

Autism Care (UK) Limited

The Farmhouse

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Farmhouse is a residential care home providing accommodation and care to six people with a learning disability and/or autism at the time of the inspection. The service can support up to eight people.

The Farmhouse is an adapted house situated on a campus style service in rural Lincolnshire. There are several other houses located on the same site and a shared administration office. People living at The Farmhouse have their own room and access to a range of shared facilities. They can also use a range of facilities in the grounds of the complex.

The service follows the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

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

Staff received supervision and appraisal; however, they were not always up to date with their training requirements. Following the inspection the registered manager took immediate action to expedite the action plan they had in place to address this.

Staff were kind and caring in their approach and people were relaxed and happy in their company. Staff were very knowledgeable about the needs and preferences of the people they supported; they were skilled at interpreting people's wishes when they were not able to express themselves clearly verbally.

Where people received support with their meals, staff did so effectively and in line with dietary requirements. People had access to ongoing healthcare support and staff liaised effectively with other services to achieve this.

Staff assessed risks to people's health and safety and had the knowledge to protect people from avoidable harm and abuse. Relatives felt their family members were safe at the service. Safe processes were in place for the management of people's medicines. Staffing levels were planned to meet people's care and support needs.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the

Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were clear about their roles and responsibilities. They felt well supported by the registered manager and the management team. They were committed to improving the service provided and to increasing the involvement of people using the service and independent organisations to obtain feedback and implement improvements.

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 25 October 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Farmhouse

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

The Farmhouse 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used this information to plan our inspection.

During the inspection

We spoke with and/or spent time with five people using the service. Most people using the service were unable to express their views verbally. We spoke with five members of staff including the registered manager, the service manager, a team leader and two care workers. We reviewed a range of records. This included two people's care records and all the medication records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We spoke with two relatives of people using the service. We reviewed training data, minutes of meetings and additional evidence the provider submitted.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives of people using the service said they felt their family member was safe and a person said they felt safe. All the people using the service had lived there for many years and relatives said they had no concerns about the safety of their family member.
- Staff were aware of procedures to safeguard people from abuse and were knowledgeable about the signs of abuse. They told us they would report any concerns to one of the management team and they knew how to escalate concerns if they felt it was necessary.

Assessing risk, safety monitoring and management

- The provider ensured risks assessments related to the premises and environment were completed, such as those related to fire safety and electrical safety. However, we found some of the regular actions to reduce the risk of legionella (a bacteria) contamination of water systems had not been completed recently, although independent inspections of the water systems had been completed. The management team took immediate action to ensure the regular maintenance actions were re-instated.
- Staff assessed risks to people's safety, associated with their mental and physical health conditions and environment. Measures were in place to reduce the risks and were documented in people's care plans. For example, some people needed one to one support when accessing the community and the seating arrangements in vehicles were also considered.
- Staff were knowledgeable about each person's individual risks and how to reduce them. This included actions to support people who could sometimes behave in a way that could put their own safety at risk or be challenging for others.

Staffing and recruitment

- Staffing levels were planned to enable staff to provide timely care. Some people required one to one support from staff and this was planned into the staff roster. The service was experiencing some challenges in recruiting new staff and were working with the provider's recruitment officer to overcome these. The service used regular bank staff and agency staff when necessary to enable planned staffing levels to be met.
- Staff said there were sufficient staff to provide safe levels of care. They said staffing levels had recently been reduced due to a reduction in the number of people using the service and this reduced flexibility at some times of the day; however, additional staff were rostered to provide planned activities when needed.

Using medicines safely

- Medicines were stored safely in line with requirements and records of administration were consistently

completed. We found some liquid medicines were not labelled with the date of opening, to reduce the risk of medicines being administered that were past their safe use by date. However, the medicines had been recently issued and therefore there was no impact for people. Immediate action was taken to ensure staff followed the requirements in relation to labelling these medicines.

- Some people were prescribed medicines to be given if they had a prolonged seizure and staff had received training in the administration of this. There were clear protocols in place to ensure medicines that were prescribed to be given only as required, were given consistently and not over used.

Preventing and controlling infection

- Staff were aware of the precautions needed to prevent and control the spread of infection and used personal protective clothing and equipment appropriately. A member of staff was the infection control champion and completed audits of aspects of infection control including hand hygiene, mattress audits and audits of the environment.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the manager reviewed and collated information from these monthly. They provided a monthly report to the provider and a representative of the provider discussed these with the registered manager regularly. The provider also held regional meetings at which incident and accident data was discussed and lessons learnt were shared.
- Staff told us they received information about changes to practice as a result of learning from incidents and accidents at handover and in staff meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant people may have received inconsistent care and support at times, as staff were not always up to date with required training

Staff support: induction, training, skills and experience

- The provider's training records showed that not all staff were up to date with their mandatory and statutory training updates. For example, less than 50% of staff were up to date with training in adult safeguarding, fire safety and mental capacity and only 56% of staff were up to date in infection control training. However, there was good compliance with manual handling awareness training. Lack of refresher training could put people at risk, as staff might not be up to date with current best practice.
- An action plan for the service showed compliance with training had been identified as an issue and was to be monitored and reviewed. There were to be two weekly meetings to assess compliance and staff were to be rostered to complete their training. Following the inspection, the registered manager took additional steps to ensure improved compliance with training.
- Recently appointed staff told us they had received an induction and were able to shadow experienced staff until they were confident they understood each person's individual needs. They felt well supported by other staff and the management team. Staff received supervision and an annual appraisal.

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

- The environment was adapted to meet people's needs. The flooring had been replaced in some areas of the service and was suitable for people with disabilities. However, some of the sofas in the communal areas were in need of replacement and soiled easily. This had also been identified at a previous local authority monitoring visit and a request for replacement had been submitted by staff to the provider, however, a date for replacement had not been secured.

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

- Staff assessed people's individual needs and developed each person's support plans based on these.
- Staff had access to national best practice guidance. For example, there was information available for staff on the prevention and control of infection in care homes and the management of outbreaks of gastrointestinal illness such as diarrhoea and vomiting. Information on national safety alerts were cascaded from the provider to staff at all levels.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and were provided with a varied and balanced diet. Staff were aware of people's food preferences and food allergies and intolerances. We saw there was clearly displayed

information in the kitchen about a person's food allergy. A person had difficulties in swallowing and their care plan provided information for staff on how to manage this.

- A person said, "The food is good." They said they could choose something else if they didn't like what was on the menu. They told us they also enjoyed going out for meals and named places they enjoyed going to for a meal.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff ensured people had access to input from a range of health professionals according to their needs. Advice from these professionals was documented in people care records and incorporated in their care plans.
- People had access to an annual health check. They had regular access to a dentist and other preventative health care services such as the annual flu vaccination.
- Staff were aware of the need to maintain people's oral hygiene. They told us staff training had been booked previously but needed to be re-arranged as it had been cancelled for operational reasons. The action plan for the service included the introduction of oral assessment documentation.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that when people were unable to make decisions for themselves, staff had assessed their mental capacity and decisions were taken in their best interests with the involvement of family members and professionals involved in their care.
- The required DoLS applications were made when required and there was a process in place to ensure that authorisations were monitored and application for renewals were submitted as required.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were relaxed and happy with staff. A relative told us in relation to their family member, "(Name) is very happy there. He would let us know in his way if he wasn't." They told us their relative was always happy to go back to the service after visits away. Another relative said, "Staff are stars, they are superb." They said, "The care has been wonderful."
- Staff had very good relationships with people; they treated people with kindness and understanding and showed an in-depth knowledge of them as individuals. They respected people's equality and diversity. Some people were supported to attend church on a weekly basis.
- When a person was admitted to hospital, the management team allocated staff to provide ongoing support at the person's bedside, to ensure they person received the support they needed to maintain their well-being.

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

- People were supported to make choices whenever they could, in all aspects of their care and support. On the day of the inspection, some people chose to go out to the local park and to have lunch out, whilst others chose to stay in the house and chose their lunch.
- People and their relatives were encouraged and supported to be involved in reviewing their care and support. Personal choice reviews were documented which showed staff had discussed all aspects of their life with them and had supported them to give their views.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. They were encouraged to keep their room clean and tidy with support from staff for example and their care plans showed which aspects of their care they could complete themselves and where they needed assistance.
- People's privacy and dignity were respected and people were able to have quiet time on their own when they wished. Staff spoke of ways they protected people's dignity during personal care and steps they took to give them privacy when they wished.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care based on their individual needs and preferences. Their care plans provided information on the person's preferred routines and things that were important to them. When care plans were reviewed, staff supported each person to identify development targets to increase their well-being and promote their independence.
- Staff were able to describe the signs they recognised that indicated a person was becoming anxious or distressed and the support they provided to effectively manage the person's behaviours and reduce their distress.
- A relative told us how staff had tried their best to adapt to their family members changing needs. They said, "The organisation bent over backwards to ensure (my relative) was supported." They spoke of physical changes to the environment that had been made to do this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place for each person to provide details of approaches for staff to ensure they maximised people's understanding and involvement. They contained information about people's sensory needs and aids they used. We saw staff were very skilled in interpreting the sounds and gestures people used to express themselves.
- Information was available in easy read format. Staff told us some people were able to communicate using Makaton (Makaton uses signs and symbols to help people communicate), however, they needed encouragement to use it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family who often lived some considerable distance away from the service. For example, one relative told us that they used to visit their family member at the service, but this had become more difficult and staff now brought their relative to visit them at their home. A member of staff told us staff accompanied a person when they went to visit their relative and booked accommodation overnight nearby, so they could be available quickly if needed.

- People were supported to access activities in the local community. One person told us they liked to go out and spoke about bowling, going to the pub or cafes and going for walks. A relative explained how staff planned activities to meet their family member's specific needs as they became distressed in certain environments.
- There was a weekly plan of activities for each person, to ensure they had the opportunity to do things they enjoyed. Staff said this was flexible to respond to people's wishes and people found it reassuring to be able to see their planned activities.

Improving care quality in response to complaints or concerns

- The provider had a policy for managing complaints and the complaints process was displayed within the service in easy read format. Complaints we reviewed showed that investigations were completed and feedback provided to the complainant in a timely way.
- Feedback we received from relatives, indicated staff acted promptly when concerns were raised.

End of life care and support

- No-one was receiving this type of care at the time of inspection. Staff had started to gather information about people's wishes about their care at the end of their life in the form of questionnaires completed with people and their families.
- Staff supported people using the service when they experienced loss of a loved one or a deterioration in their health.

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 remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The values of service were reflected in the day to day running of the service. People were at the heart of the service and relatives were positive about the overall level of care which people received. They commented on the commitment of staff and the positive outcomes for their family member.

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

- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome. At the time of the inspection two similar incidents were being investigated and a relative told us the management team had been open and honest with them about this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility and accountability. All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements and made the necessary notifications to the CQC and other organisations.
- A range of audits were completed to monitor the quality of the service provided and actions identified from these were completed. However, at the time of the inspection the training data available to the local management team was not completely accurate and up to date. Although improving training compliance was on the action plan for the service, the extent of the issue was not fully understood. Following the inspection the registered manager informed us that they had contacted all staff and put a training plan in place for staff with expired training sessions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The provider was introducing co-production principles to increase the involvement of people using the service in decision making. Co-production means that people using services work in collaboration with care providers to improve services. Examples of initiatives using co-production principles for The Farmhouse

were the development and provision of autism training and staff recruitment.

- The provider was rolling out a "Quality Checkers" programme whereby service users assessed whether quality standards were being met. Although the people using the service at The Farmhouse were unable to undertake the quality checker role, the plan was to ask people using the service at other provider locations on the same site, to undertake the quality checks at The Farmhouse.
- The registered manager was meeting with representatives of Healthwatch and an independent advocacy service to identify ways of increasing the involvement of people using the service and empowering them to ensure their voices were heard. These agencies were to carry out workshop sessions for people using the service and were also to observe resident's meetings and carry out surveys. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

Continuous learning and improving care

- There was a commitment to continuous quality improvement from all the management team. The registered manager provided monthly reports to the provider that included data on incidents, accidents, complaints and other quality data. These were discussed with the provider quality team and at regional management meetings.
- The registered manager had a service action plan to bring together all the actions and learning from audits, independent monitoring reports and other provider services. The issues we identified during the inspection such as staff training compliance were identified on the service's action plan.