Cabrini Care Limited

Spring Bank Farm

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 October 2016 and was unannounced. Spring Bank Farm is run and managed by Cabrini Care Limited. The service provides care and support for up to seven people with autism. On the day of our inspection five people were using the service.

The service did not have 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. The pervious registered manager had left their post in January 2016 and the provider had recently appointed a new manager to the service who had not yet applied to become the registered manager.

Safeguarding incidents were managed appropriately. Risks to people's safety were assessed but on occasion when people's needs changed the risk assessment did not reflect the change in a timely way.

Staff levels did not always meet the needs of people and agency staff were used to support people. There was a high turnover of staff and new staff were not always supported in their role. The recruitment processes in place lacked complete records of pre-employment checks for new staff employed. Medicines were not always managed in a safe way as errors and near misses were not recorded or monitored.

Staff received training for their roles but there was a lack of update training for staff and there was a lack of regular supervision and appraisals for staff.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People's health needs were not always managed in a timely way. However people were protected from the risks of inadequate nutrition and specialist diets were provided for those people who required them.

People who used the service, and their representatives, were encouraged to contribute to the planning of their care and people were treated in a caring and respectful manner

People who used the service, or their representatives, were not encouraged to be involved in decisions about the service and people did not always feel their concerns or complaints were taken seriously. There was a lack of quality monitoring audits systems in essential areas such as medicines, care plans and the environment.

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.

The provider did not always respond in a timely way to safeguarding issues and there was a lack of confidentiality around safeguarding issues.

Risks to people were assessed.

As a result of a high turnover of staff the provider used a large number of agency staff to support people which led to a lack of consistent care.

There was a lack of records to show pre-employment checks had been undertaken when employing new staff.

The management of medicines was not always safe, there was no system in place to record or analyse medicine errors.

Is the service effective?

Requires Improvement

The service was not always effective.

People were supported by staff who had not had their training updated. Supervision and appraisals to ensure they could perform their roles and responsibilities effectively were not always undertaken.

People may not get the healthcare they require

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people

were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Requires Improvement

The service was not always responsive

People did not always feel their complaints and were listened to by the management team.

People residing at the home, or those acting on their behalf, were involved in the planning of their care. However there was occasions when changes to people's care was not up dated in a timely way to give staff the necessary information to promote their well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had been through an unsettling time with staff and management changes.

There was a lack systems in place to monitor the quality of the service

Spring Bank 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 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.

We visited the service on 5 and 6 October 2016, this was an unannounced inspection. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with three sets of relatives, six members of care staff, the home manager and the director who was registered as the company's nominated individual. We looked at the care plans of three people, three staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for people.

Requires Improvement

Is the service safe?

Our findings

We examined the staff files of new members of staff and found that checks were carried out through the Disclosure and Barring Service (DBS) as part of the recruitment process. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work vulnerable adults. This helps employers make safer recruiting decisions, however the staff files we viewed had no records of references from new staff members' last employers. The manager told us these references had been sought but were on the previous manager's email system. The references were not located prior to the completion of the visit. The manager told us should they not be able to access the email system they would obtain new references for the new employees. However this had had been completed prior to the writing of this report. This lack of complete checks on staff's background meant the provider had not undertaken safe recruitment practices.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulation 2014

Relatives we spoke with told us there had been a significant turnover of staff in the last few months and the service had needed to use agency staff to support their relations. Relatives told us they felt this was detrimental to the well-being of their loved ones. One relative told us the permanent staff, "Go the extra mile." But they had been unhappy at the amount of staff who had left the service in the previous months and felt this had effected their relation's behaviour patterns.

Staff we spoke with told us as a result of the turnover of staff a lot of them needed to work a large number of extra hours to cover shortfalls. One staff member said, "It has been a struggle and we have been very short staffed." Another staff member told us they had been working up to 70 hours a week to cover the short fall of staff hours. The records we viewed showed there had been approximately 40% staff turnover since the beginning of 2016 and that permanent staff had been working excessive hours to cover the service.

Staff also confirmed there had been a high use of agency staff. Records we viewed showed the service had required agency staff to work up to 50 hours for some weeks. One member of staff told us they worked to get the same people from the agency so there was continuity for the people they supported, however they told us it was not always possible. The deputy manager also confirmed they asked to use the same agency and asked for staff who had worked at the service previously. However the staff rota we viewed did not identify agency staff by name and as a result we were unable to verify that this practice was taking place.

We discussed the staff turnover with the new manager who told us they had an on-going recruitment process and they were interviewing potential staff to ensure the needs of people who lived at the service were met by permanent well supported staff. However this large turnover of staff and use of temporary staff to cover short falls had already resulted in a lack of consistent care for the people who used the service and for some people had a detrimental effect on their well-being.

People's medicines were not always managed safely. Although some staff had received training in the safe

handling of medicines staff told us, and we saw on the off duty that there had not always been a suitably qualified member of staff on duty at night to administer medicines. This meant the staff member who was on an evening shift was required on occasions to stay to administer night time medicines. However should as required medicines be needed by a person during the night there was no suitable person to administer these. We addressed this with the manager and deputy manager who told us they were waiting for a member of night staff who had completed their training to have a final assessment. They told us there was always someone on call who would be able to attend should medicines be required during the night. We highlighted that this was an unsafe practice and asked the manager and deputy manager to ensure the service always had a member of staff on duty who was suitably trained to give medicines. Prior to leaving the service we checked the off duty to ensure these changes had been made and satisfied ourselves that the service had suitably trained staff each shift to administer medicines 24 hours a day.

We also found checks to ensure medicines being administered were in date were not always carried out. For example we found some eye drops in use which had expired four days previously were still in use despite a new sealed container being available in the stock cupboard. The person's MAR sheet (Medicine Administration Record) had signatures to show staff had administered the eye drops. This meant that the person was administered eye drops that had passed the most effective use by date.

Our audit of the medicines showed that there was no robust protocol in place to record medicine errors. For example a medicine had been inadvertently removed from a blister pack at the wrong time. Whilst this had not been administered and put back in the open blister pack for use at the correct time, staff had not recorded this incident. This meant if the medicine fell out of the open pack and another member of staff was administrating medicines at the correct time they would not be aware of the error and this could cause confusion and result in the person not receiving their correct medicine.

Relatives we spoke with told us they felt their relatives were safe at the service. One relative said, "Yes [name] is safe, they get the right level of care, the staff are very good." One relative we spoke with told us they were not happy about the lack of communication they had received following a recent safeguarding issue. However we looked at the records relating to the incident and spoke to the manager and satisfied ourselves that the correct actions had been taken by staff caring for the person in relation to the incident.

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse. The staff understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff told us they felt comfortable in raising concerns to the manager. They said, "Yes I feel comfortable [raising concerns] I think they [manager] would act.

We spoke with the manager about their responsibilities in relation to managing safeguarding issues. They told us they took safeguarding issues seriously and since being in post had ensured there was information for staff on how to raise concerns relating to safeguarding issues. We saw since they had been in post they had sent through appropriate notifications to ourselves and had undertaken investigations into concerns raised with them.

Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. There were detailed risk assessments in people's care plans. These showed what help individuals needed with aspects of their day to day activities such as communication, personal safety, nutrition and managing their medicines. Positive behaviour plans gave staff information on how to support people with different aspects of their behaviour.

Where people required support in the community a risk assessment detailed the type of support required to allow them their freedom but still keep them safe. Where some people required specialist diets details of how these should be managed were available for staff. These included details explanations of how storage of particular foods should be undertaken.

Requires Improvement

Is the service effective?

Our findings

People may not receive the healthcare they require which leaves them at risk of requiring emergency treatment. Some relatives we spoke with told us they were unhappy with the way the health needs of their relative had been managed recently, and that communication about some health issues had not been managed to their satisfaction. Their relation had been admitted to hospital and the relatives felt the management of the health concern had not been managed quickly enough. Staff we spoke with also felt there had been a lack of support from health professionals and the management team during the issue. This resulted in the person needing to receive emergency treatment which could have been avoided if treatment had been sought earlier.

We addressed this with the management team and they accepted there were lessons to be learnt from this incident. Following our inspection the manager sent us information to show how they planned to address any similar issues in the future. However the lack of co-ordinated response from the management team meant the care during this episode fell below the standard we would expect from this service.

This was a breach of Regulation 12 of the Health and social care act 2008 (regulated activities) 2014.

Other relatives we spoke with told us their relations' health needs had been managed effectively and when required staff had gained the support they needed to deal with any health care issues. Staff told us they called appropriate health professionals when required. One member of staff said, "Yes doctors are called in regularly." The records we viewed showed advice had been sought for different areas of care for people who lived in the service.

Some relatives we spoke with told us the staff who were employed by Cabrini Care had been sufficiently trained to provide care for their relations. However some relatives were concerned that use of agency staff meant they could not be sure their relations were receiving care from staff with the appropriate skills. The deputy manager told us they always received a pen profile of the agency staff who supported people and was assured the temporary staff had the correct training.

Staff we spoke with told us there had been a lack of update training in the last few months, one staff member told us, "It [training] has been up in the air." And another staff member told us they were due to have some updates in their training in areas of health and safety and fire safety. Another member of staff told us the new manager had started to address the training shortfalls and they had received training from an external company. They said, "They [manager] have got a new professional company and the first aid I did was very good."

The training matrix we viewed showed that some staff had not always been supported with timely update training. We spoke with the manager who told us the new training package they were piloting did have a large E-learning element. The manager was co-ordinating staff to do the E-learning when they were in the service so they and the deputy manager could support staff with this and evaluate staff progress. They were also planning to include some face to face training sessions for staff in the future for particular areas such as

managing behaviours and autism awareness.

Staff told us the induction process for new staff during the last few months had not always given the right level of support for new staff. One member of staff said when they joined the company the induction was, "Hit and miss" and they felt they had not always been well supported. A member of staff told us that they had seen new people join the company and then leave within a couple of weeks. We discussed this with the manager who told us they were aware of this shortfall and they were working to address this. Part of the overall training they were reviewing included the induction process for new staff to ensure they were properly supported.

Staff we spoke with told us supervision and appraisals had not been carried out on a regular basis over the preceding months. One staff member told us they had not had an appraisal during the last year and another told us they had received one supervision session with the previous temporary manager three months previously. The lack of supervision sessions had a negative impact on staff and a number of staff told us they felt unsupported in their role. The manager confirmed they had not yet undertaken any supervision or appraisals with staff however they would be addressing this in the near future.

We saw staff were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. One member of staff told us they used visual aids for some people to assist them make a decision about their care. We saw some people took staff by the hand to show them what they wanted. A member of staff told us, "We always make sure people are given the chance to make the decisions they can make." During the inspection we saw people were able to move freely around the home and garden. Staff told us before they assisted with things such as personal care they always obtained consent and although the majority of people were unable to give verbal consent they were able to indicate if they were happy for the member of staff to provide the care.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments was on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "It's to protect people who might not have capacity to make some decisions." Another member of staff said, "I use the information in the support plans to help me understand their [people they supported] capacity."

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).We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of completed applications to the local authority relating to DoLS in people's care plans and noted the conditions of the authorisations were being met.

Relatives we spoke with told us their relations' diets were managed and they were given enough to eat. We saw one person required a specialist diet and this food was kept separate from other foods that they were

not able to tolerate. Staff we spoke with were knowledgeable about the type of diet people required and how best to support them. Information in people's care plans showed they were weighed regularly, what their dietary requirements were and that specialist dietary help had been sought when required.

Staff told us they tried to give choice to people and help them to maintain a healthy diet. They told us people in the service preferred to eat at different times and they worked to ensure people were given enough to eat and drink throughout the day to satisfy their nutritional needs. During the visit we saw people had the option of where and when they ate and saw there was a range of healthy snacks available for people to have between meals.

Good

Is the service caring?

Our findings

Relatives we spoke with told us they felt that staff were kind and caring towards their loved ones. One person said, "Yes they are very kind and caring and [name] is happy with staff." Another relative told us, "The staff go the extra mile."

Staff we spoke with told us they felt their colleagues were kind and caring with people. One member of staff told us, "Staff are passionate and care about people." Another member of staff told us the people who lived at the service did not always interact with each other but often formed positive relationships with staff. A further member of staff told us it was the people who used the service who kept them working there. They told us they had bonded with people and cared about their welfare.

Our observations supported what people had told us. During the inspection we saw a member of staff came in on their day off to plan a surprise party for one person. Staff spoke to people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people. For example we observed how a staff member supported one person. The staff member allowed the person to lead them and they responded to the person's needs in positive ways. The person enjoyed sitting in the office looking out of the window and the staff member sat with them quietly chatting with the person.

Staff had also formed relationships with people's relatives. During our visit we saw positive interactions between staff and a visiting relative It was clear the relative was comfortable with staff as they spoke easily with each other during the visit.

People were encouraged to express their views on the things that were important to them and spend time in the way they chose. During our visit we saw people doing the things they wanted in the way they preferred. People were able to spend time in the communal areas and in their own rooms. They chose what and when to eat and what clothes they wanted to wear.

Relatives we spoke with told us they had been involved with their relation's care plan and had participated in regular reviews. One relative told us they had worked with their relation's key worker to ensure the information in the care plan was reflective of their relation's needs. They told us their views and opinions had been listened to and taken into account when writing and updating the care plan. A number of relatives lived some distance away and told us they had regular telephone contact with staff from the service to keep updated on their loved one's needs.

We discussed whether anyone in the service required advocacy services; the manager told us that two people were using the services of an advocate to support them and their relatives with decisions. Advocates are trained professionals who support, enable and empower people to speak up.

Relatives we spoke with told us staff were respectful when dealing with their relations' privacy and dignity. Staff managed people's privacy and dignity in a satisfactory way. Staff explained they would deal with

people's personal care discreetly and ensure curtains and doors were closed when providing care. During our visit we saw people had en-suite facilities and when personal care was being given the doors were closed to afford people the privacy they required.

Requires Improvement

Is the service responsive?

Our findings

Some relatives we spoke with told us they felt the care their loved ones received was person centred and the staff knew the individual preferences of their relatives. One relative told us, "Yes [name] gets individualised care." The relative told us their views and knowledge of their loved one's needs had been used to develop their care plan.

Staff we spoke with were able to discuss the needs of people they supported. They were knowledgeable about the information in people's care plans. One member of staff told us there was a daily diary for each person as well as their care plan and the staff member had been able to read both to assist them when they supported a person.

The majority of the care plans we viewed reflected people's individual needs and gave comprehensive information on each individual's routines and preferences. There was information on practices staff should adopt to best support people in areas such as personal care, communication and support when going out in the community. The majority of the care plans had been reviewed and up-dated to reflect the support people required, although we found one care plan had not been updated with recent changes to the person's care needs. This person had shown some significant changes in their behaviour over the preceding weeks. Their risk assessment had not been updated to reflect this and give staff the most up to date information on how to support the person in the most effective way. Staff told us they had recognised the changes in the person's behaviour and had tried to meet their needs safely. However we addressed this with the manager who agreed the information in the person's care plan was not up to-date and would address these issues in the future.

We also witnessed one person display behaviours which were not conducive to maintaining their dignity. Whilst there was some attempt made by staff to manage this there was also an acceptance of the behaviour. We examined the person's care plan and found there was insufficient information to assist staff to support the person to maintain their dignity. We raised this with the nominated individual who accepted that the person's privacy and dignity could be better managed, and the person's care plan should contain further strategies to support them with this aspect of their care.

Staff we spoke with told us the care plans and daily diaries for the people who lived at the service were useful. They told us whilst there was a team leader to team leader handover on each shift, relevant information was not always passed on to other staff providing support for the people who lived in the service in a timely way. This meant staff may not always have the most up to date information on how they should provide daily care to individuals.

Despite this during our visit we saw people were being cared for in line with the information in their care plans. We observed staff effectively support people using the strategies recorded in their plans. For example we saw a member of staff allowing a person to take the lead in making choices in how and where they spent their morning. The staff member encouraged the person to undertake particular activities such as making a drink or preparing their breakfast and offered the appropriate level of help. The person was clearly

comfortable with the support they received and interacted well with the member of staff. We saw them move around the service undertaking the activities of their choice and their mood was calm and positive.

The service provided support for people to undertake a range of activities of their choice. Relatives we spoke with told us their loved ones had been able to follow their hobbies. One relative told us, "[Name] has a lovely timetable, [they are] given the freedom to do what they want." They went on to say their relation went out into the community on a regular basis and enjoyed the company of the staff who supported them. The relative told us their relation was able to go swimming and horse riding.

Staff discussed the different activities and hobbies people who lived in the service enjoyed. Each person had an individual plan for activities. This included such activities as going to a disco, attending a car boot sale or going out walking. Staff told us people enjoyed cooking, listening to their music and using the sensory room in the home Staff told us they let the people they supported take the lead in what activities they participated in.

Relatives told us they knew the process for raising concerns or complaints and felt able to raise these. The feedback we received relating to concerns being addressed to people's satisfaction was mixed. One relative told us they were happy with the way concerns were addressed however other relatives felt they were not always listened to and their concerns were not always acted upon.

We spoke with staff who told us they knew how to escalate concerns and complaints to the management team. One member of staff told us, "I would sort it [the complaint] if I could, if not I would pass it on to the manager and document it." However some staff felt that issues they had raised to the management team had not always been dealt with to people's satisfaction.

We discussed the way complaints had been handled with the new manager and we saw they had documented recent complaints with actions and outcomes. However at the time of the inspection the new manager was unable to find any documentation relating to complaints and concerns that had been raised in the previous few months prior to their appointment. Following the inspection we were sent information to show that complaints and concerns raised had been documented and resolved by the previous management team.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we saw that the provider had systems in place to ensure some environmental monitoring was maintained and records were available to show areas such as fire equipment and legionella testing were taking place.

However regular quality audits had not been undertaken. The manager and deputy were unable to provide any records of quality audits to monitor areas such as the environment, care plans and medicines in the service either at manager level or provider level. The provider was unable to produce any evidence of analysis of significant incidents. During the inspection we saw there had been some medicines errors which may have been avoided with regular auditing of processes, stock rotation and staff competency. The lack of audits relating to medicines had resulted in the standard of care in this area to fall below what we would expect. There was a lack of oversight by the provider with regard to the quality of the service and when errors or incidents occurred the management team did not look at strategies to support people and staff and prevent reoccurrence.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the time of the inspection the service did not have a registered manager in place. The previous registered manager had left their post in January 2016 and the service had employed a temporary manager until September 2016 until a permanent manager had been recruited. The new manager had not yet applied to the Care Quality Commission (CQC) to become registered manager, but had started to complete the paperwork to enable her to do so.

Relatives we spoke with told us there had been some significant changes in the management team over the previous few months. Some relatives felt this had been very unsettling for both the people who lived at the service and the staff who worked there, and this was the reason for the turnover of staff during the last year. Relatives we spoke with felt it was too early to say it the new management changes would stabilise the service. However the new manager was working to build on the relationships with the people who lived at the service and their families.

Staff we spoke with told us they had not felt supported by the management team in the previous months and the high turnover of staff had an effect of staff morale. One member of staff told us, "We have had so many changes this year." They went on to say they had felt that they hadn't been listened to by the management team. Another member of staff felt when issues were raised the management team lacked urgency in their responses. The member of staff highlighted a recent issue where they felt there had been a lack of support from the management team for staff both during and after an incident.

Some relatives we spoke with did not always feel confident that safeguarding incidents were managed appropriately and they told us they were not always kept informed in a timely way of issues that affected the wellbeing of their relatives. Whilst the manager had reported safeguarding incidents to the local safeguarding team and ourselves, and had undertaken investigations of the incidents. Relatives did not feel

the communication between themselves and the service had been timely.

Staff also told us that they were aware of the whistle blowing policy. One member of staff said, "I do feel comfortable [reporting any safeguarding issues] and if it was serious it would be dealt with, but there is no confidentiality. Staff told us when issues had been raised to the management team in the preceding months the members of staff anonymity had not always been protected. They told us members of staff had left the service as a result.

We raised all the above issues with the new manager who told us they had been working with staff to try to improve confidence in the management team. We saw they had already instigated staff meetings to ensure staff were aware of their roles and responsibilities. The minutes of a recent meeting showed the manager had shared with staff their action plan to improve the service.

Some staff we spoke with told us they felt with the appointment of a permanent manager there would be improvements in the service. They told they had been able to discuss issues with the new manager and they were a visible presence in the service.

Although relatives telephoned and visited the service for individual meetings regarding their relations' care they told us they had not been invited to complete any surveys or questionnaires related to the quality of the service provided for their relations. This meant people or their representatives were not able to have a say in how well the service was being run.