

Walsingham Support

Pound Farm Home Care and Support

Inspection report

Pound Farm
Gorsley
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Ratings

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

Summary of findings

Overall summary

About the service

Pound Farm is a residential care home providing personal care to 15 people with learning disabilities up to aged 65 and over at the time of the inspection. The service can support up to 15 people. The service also has a supported living service St Marys Court. It provides care to four people with learning disabilities, living in their shared home.

Pound Farm was a large site, bigger than most domestic style properties, 15 people were living there in five flats. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the local area. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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.

People enjoyed living at the home and were complimentary about staff and the way the home was managed.

People, relatives and staff told us they liked the registered manager regularly and found them approachable and supportive.

Staff understood risks to people's safety and supported them to stay as safe as possible.

There were enough staff to care for people at times people wanted assistance.

People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.

The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment

provided to do this.

Staff spoke very affectionately about the people they cared for. People were confident to request support and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.

Staff respected people's rights to make their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.

Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to help them and knew what to do if they suspected anyone was at risk of harm.

People had access to other health and social care professionals and staff followed any advice given.

Staff ensured people had opportunities to do things which they enjoyed, and people were supported to keep in touch with others and religious practices that were important to them.

The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and based on people's preferences.

Procedures were in place to take any learning from complaints and to further improve people's care.

People's wishes for their care at the end of their lives had been planned and the views of their relatives considered.

The registered manager and provider checked the quality of the care provided and encouraged suggestions from people and staff to improve people's care further.

Rating at last inspection (and update).

The last rating for this service was Good in May 2016. Since this rating was awarded the registered provider of the service has changed, we used this information to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection as this was the first inspection under a new provider.

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 effective.

Details are in our effective findings below.

Good ●

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 ●

Pound Farm Home Care and Support

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 team consisted of one inspector.

Service and service type

Care Homes

Pound Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Supported Living:

Under the same registration Pound Farm had a supported living home called St Marys Court, [not on the same site as Pound Farm].

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

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 on the 25 June 2019 and announced on the 28 June 2019 to inspect the supported living service St. Mary's Court.

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.

Prior to the inspection we contacted the Local Authority and Healthwatch to see if they had any information to share with the Care Quality Commission [CQC]. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy managers, and support workers.

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

After the inspection –

We spoke with two relatives via the telephone to seek their opinions of the service provided.

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 [however there has been a change in provider since our last report]. This was the first inspection under the new provider, but at this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff had received safeguarding training and understood what action to take in the event of any concerns for people's safety.
- Systems and handovers between shifts were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.

Assessing risk, safety monitoring and management

- People told us staff helped them feel safe living at the home. One person told us, "I do feel very safe living here." A relative told us, "[Person's name] has lived there for a long time and seems happy living there. I'd say the care is excellent."
- Staff were knowledgeable and understood the risk assessments which included ways to help people stay safe if they chose to spend time in the community.
- Staff had assessed people's safety and well-being needs and considered when planning their care. For example, where people experienced seizures staff had specific guidelines to follow to keep the person safe.
- At the supported living home consideration had been taken to keep people safe whilst accessing the local community independently. For example, people had mobile telephones to use with a picture of the manager and a number in case they needed support.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment. The registered manager also undertook regular checks on the continued suitability of staff to care for people, to provide on-going assurance.
- There were enough staff to care for people at times people wanted and needed support.

Using medicines safely

- Where possible people were supported to self-administer their medicines, including applying creams, independently.
- People received their medicines from staff who had been trained to do this, and whose competency was regularly checked.
- People were receiving their medicines when they should. One person told us, "I always get my medicines on time". The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Checks were regularly made on the medicines administered, so the registered manager could be assured

people were receiving their medicines as prescribed.

Preventing and controlling infection

- Staff had been given and followed the training they received to promote people's health, both at the home and at the supported living home.
- Staff confirmed they were supplied with enough personal protection equipment to help the spread of infections.
- The home environments at both Pound Farm and St Marys Court, were kept very clean and well maintained.

Learning lessons when things go wrong

- Staff reported information about incidents and accidents. These were analysed by management so, any learning could be taken, so risks to people were further reduced.

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 [however there has been a change in provider since our last report]. This was the first inspection under the new provider, but at this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to live at the home or in the supported living home.
- People's care plans were very person-centred and showed people had been given opportunity to discuss how they wanted to be supported. Regular meetings with their key workers were held to discuss any changes they wanted to make. We saw examples where one person had decided they no longer wanted to do a sailing activity, so alternatives were arranged.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- People were complimentary about the way staff supported and cared for them and felt they understood their needs. One person told us, "If ever I get anxious I can talk to staff, and they help me talk things through."
- Staff were positive about the training they had received and were confident additional training would be arranged when needed, to meet people's changing needs. When required training had been provided by health and social care professionals and was specific to the people staff supported. This helped to ensure people were supported by staff with the skills and knowledge needed to care for them.
- When new staff were employed they followed an induction programme, which included the opportunity to shadow experienced staff, so people consistently received care from staff who knew their care needs and preferences.

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

- People were supported in following a balanced diet. Staff helped people do menu planning and were aware of special diets such as gluten free.
- Some people enjoyed the independence of making their own drinks, and sometimes liked to help staff prepare meals for themselves and people they lived with.
- Staff regularly encouraged people to have enough to drink so they would remain well.
- One person told us how they liked to grow their own vegetables as a way of encouraging healthy eating.

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

- People were supported to see health professionals, when they wanted this. One person told us staff

supported them to see their doctor recently when they felt unwell.

- Staff gave us examples of support they had provided, so people would be able to access other services. This included working with other health and social care organisations. For example specialist epilepsy nurses and consultant psychiatrists, so people would have the care needed and their health and well-being needs would be met.

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

- People were encouraged to decorate their flats and rooms to reflect what was important to them. One person told us their bathroom had just been refurbished and they had been involved in the planning and colour choices.
- People enjoyed several communal areas and grounds to spend time in. People were encouraged to actively tender the gardens and care for the animals kept on site if they wished to.

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.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

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 [however there has been a change in provider since our last report]. This was the first inspection under the new provider, but at this inspection this key question has remained the same Good. 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 told us they liked the staff who cared for them. One person described the staff as "Very nice – I couldn't ask for better." A relative told us "Staff are not just caring they go out of their way to help people. It's not just a job for them."
- We could see from people's body language they had developed positive affectionate relationships with staff. Many of the staff had worked at the homes for many years, so they understood people well and what was important to them.
- One person told us how staff had supported them to go to music concerts to see their favourite pop groups.
- We heard how staff fund raised to help people go on an annual holiday of their choice.
- We saw when people expressed anxiety or were upset, staff understood how the person required reassurance. For example, one person had required reassurance after a period of anxiety and staff reassured them.
- Staff were able to explain confidently how each person required support and their individual needs. For example, staff understood relationships important to people and knew it was important to people to have contact and supported people to achieve this.

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

- Staff understood how each person required support to express their care needs. For example, where people had difficulty verbally communicating, visual prompts and gestures were used.
- Each person had a key worker that worked with the person and supported them to indicate how they felt about their care. People were encouraged to make day to day decisions such as where they chose to spend their time, staff respected this. When a person had expressed their views about their likes and dislikes these were respected.

Respecting and promoting people's privacy, dignity and independence

- We saw examples of how staff-maintained people's right to privacy and dignity for example before they entered people's flats, they knocked on the front doors and waited for an answer from people before entering.
- People's confidentiality was respected. Staff had a good understanding of the need to ensure people's confidentiality was maintained.
- People's private information remained secure. Care documentation was held confidentially, and systems

and processes protected people's private information.

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 [however there has been a change in provider since our last report]. This was the first inspection under the new provider, but at this inspection this key question has remained the same Good. 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 were at the centre of care planning and were involved in the process. Where appropriate, relatives and advocates were consulted.
- We saw care plans of people who used the service were regularly reviewed and up-dated accordingly. We saw these care plans were centred on the person; they took account of their likes, dislikes, wishes and preferences about their daily routines. This was so staff had as much guidance as needed to support people effectively and respond to their individual needs. People where possible had signed to say they agreed with the contents. .

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.

- People's communication needs were known and understood by staff. This included information "What a good or bad day looks like for me ". This included what action staff should take to support the person to achieve positive outcomes.
- Where people preferred to communicate using sign languages – staff had received training to facilitate this.
- Information around the home and in people's care plans was in an easy read format to assist people's understanding of information.

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 encouraged to build and maintain friendships and relationships of their choice and this was respected by staff.
- We heard examples of how people's confidence and independence had grown since moving to the home and how they had made friends in the local community.
- Each person living at the home had a personalised activity planner which included activities they chose to do for example meals out, singing, sailing and horse riding. We saw these options were reviewed and changed if the person decided they no longer wanted to participate in them.
- People told us staff supported them to attend their place of worship. One person told us "I like to attend

the chapel in Gorsley I go every Sunday."

Improving care quality in response to complaints or concerns

- People we spoke with told us they had not wanted to make any complaints about the care provided, as they considered it to be good. People were confident if they raised any concerns with staff and the registered manager these would be addressed.
- Systems were in place to promote, manage and respond to any complaints or any concerns raised. Although no complaints had been made since our last inspection.

End of life care and support

- The registered manager told us they were not providing care to people at the end of their lives at the time of our inspection. The registered manager told us they would work with people, their families and other health care professionals to consider people's best interests, if it was required. Plans setting out people's wishes at the end of their lives were being further developed, so people's preferences would be met.

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 [however there has been a change in provider since our last report]. This was the first inspection under the new provider, but at this inspection this key question has remained the same Good. 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; 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 had been in post for many years and built trusting relationships with people and staff. He ensured he knew and understood people's needs by regularly providing support and care for people, so led by example. We saw people were happy to approach the registered manager with any concerns. One person told us "I always go [registered manager's name] if I'm worried or upset, he listens to me and explains if I don't understand."
- A relative was very complimentary about the registered manager and staff, they told us, "I think this service is very well-led, it's very caring."
- Staff told us they too were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views, so made them feel valued.
- We saw that when any notifiable incidents had occurred they had been reported to the Care Quality Commission [CQC] as required.

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

- Staff understood their individual roles and the importance of working as a team. One staff member said "I love working here, it's the best care job I've ever had. We're a good team we all get on well together."
- Staff told us they felt supported by the registered manager and through supervisions and regular staff meetings felt involved in the running of the home.
- The registered manager audited the quality of the care provided and this assisted them in continuing to develop the service. For example, checks were made on the daily diaries completed to ensure a person's care and support was provided to meet their expectations and in line with their care planning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager liked to spend time with people who used the service speaking to them regularly to seek their opinions on how the care and support was provided. For example, on the day of our inspection we heard him assist people to book a holiday abroad and which staff should accompany them.
- Weekly house meetings were held so people could share concerns and /or make plans for the following

week, such as menu planning. At St Mary's Court one person chose to write the minutes.

- Provider feedback was sought annually from people then analysed to identify any improvements with the support or environment.
- The registered manager was committed to learn and improve people's care further. Staff were encouraged to take learning from any incidents and to reflect on the standards of care they gave, so lessons could be learnt and plans to mitigate future occurrences were put in place.

Working in partnership with others

- The registered manager and staff worked together with other health and social care professionals for suggestions to develop a person's care further. This helped to promote the person's physical health and mental well-being.
- The registered manager gave us an example of how worked with other agencies to support a person to move into more independent living as they had developed enough confidence to move out of residential care.