falls, mobility, diet, anxiety, community trips, health and safety. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. There was confusion amongst the staff about which care files were most up to date and which guidance they should use to deliver care safely. We had been told that all the up to date information was kept in a small black file, staff used this daily. However, some of the risk assessments in the daily black file had not been updated since August 2013. We found other risk assessments in another file that had been updated in July 2014. This meant that staff using the daily file did not have access to the most up to date risk assessments which could put them and people at risk of harm.

Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to make sure staff and others knew how to evacuate them safely in the event of a fire. However, the PEEPS were not individual to each person. For example, staff told us that one person became distressed and anxious when the fire alarm sounded. They explained that this person was known to lock themselves in their bedroom and ignore the fire alarm. Their PEEP did not detail that this could happen and did not detail what staff should do in this situation.

This failure to maintain suitable records was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Emergency contacts were on display in the office. This meant that if there was an emergency relating to gas supply, the lift or the electricity supply, there were clear instructions who to contact in case of an emergency.

The home was clean and had been well maintained to a suitable standard. New carpets had been laid on the stairs and on the upstairs landing and hallway.

Risks to people in the environment had been considered. For example, risks to people had been identified as the home was located on a busy main road and many people did not have road safety awareness. Therefore key coded locks had been fitted to doors to prevent people leaving without staff support.

The team leader informed us that the home had recently increased the staffing levels during the day, which meant there were seven staff on shift. We observed that some people who were assigned one to one staffing during the day did not always receive this. For example, several times during the day we observed that two people spent time in communal rooms with other people with no staff present. This was a risk because these people required staff to support at all times to ensure their safety and the safety of others. During the afternoon two staff (who were on shift) spent time in the dining room with their work place qualification assessor. This meant that there were not enough staff present to meet peoples assessed care needs.

The failure to meet peoples' assessed care needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider operated safe recruitment procedures. Staff recruitment files included completed application forms. Applicants attended an interview and legally required checks such as disclosure and barring checks were carried out before they started work. Gaps in employment had been explored and documented.

The storage and administration of medicines was suitable and safe. Staff prompted people to swallow their tablets

## Is the service safe?

with a drink and medicines were administered as prescribed by the GP. Staff supported people to take their medicines in a central place, which was free from distractions. People that didn't want to go to another room

to have their medicines were supported to have their medicines in their bedroom. Medicines had been regularly audited and stocks of medicines were counted and checked weekly.



# Is the service effective?

## Our findings

Not everyone was able to verbally describe their experiences. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People seemed relaxed. We heard one staff member tell a person “You’re good at this” which encouraged them when completing a jigsaw puzzle.

Staff training records showed that some staff had attended training relevant to their job roles. For example, the training plan showed that 12 out of 19 staff had attended moving and handling training, 14 out of 19 staff had attended first aid training, 18 out of 19 staff had attended fire safety training. Seven staff in total had completed epilepsy training. 16 staff had attended NAPPI training. NAPPI is ‘Non-Abusive Psychological and Physical Intervention’ which gives staff skills to assess, prevent and manage behaviour that may be challenging to others. The staff who had completed these courses knew how to deliver effective care and people did receive effective care.

Staff told us that they had adequate support from the registered manager. They told us that they had regular supervisions with the manager. Staff were supported to gain workplace qualifications, some staff were undertaking a qualification in health and social care and the cook had been supported to undertake a qualification in food production.

We observed people being encouraged to go to the ground floor office to have their medicines. One person who had difficulty communicating verbally had been led by a staff member who had pulled the person to the office using their jumper; there was no interaction between the staff member and the person. The person had hold of the jumper and was pulling against it. We asked whether this was usual practice, the team leader and staff told us that the person normally walks to the office on their own. This showed that this one staff member did not have effective skills to communicate with the person. Other Staff knew people well and engaged in conversations with them about their activities and interests. Some people were able to express their wishes verbally. Staff described how they communicated with people who had communication difficulties through observing people’s body language and expressions so that they knew what people liked and did not like.

Staff showed they had some understanding of the Mental Capacity Act 2005 (MCA). All care staff had completed MCA training. One staff member told us, that the training involved “Lots of paperwork”. For example, to justify the locks on the front door and restricted access to the kitchen. Mental capacity assessments had also been carried out for a number of decisions, which included managing personal finances and receiving private mail. However, one staff member told us that they would check people’s care plan to check to see if they had capacity, which evidenced that they did not fully understand the MCA. One person’s mental capacity assessment stated that they had “No capacity to give consent to any decisions” and “I have no capacity levels” this blanket statement did not follow the principles of the Mental Capacity Act.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority. The local authority assessor had been to visit people in the home and had approved several of these. Other applications were being processed by the local authority. The principles of these decisions were being met in practice by the staff so people were not restricted unlawfully.

Some people who lived in the home occasionally displayed behaviour that other people found challenging. The home was calm and relaxed during our visit; we did not see or hear people become distressed or anxious. Care plans identified clear guidelines for supporting people with behaviour that other people may find challenging. The guidelines included clear descriptions of the behaviour, descriptions of possible and probable causes and strategies for supporting each person to become less anxious and calmer.

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. There were fresh fruits and snacks available. The cook had a good awareness of people’s likes and dislikes and held a copy of people’s dislikes in the kitchen to act as a reminder. The cook explained how they ensured that people’s likes and dislikes were catered for. For example, one person struggled to eat dry food so the person was offered moist

## Is the service effective?

food as an alternative. The menu's had been revised and reviewed by the cook in October 2014. The menu's showed that there were choices available at every meal. A notice board outside of the kitchen displayed pictures of the food choices for the day. People were offered choices of food including tuna sandwich with salad, ham salad, fish in sauce with vegetables or meat pie. One person enjoyed spicy food, the kitchen cupboards had a small stock of spices which were used to prepare cultural dishes for this person. The cook explained that they and other staff that cooked this person's food did not have a good understanding of how to prepare and cook the food to meet the person's needs.

People were supported and helped to maintain their health and to access health services when they needed them. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required.

Staff had contacted the GP, social services and relatives when necessary. People had been supported to attend appointments with their GP for medicines reviews, flu jabs and to attend hospital appointments when required. One staff member told us that there was a positive relationship with the GP. The GP was supportive and had been involved in best interests decisions relating to healthcare procedures.

People had health action plans that had been put together by community learning disability nurses. Care files showed that referrals had been made to physiotherapy, opticians and speech and language therapy when required. Hospital passports were in place which described how each person communicated in case they were admitted to hospital.

Relatives had been asked for their feedback about the home in October 2014. Completed feedback forms showed that relatives were generally happy with their family member's care.

# Is the service caring?

## Our findings

Some people were unable to verbally tell us about their experiences. However, we observed that people were relaxed and their facial expressions indicated that they were happy. Staff noticed changes to body language and facial expression when people wanted to leave the room or do something else.

Most staff treated people with kindness and compassion, staff stopped what they were doing when asked questions or asked for help. For example, one person asked for help with the jigsaw puzzle they were doing and the cleaner who was walking past stopped to assist. However, we observed one agency staff member in the lounge who approached a person and said “You now, get up” with a raised voice and they then clapped their hands loudly in close proximity to the person. This did not show that the person was respected and treated with kindness and compassion. Staff told us that the person responded to clear directions. We reported this to the team leader and they spoke with the agency staff member and reported this to their manager. The team leader agreed that speaking to the person in this manner did not reflect good practice and that this was not a manner staff used when communicating with the person. This one instance of poor practice was dealt with appropriately by the team leader at the time.

Care files included ‘All about me’ information. This clearly described who was important in people’s lives, likes, dislikes and how they preferred to communicate. We found that the ‘All about me’ book was undated. It was clear that it had been written a number of years ago as it made reference to planning a holiday in 2010. Therefore the information had not been regularly reviewed and updated.

People’s information was not always treated confidentially. Staff detailed that they would not disclose information over the telephone to ensure confidentiality. Personal records were stored in the office and kept secure. However, one person’s file had been left on a table in the rear lounge for more than 45 minutes, during this time one person ripped up pieces of the file.

This failure to ensure records were accurate, up to date and kept securely was a breach of Regulation 20 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care files included communication passports, which provided clear descriptions of how people communicate. For example, one person’s communication passport stated that the person said ‘What do you mean, love’ if they did not understand.

Records did not show that people or their families had been involved in planning and decisions related to care. People were unable to tell us whether they were involved in decisions relating to care.

One person had an advocate actively working with them as they had no family to support decision making. Another person had an Independent Mental Capacity Advocate (IMCA) working with them to support them to make decisions about where they wanted to live. Advocacy leaflets were available within the office.

Staff were kind, caring and patient in their approach and had a good rapport with people apart from one incident we saw. They gave people plenty of time to communicate their needs. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them.

Staff demonstrated respect for people’s dignity most of the time. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people’s privacy whilst they provided support to people with their personal care. For example, staff made sure that doors were closed when personal care was given and dressing gowns were worn when leaving bathrooms after bathing. Staff told us that they helped people to choose their clothes each day. The agency worker who spoke to a person in an unpleasant manner did not demonstrate that they respected the person.

Visitors were welcomed at the home at any reasonable time and people were able to spend time with family or friends in their own rooms. There was also a choice of communal areas where visitors could spend time with people other than in their rooms.

# Is the service responsive?

## Our findings

Some people were unable to verbally describe their experiences. People appeared contented and the atmosphere was relaxed. People told us they were excited about Christmas. One person told us that they were looking forward to a party and presents. We heard staff reassure the person that it was nearly Christmas time and that the party was a few days away.

The home had an activities schedule. This schedule showed that there were planned activities on a daily basis. Some planned activities had not taken place on the day of our inspection. For example, one person asked us what they were doing during the afternoon, we checked their care file and it stated that they were going bowling. However, this bowling activity did not happen and the person sat listening to music instead. We asked the team leader about the planned activity. They told us that it had not happened as staff were with the workplace qualification assessor.

Activity evaluation sheets recorded activities that people had participated in on a daily basis. A staff member told us that one person didn't like art and crafts and they demonstrated this by pushing paints and items away. The activities records for this person evidenced that painting had been allocated as a planned activity on a number of occasions; the person had chosen not to participate. This showed that the home was not always responsive to people's needs. We have made a recommendation related to activities meeting people's needs.

People's views were not formally recorded or gathered in the form of meetings or surveys. Some people were not able to express themselves verbally. The cook explained that people's views had been gathered informally. For example, by observing what they liked and didn't like when they introduced new and different meals to the menu.

Care plans reflected all aspects of people's health and personal care needs. Information was included about people's preferences about how their care was delivered. For example, there was information about how people liked to spend their time, when they liked to get up and go to bed and if they preferred a bath or a shower. The care plans had not been reviewed as frequently as the provider stated they should be.

Staff knew people well and engaged in conversations with them about their activities and interests. People were offered choices, for example, about where they wanted to spend their time and what they wanted to eat and drink and staff respected their decisions. Some people were able to express their wishes verbally. Staff described how they communicated with people who had communication difficulties through observing people's body language and expressions so that they knew what people liked and did not like.

People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at Hill Farm at any reasonable time and people were able to spend time with family or friends in their own rooms. There was also a choice of communal areas where visitors could spend time with people other than in their rooms. There was a seating area in the garden which could be used by people and their relatives during the summer months.

Staff had recognised that people would not understand how to complain. The home had put together an easy to read complaints procedure. The home had not received any complaints from people or their relatives.

Relatives had been sent feedback questionnaires in September 2014. We looked at some of the completed surveys, some of which had been received back on the week of our inspection. One survey stated 'Whenever I've visited, the home seems orderly and hospitable and I am well looked after'. Another survey stated that the relative said their family member 'Appears very happy in her environment'. One survey stated 'All aspects of care and wellbeing are provided by lovely caring staff. The food is second to none, good nutrition'. Some surveys raised concerns and issues that required follow up by the registered manager. These concerns included; Lack of private space to meet when many family members visit, Hill Farm not fully meeting their relatives health needs and one relative raised that they would like to see their family member more often. The registered manager had been unable to follow these concerns up as yet because they were unavailable.

**We recommend that the provider seeks and follows guidance related to enabling people to take part in meaningful activities that suit their preferences and meets their needs.**

# Is the service well-led?

## Our findings

People were unable to verbally tell us about their experiences. We observed that there was positive interaction between both people and staff. Staff told us that the registered manager spent time in the home on a daily basis and made time to sit with people at lunch time.

The management team at the home included the team leader and the registered manager. The providers visited the home three times a week for two hours each visit. The team leader told us that one of the providers was available by telephone should they or the registered manager need help or support. Some staff told us that they did not feel well supported by one of the providers. They told us that one of the providers did not pay any attention to staff and didn't make an effort to engage with people. Staff told us that the providers had been slow to sort things out if there was a financial cost involved. Staff had made repeated requests for people to have a takeaway evening once a month. This had not been acted on, which meant that people who wanted takeaway food were buying this with their own money. The team leader told us that they had requested a computer in the ground floor office to enable them to carry out their role and to minimise duplication of work. This had not been acted on which restricted them in carrying out duties such as reviewing and updating care plans.

An Infection control audit had been completed every month since July 2014. The July 2014 audit documented that the kitchen bin was not pedal operated. Instead of replacing the bin with a pedal operated model which conformed to infection control guidelines and the home's own infection control policy, the audit form had been altered. This meant that the audit form no longer stated 'Household waste bin lined with black plastic bag (foot operated)'.

We found a number of breaches related to record keeping, effective implementation and understanding of the Mental Capacity Act 2005 and not always meeting people's needs when they required staff support to keep them and others safe. These breaches had not been identified by the provider. The provider had also not assessed the quality of the service and therefore failed to identify where improvements could be made and act on these. The failure to identify shortfalls or take action when they had been identified was a breach of Regulation 10 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to people's care and the management of the home were not well organised or adequately maintained. Activities plans in people's files contained information about other people.

One person's records show that the person had culturally sensitive food cooked for him twice a week on a Weds and Fri. We talked with staff and the cook. They explained that this person had this food cooked every other Friday. The records relating to this person had not been updated and reviewed.

Missing person's forms were found in people's files in case they became lost or missing. However, several of these missing person's forms had been completed in full. For example, the forms had been completed to show that relatives had been contacted when a person went missing. We checked with the team leader and they confirmed that nobody had gone missing.

One person's file had been left on a table in the rear lounge for more than 45 minutes, during this time one person ripped up pieces of the file.

This failure to maintain accurate records securely was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The team leader advised us that daily handover sheets were reviewed by the registered manager. The handover sheets documented any concerns relating to people, and any concerns with the environment. Incident forms were also reviewed by the registered manager. The team leader and registered manager reviewed these and took action to make sure people received the care they needed.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people who lived at Hill Farm and to the management team. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a senior who was supported by the team leader and registered manager.

## Is the service well-led?

Staff meetings were held frequently. There were records of one staff meeting that had taken place on 25 November 2014. 10 staff members had attended the meeting including the team leader and registered manager. The minutes of the meeting showed that staff had been invited to add agenda items and comments, seven staff had done so.

Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and

knew they would be listened to. Although their suggestions had not always been acted on. Staff told us that they were aware of the home's whistleblowing policy. Staff felt confident to use this policy and they had reported concerns. Staff told us that the home had an open culture and communication was mainly good. Staff told us, "It's a great team"; it's a "Nice place to work" and the manager "Is very good, she knows her stuff".



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance</p> <p>How the regulation was not being met:</p> <p>The home was not protecting people against the risks of unsafe care and treatment by not effectively assessing and monitoring the quality of service provided.</p> <p>Regulation 17 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, corresponds to Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care.</p> <p>How the regulation was not being met:</p> <p>The home was failing to ensure people were protected against the risks of receiving inappropriate or unsafe care or treatment.</p> <p>Regulation 9 (3)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p>

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 18 HSCA 2008 (Regulated Activities)  
Regulations 2010 Consent to care and treatment  
corresponds to Regulation 11 HSCA 2008 (Regulated  
Activities) Regulations 2014 Need for consent

How the regulation was not being met:

The principles of the Mental Capacity Act had not always  
been applied when supporting people to make  
decisions.

Regulation 11 (1) (2) (3) (4) (5)



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>How the regulation was not being met.</p> <p>Records in respect of each service user and records relating to the management of the regulated activity were not maintained or kept securely</p> <p>Regulation 20 (1) (a) (b) (ii)</p>

**The enforcement action we took:**

We served the provider with a warning notice for Regulation 20 which must be met by 08 February 2015