

Albany Farm Care (Hampshire) Limited

Holt Farm Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected Holt Farm on 8 February 2017. It was an unannounced inspection. The service provides care for up to six people with learning disabilities or mental health needs. At the time of the inspection there were six people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager was on annual leave at the time of the inspection.

People were not always protected from potential risks to their safety and wellbeing. Some of the risk assessments were out of date.

Safe recruitment practices, such as police identity and character checks, were completed. However, the provider had failed to gather full employment history of their prospective staff members. As a result, people were not properly protected from the risk of being supported by unsuitable staff. The identified gaps in employment history had not been fully examined and explained.

People were not always provided with opportunities to engage in meaningful activities.

Feedback was sought from relatives and stakeholders as part of the provider's quality assurance system. However, the feedback was not analysed and followed by an action plan to improve the service provided to people.

Quality assurance systems were not always effective and did not identify the shortfalls we found during this inspection.

Staff were knowledgeable about how to protect people from harm. People received their medicines when they needed them.

Records showed staff received the training they needed to keep people safe. The registered manager had taken action to ensure that training was kept up-to-date and future training was planned.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People's needs in relation to nutrition and hydration were documented in their care plans. People received appropriate support to ensure they received sufficient amounts of food and drink. Meals, drinks and snacks

provided to people suited their dietary needs and preferences.

People were supported to maintain good health and they either attended appointments or were visited by healthcare professionals. Appropriate referrals were made when required.

Staff told us they felt supported by the management and received supervisions and appraisals, which helped to identify their training and development needs.

The service had prepared appropriate care plans to ensure people received safe and relevant care and support. Each person had a personalised care plan containing information about their likes and dislikes as well as their care and support needs.

Staff knew people well and interacted with them in a kind and compassionate manner. People's privacy and dignity were respected by staff who supported them.

People and staff had confidence in the manager as their leader and were complimentary about the positive culture within the service.

We found a breach 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some of the risk assessments were not reviewed accordingly to the provider's policy.

The provider did not follow safe recruitment procedures.

Staff understood their responsibilities to keep people safe and protect them from harm.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to continually develop their skills.

The provider ensured that where people's human rights were restricted, the requirements within the Mental Capacity Act (2005) were being followed.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff knew people well and interacted with them in a kind and compassionate manner.

Staff supported people to maintain their independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People did not always have opportunities to engage in activities.

People's needs were assessed and personalised support plans were written to identify how people's needs would be met.

People and their relatives knew how to raise any complaints or concerns and felt listened to.

Is the service well-led?

The service was not always well-led.

The quality assurance systems were not effective and had not identified the shortfalls we found during our inspection.

The service sought feedback from people and their representatives about the overall quality of the service. However, the feedback was not analysed and followed by an action plan.

Staff understood their roles and responsibilities and were given support by the management team.

Requires Improvement 

Holt Farm Care Limited

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 February 2017 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service, including statutory notifications that had been submitted. Statutory notifications contain information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) which is required to be sent to us by the provider. The PIR gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We contacted the local authorities who sought the care on behalf of people to ask them for information about the service.

During the inspection we observed staff supporting people who used the service. We spoke with six people who used the service, one relative, three care staff members and a director of care. Subsequent to the inspection, we spoke with one person's relatives on the telephone to obtain further feedback on how people were supported to live their lives.

We reviewed care plans for four people, four staff files, training records and records directly relating to the management of the service, such as audits, policies and procedures.

Is the service safe?

Our findings

Risks had been assessed for people in areas such as choking on food, trips and falls, epilepsy seizure, personal care, going out or staying alone in people's rooms. Staff we spoke with were aware of these risks and could describe the support they provided to manage these safely. However, contrary to the providers policy, the risk assessments had not always been reviewed within the last three months. Therefore we could not be assured that the assessments were fully reflective of people's current needs.

The recruitment procedures employed by the provider had not always been effective. Disclosure and Barring Service (DBS) checks had been completed. The checks ensured that prospective employees had not had a criminal conviction that prevented them from working with vulnerable adults. In addition, previous employers had been contacted to check on the behaviour and past performance of the applicants. However, we found that the employment history had not been properly documented for all staff. Two of the files we looked at contained gaps which had not been satisfactorily explained or explored. This had not had any impact on the people using the service.

People told us they felt safe living at Holt Farm because the staff cared for them properly. One person said, "Yes, I feel safe". One person's relative told us, "I feel [name] is safe and happy".

We spoke with staff about what actions may need to be taken to ensure people were protected from abuse. Staff were aware that suspicions of potential abuse or neglect should be reported to the local authority. Staff explained that they knew people well enough to notice if a person was distressed or worried about something. A member of staff told us, "I would record everything and report this to my line manager".

Staff we spoke with told us that they had no concerns about staffing levels which, as the director of care explained, were determined based on an assessment of people's needs. Senior staff were also available to provide additional support in response to any incidents if needed. We observed that the current staffing levels were enough to meet people's needs.

People's medicines were managed safely. People received their medicine on time and staff were knowledgeable about the types and doses of medicines people took and why they were prescribed. Staff had received training in safe management of medicines. Their competence in medicine administration was tested and recorded by a senior staff member. We examined the Medication Administration Record (MAR) and saw that there were no gaps in the recordings.

Staff were aware of their responsibilities with regard to infection control and control of substances hazardous to health (COSHH). Relevant procedures were in place. Daily cleaning tasks were completed as per the cleaning schedule. One of the relatives told us, "My son's room is neat and tidy and it is cleaned often". The food temperature was recorded on a daily basis. All food products that had been opened were labelled, with the date of the opening clearly marked. Food stock rotation was implemented to avoid cross-contamination and was overseen by the registered manager. Appropriate personal protective equipment was available for staff and waste was disposed of in accordance with legislation. The service took

appropriate action to reduce potential risks relating to Legionella disease. Legionella disease is a serious pneumonia caused by the legionella bacteria. The legionella bacteria can contaminate hot water tanks, hot tubs, and cooling towers of large air conditioners. Staff reported any maintenance requirements and these were resolved in a timely manner.

Servicing and maintenance checks for equipment and systems within the home were carried out. Staff members confirmed the service's emergency alarms, emergency lighting and fire safety system, were regularly checked. We looked at records that showed that these checks had been completed. For example, the fire detector and alarm system were tested on weekly basis. Each person had a personal emergency evacuation plan (PEEP's) in place. These were readily available and consisted of essential information about each person in the event of an emergency, ensuring the continuity of care delivered to people.

Is the service effective?

Our findings

People and their relatives made positive comments on the skills, experience and abilities of the staff who provided support. One person told us, "Staff know me, they know how to help me". One person's relative told us, "Oh yes, they seem to be well trained".

All new staff had undertaken induction training which included the completion of mandatory training in relevant areas. Newly employed staff members were also obliged to shadow more experienced staff for two weeks. Staff competencies were assessed in areas such as safe handling of medicines, and completed a probationary period. This ensured each staff member had the appropriate knowledge and skills to carry out their role effectively.

People were supported by staff who had been appropriately trained. Training was up-to-date and staff had received additional training specific to the needs of people they supported, for example training in communication skills, epilepsy and autism. Staff told us they were provided with good opportunities for training. Staff members also stated that they had easy access to training and were actively encouraged by the management to complete both mandatory and specialised training. A member of staff told us, "Trainings provided to us are very good, very easy to understand".

Records showed and staff told us they had received regular supervision sessions. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw records confirming that staff had received annual appraisals of their individual performance and had an opportunity to review their personal development and progress. A member of staff told us, "We discuss issues related to our job. Things that are difficult and what would be the solution".

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. We checked whether the service was working within the principles of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received Mental capacity Act 2005 and DoLS training. They were able to explain what deprivation of liberty was and why and how people could be deprived of their liberty. A member of staff told us, "If a person has been assessed as lacking capacity to make a decision themselves, a best interest meeting has to be organised in order to decide what best decision the person could make on their own".

Throughout our inspection we saw that people who used the service were supported to express their views and make decisions about their care and support. People were asked to make their own choices and staff respected them. People were asked for their consent before any care interventions took place and each time

people were given time to consider options.

People's nutritional needs were assessed and monitored. The care plans included information about people's preferences relating to food and any risks associated with eating and drinking.

People were encouraged to eat healthy food and provided with a choice of suitable and nutritious food and drink. We observed sufficient amounts of fluids were offered to people throughout the day. There were guidelines in place for people concerning eating sweets and junk food. Staff encouraged people to eat fresh fruit as a healthy alternative to sweetened products. One person told us, "I like the food here". Another person said, "I like corned beef sandwiches and we have different meals each night of the week".

We found evidence that people had been supported to attend a range of health related appointments in relation to their routine and specialist needs. We saw that people attended appointments with a GPs as well as appointments with psychologists, psychiatrists and a learning disability team. The service was in the course of introducing a new type of health plans whose purpose was to give as much accurate and relevant information to healthcare professionals as possible. The aim was to enable the professionals to provide people with immediate and most effective support when needed.

Is the service caring?

Our findings

People were complimentary about the care they received and said that staff members were kind and caring. One person told us, "I like the staff they are nice". Another person simply remarked, "It's quite nice here".

People told us they were supported to maintain relationships with people who mattered to them. For example, one person was seeing their girlfriend every week at the local cafe. People's relatives confirmed staff were always friendly and polite, made them feel welcome in the home and encouraged to visit their family member.

There was a culture of mutual respect within the service. We noted that people were relaxed and comfortable while approaching and talking to staff. We also observed staff interacting with people in a warm and caring manner, asking them if they wanted anything to eat or drink and if they were comfortable. We saw that staff provided support to relieve people's distress and discomfort. For example, we observed how a staff member comforted one person who became upset. The person clearly trusted the staff member and felt at ease in their presence.

Information which was relevant to people was produced in differing formats and explained to individuals in a way which gave them the best opportunity to understand it. These ways included pictures of reference, photographs and symbols. Staff followed people's individual communication plans. For example, staff explained to us the meaning of particular words or gestures people used and advised us how to read their behaviour. People understood staff and staff understood them. Staff and people who lived in the home constantly communicated and interacted with each other.

We asked care staff what they did to protect people's dignity and privacy and they were all able to describe how they did this. A member of staff told us, "I'm always trying to enforce principles of dignity and respect. I knock on the door, this is their private home. I close the door and draw the curtains while providing personal care". We saw instances of this, including staff knocking on people's bedroom doors and waiting for permission to enter. The care plans gave staff detailed information about people's personal preferences, for example, one person preferred to be left in private whilst they were getting dressed. We saw that people were dressed according to their individual taste and their clothing matched their age and gender and was adjusted to the weather conditions. People looked neat, trim and well cared for.

People's care plans described the ways in which people should be supported to promote their independence. During the inspection we observed staff providing prompt assistance but also encouraging and prompting people to build and retain their independence. A member of staff told us, "People are physically able so we try to help them to be independent and safe as much as possible".

People's rooms were personalised and reflected their individual interests and taste. The walls of the communal areas were decorated with photographs of people. People had chosen which pictures were to be displayed

Staff were discreet and respected people's confidentiality. We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored on a password protected computer.

Is the service responsive?

Our findings

We looked at the arrangements in place for people to participate in leisure pursuits and activities they enjoyed. We saw there were no activities planned on the day of the inspection. We looked at the weekly chart of activities and saw instances of no activities recorded for a period of three or consecutive four days. Sometimes it was noted that a person had refused to join in an activity. However, this was not recorded if any alternative activity was offered to the person. A member of staff told us, "Due to the diversity of the service users we seem to be limited. You can't plan on day to day what to do".

One person's relative told us that their only concern about the home was that the person was not able to go out regularly. The person's relative said, "[Person] does not go out enough, they only take him to the shops. I would like him to go out more. He enjoys getting out into the community. There are no daily activities as far as I am informed ". People's records showed that they liked to participate in a range of activities including outings to places of interest but our observations and records showed that they spent most of their time in the home. One person told us, "I go out with my family but otherwise not really".

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had assessments of their needs written up before they moved in to the service. People, their families, social workers and other services had been involved in the assessment process. People's care plans showed that their views had been sought in creating the care plans to reflect their individual preferences and needs. Where people did not have the capacity to be involved in developing their own care plans their relatives had been involved. Care plans were kept under regular review to help ensure they continued to provide staff with up-to-date instructions on how to meet people's needs.

Care plans provided detailed information about people's care needs and specified how staff were supposed to help them maintain their abilities for as long as possible. Some of the life histories included in the care plans were particularly detailed so that staff had a good understanding of people's background and interests, even if people's ability to communicate was limited. This enabled them to respond appropriately to people's wishes and treat them as individuals. Care plans were outcome-focused. For example, one person's goal was to gain more independence, self-esteem and to engage in interacting with people. Staff helped this person achieve this objective by involving the person in their care, explaining to them what was happening and ensuring the person maintained contacts with their friends and family.

Staff were provided with clear guidance on how to support people in line with people's wishes and preferences. Staff showed an in-depth knowledge and understanding of people's care and support needs. All the staff members we talked to were able to describe the care needs of each person they provided with support. This included individual ways of communicating with people, people's preferences and routines.

People were enabled to choose their own keyworker who took the lead on overseeing their individual needs, their care planning and reviews. A key worker is a member of staff that works with and in agreement with the

person who uses the service and acts on behalf of that person. The key worker has a responsibility to ensure that the person has maximum control over aspects of their life. It was evident from staff interactions that staff members were familiar with the needs and preferences of the people they supported. As a result, they identified changes in people's wellbeing promptly and sought medical assistance or other advice in a timely way.

There was information for people on how to make a complaint about the service but this was not displayed in the communal area and so it might be missed by people and visitors. The service had not received any complaints since the last inspection. We asked people if they knew how to raise a complaint. One person told us, "If I had to complain I would go to [the registered manager]".

Is the service well-led?

Our findings

We saw that there were systems in place to assess and monitor the quality of the service people received, but these were not always effective. The registered manager had carried out audits but these failed to identify the shortfalls we found during our inspection.

The registered manager had sent out questionnaires to relatives to gain feedback about the quality of the service. We reviewed the results of the most recent survey completed in 2016 and noted that there had been some negative feedback regarding the quality of care. We asked the director of care if they had been able to spare some of their time to analyse the results of the survey. They answered they had not done this yet. The service had failed to act on the issues raised in the survey and to create appropriate action plan.

There was a clear management structure at Holt Farm with the registered manager and senior members of staff acting as the leaders. The registered manager was on annual leave at the time of this inspection and the home was being supervised by the director of care.

Staff were positive about the home and described their team as friendly and supportive. There was a relaxed and friendly atmosphere in the home and staff told us they were happy to work there. They also said they were satisfied with the way the home was run. Staff told us they considered the management to be accessible and supportive. A member of staff told us, "The management's support is really good. I was racially abused by one of the service users. The manager spoke to them, explained things to them and they apologised me. Since then there have been no similar issues at home".

Staff we spoke with told us that a whistleblowing policy was in place, and they were fully aware of the circumstances in which they would use the policy. Staff told us they felt confident to raise any issues that affected the way the service was delivered. A member of staff told us, "They would listen to me if I wanted to change or update something".

We saw there were regular staff meetings at which staff were asked to contribute to improvement of the service by raising issues to discuss. Ideas for staff development, new guidance and legislation were shared. The registered manager asked for feedback from staff. Staff confirmed there was good communication between staff members and they were motivated to enhance the functioning of the service. A member of staff told us, "We have a team meeting every three months. We are asked for feedback and we get feedback from the manager. We had one staff meeting dedicated to the new person that was introduced to the service. I found this really useful".

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect 10 (2) (b) People did not always have opportunities to engage in activities.