

# Salters Hill Charity Limited

# Pound Farm

## Inspection report

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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

This inspection took place on 25 and 26 February 2016 and was unannounced.

Pound Farm provides accommodation and personal care for adults with a learning disability. It has the capacity for 15 people to live there in one of their five flats Acorn, Rowan, Beach, Sycamore and Cedars. At this inspection 14 people were living there.

A registered manager was in post and was present during our inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People were involved in their own risk assessments and were able to make informed choices about what they wanted to do.

There were enough staff to support people and to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required. Before staff could start work the provider undertook checks to ensure they were safe to work with people.

The provider helped people to administer their own medicines. When people could not administer their own medicines they were supported by staff who were trained to safely administer medicines. The provider undertook checks to ensure people and staff were following safe procedures when administering medicines.

Staff had the skills and knowledge to meet people's needs. Staff were supported in their roles by the provider and attended training that was relevant to the people they supported. Staff were supported by the provider and the registered manager who promoted an open and transparent culture.

People were involved in decisions about their day to day care. People were supported by staff who understood and took steps to ensure their rights were upheld. Staff provided care and support which was personalised and respected people's likes and dislikes. People took part in activities they liked and found stimulating. People were involved in the day to day running of their home.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity.

People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it.

People and staff felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people from another service to visit and complete quality checks as part of a peer review scheme. When needed improvements were made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. People were involved in assessments of risk whilst their independence was maintained. Checks were made before staff could start work to ensure they were safe to work with people. People received their medicine safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to meet people's needs. People had access to healthcare when they needed. People were supported to maintain a healthy and balanced diet which adapted to their needs and preferences. Staff supported people to make decisions and protected their rights.

### Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and kindness. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff. People were supported to be as independent as they could be.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and regularly reviewed. People's individual needs and preferences were known by the staff supporting them. People felt able to

raise any concerns or comments with the provider. People felt their opinions were valued by the provider.

**Is the service well-led?**

**Good** ●

The service was well-led.

People felt included in the running of their home and their suggestions were valued. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

# Pound 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.

This inspection took place on 25 and 26 February 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

We spoke with six people receiving support, the registered manager and five support workers, one team leader, one volunteer and two people completing a quality review. We viewed the personal development plans for two people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider including monthly reports completed by the registered manager.

## Is the service safe?

### Our findings

We looked at how people were kept safe from abuse. One person told us, "I am safe, everything is good here". Another person said, "I can talk to anyone if I don't like something or if something makes me sad". Staff had received training and understood how to recognise any signs of abuse or ill-treatment. One staff member said, "I would have no hesitation at all in reporting any incident I suspected of being abusive to the registered manager or the local authority". Staff members knew the procedures they would need to follow and where these were kept if they suspected anything was wrong. Staff knew how to report outside of the organisation if needed. A staff member told us, "We have all the information we need contained in one pack. This is easy to locate and updated with all the contact numbers we need". We saw the provider had made appropriate referrals when necessary.

People told us they felt safe receiving services from the provider. One person said, "I can do what I want but sometimes they (staff) help me so I don't get hurt". People were involved in their personal assessment of risk. For example, one person showed us the risk assessments they helped to complete with a staff member. These included medicines, road safety and kitchen skills.

People we spoke with were clear about risks and what they needed to do to keep themselves safe. One person told us, "I once drank something I shouldn't; now I know". Staff were able to confirm the measures they take to minimise risks to people without restricting their liberty. One staff member said, "[Person's name] needed some assistance with road safety. Rather than saying 'no you can't go out' we looked at how to make this safe. We assisted and then observed them as their skills developed. This person is now able to go out on their own as their awareness had grown". The registered manager told us they became concerned about another person potentially putting themselves at risk. They spoke with the person and their family and looked at education so the person could make informed decisions for themselves. One person told us, "I know what to do to keep safe". We saw that risk was identified and managed whilst still allowing people to safely do what they wanted.

The provider had systems in place to manage the risk from any equipment used. We saw one staff member raising a concern with the team leader. A faulty piece of equipment had been identified and removed immediately in order to protect people from harm. We saw the accident and incident reporting procedure was followed by staff who took action and reported incidents when required. This information was overseen by the registered manager who made changes if required to prevent re occurrence. For example, staff recognised one person was at risk of scalding. Staff spoke with the person and they agreed a plan where they assisted the person to minimise the risk of harm.

People and staff told us there were enough staff to meet their needs. One person said, "I can do what I want, they (staff) are always about". The registered manager told us the hours of support they provided is set by the funding authority. If they identify a change in need then additional staff were immediately put in place and a request for additional funding made. The registered manager told us, "We adapt our staffing levels when this is needed for example in emergencies or with significant changes in need. However, it is crucial we get the initial assessments right so we can provide the right mix of staff from the start". At this inspection we saw staff were available to meet people's needs and to engage them in the activities they wanted.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

We looked at how people were supported with their medicines. One person told us, "I take my own tablets and sign for them. They (staff) keep an eye on me to make sure I'm ok". One person showed us where they kept their own medicines and where they recorded what they needed. Staff told us they assist people to administer their own medicines when possible. The provider had systems in place to ensure people took their own medicines safely and recorded them correctly. When this was not possible staff were trained in safe administration of medicines and could help people. Staff members told us they completed medicine training and were then assessed to ensure they were competent before helping people. If errors did occur staff were aware of the action they needed to take including seeking medical advice. One staff member told us, "Following errors in the recording of homely remedies a team meeting was held. This was in order for all staff to be aware of the need for accurate recording". We saw staff identify a potential medicine prescription error. This was immediately reported and action taken to ensure this error did not result in any harm to people.

We looked at "as required" medicine and how people safely received this. One staff member told us, "It is always agreed with a minimum of 2 staff members and more if available. This ensures people receive only the amount needed at that particular point in time. We inform the management team and they review just to make sure everything is ok". We saw risk assessments for the safe administration of "as required" medicines and staff knew how to support people safely.



## Is the service effective?

### Our findings

People told us they thought staff supporting them had the right skills and training to assist them. One person said, "They (staff) know what I want, they are very good. I am very happy with (staff)".

Staff told us they felt well trained and supported in order for them to provide the best care for the people they supported. One staff member said, "When I first started working here I completed the induction training. This included all the basic training including, health and safety and communication". Staff told us when they started employment with the provider they were supported by a mentor. This mentor would assist them for the first few months by providing advice and guidance. In addition new staff were guided by more experienced staff whilst on shift in order for them to become aware of people's needs and how best to support them. One staff member said, "You can sit and read all the policies in the world but you only get to know the person when you meet and spend time with them. That is when the real learning starts".

Staff had access to training appropriate to the people they supported and were able to access additional training if required. Staff members told us they recently completed a Positive Behaviour Management course. One staff member told us, "Following this course we looked at how we communicate. We realised perhaps the way we spoke with someone might be causing them anxiety. We adapted how we spoke with [person's name] and noticed a change of behaviour. It was good to do the training as it equipped us to help people more effectively". Staff we spoke with felt they had access to the training they required in order to do their role.

We saw staff sharing information appropriately between people they supported and other staff members. One person said, "Every night I sit and talk about what I want to do tomorrow, they listen and I am then happy". Staff used communication records and handovers to share information. We saw updates on people's health and welfare, their needs and preferences were discussed in order for staff to support people as they wished.

People received care and support from a trained and supported staff team. Staff told us they received regular one-on-one sessions, during which they could discuss their training and identify any areas they felt they needed to develop. Staff told us they could discuss any care and support issues they thought were relevant to their role. One staff member told us, "I use these sessions in order to raise any issues I may have or just for a bit of direction". Another said, "It is good to receive positive feedback but we also need to know what we need to do differently. This is so we improve and make things better for those we support. That is why I like these sessions". Staff told us they felt supported outside of these formal sessions. One staff member said, "I can go to [registered manager] at any time and they are always available to me. If for any reason I am not able to talk to them I can go to [chief executive] and they will support and guide me. It is very reassuring to have that level of support".

We saw people were supported to make their own decisions and were given choice. People were given the information in a way they could understand and were given time to make a decision. One person said, "I chose the pictures, wall colour and the chairs here". Another person told us they chose not to do

educational activities for a while and picked other activities with the help of staff. We saw people and staff using a range of communication methods tailored to the needs and preferences of each person. For example, we saw staff using a mixture of speech and sign as well as picture prompts. Information was displayed for people in a way they understood. One person showed us the pictures they used to show when they are happy or sad and where personal items are located. We saw people being given information and the time to make a decision. One staff member told us, "The standard response from [person's name] is always "no" to every question. We then look at rephrasing the question and leave it a little while. The person will then come to us with a more considered answer just by allowing the time for them to consider what was said".

People were asked for their consent and permission prior to staff assisting them. One person said, "They always ask if I need some help". Another person told us, "If (staff) were going to help me they always asked if it is ok first". One staff member said, "You respect the people you work with and you show this by involving them as much as possible and don't just do something without asking them first".

The registered manager told us people's capacity to make decisions was assessed and reviewed regularly or when needed. The registered manager and staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff told us if it was required they would follow the principles of the mental capacity act and make a decision for the person in their best interest.

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. 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. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any such applications. The registered manager told us they regularly have conversations with the authorising body responsible for DoLS to ensure people's rights are being protected. In addition the registered manager told us they do not have the need to employ any restraint techniques for the people they support. They told us, "We practice preventative strategies for example distraction or exit strategies which could be as simple as just giving the person a little space to express how they are feeling".

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "I use my tread mill, to keep healthy and lose weight". Another told us they helped write the weekly menus. One person said, "I always pick chicken but they (staff) help me pick the vegetables so we keep healthy". Staff supported people to maintain individual diets specific to their needs. Staff told us that following the advice from a yearly health check-up it would be beneficial for a person to lose weight. A healthy eating plan was completed with their agreement. One staff member said, "Together we set targets for them to achieve". We saw people independently getting their food and drinks when they wanted.

People had access to healthcare services, including GP, district nurses, dentists and chiropodists and were supported to maintain good health. One person told us, "I go to the doctors when I need. I have had a check-up and I am all good". One person showed us their records of regular GP and healthcare visits and told us staff supported them with any advice given to maintain good health which included mental well-being. The registered manager said, "With the assistance of a psychiatrist one person had a review of their medicines.

Following discussion with the person changes were made and we noticed a measurable improvement in their well-being".

## Is the service caring?

### Our findings

We saw people being supported by staff in a way that was kind, respectful and caring. One person said, "Staff are great, I love them. [Staff member's name] is fab they listen to me and make me feel special". Another said, "I have only just got to know them but they seem ok". People told us they were able to express themselves at times of upset and felt supported by staff. One person said, "When I get sad, I always go to [staff member's name]". One staff member said, "It is wrong to expect people to be happy all the time. People have the right to be sad or angry. We know if someone wants a chat or to be left alone, but we are always there for them when they want us". We saw people openly chatting with staff and sharing jokes. Staff were knowledgeable about the people they supported and were able to tell us about their personal histories. These included where they were from, who their family members were and what they liked and didn't like.

People were involved in making decisions about their own care and support. One person said, "I can say when I want to go out. I tell (staff) what I want to do". One person told us they became tired of one activity so talked to staff. They identified alternative activities they wanted to try and they told us they are now enjoying what they were doing. One person told us they were not feeling too good so asked if staff could help with cleaning the flat. We saw staff responding as the person wished. However, when the person was feeling better we saw them laughing and chatting as they helped clean the flat with the help of a staff member. We saw people being involved in decisions including what to eat and drink, what to do and what to listen to on the radio. One staff member told us, "We have to be mindful of the choices we offer. Sometimes someone can only decide between a couple of choices. That is fine and we work with them. Over time we can build on the number of options available and take it at the persons pace".

People told us staff promoted their independence by getting them to do as much as they could for themselves. One person said, "I never used to clean my room but I do now". We saw staff using encouragement and praise appropriately to motivate people to complete jobs in their own home. One staff member told us, "The easy thing would be to do everything ourselves but that doesn't benefit the people we support. It may take longer but you have to engage people in doing things in their own home. People feel good when they achieve things and we feel good as well". We saw people involved in the day to day running of their home including cleaning, preparing meals and shopping.

People told us their privacy and dignity was respected by staff providing support. One person showed us their support plan which had, "Hands off my plan its mine" written on it. When asked the person told us this is a private plan and staff ask if they can look at it. One person said they could lock their room when they wanted some private time. People told us staff maintained their dignity when helping with personal care. They told us staff always ask for permission before doing something. One staff member said, "You always encourage someone to do what they can for themselves and only help when asked or if you see a risk". Another staff member said, "You never discuss personal or private matters openly where it could be overheard. You always do this in private along with any personal care". We saw staff respecting people's privacy and dignity during this inspection. Staff knocked on doors and asked permission before entering. People were engaged in conversations which were about them and staff took time to listen to what they had

to say.

## Is the service responsive?

### Our findings

One person showed us their personal care and support plan. They told us, "I did this with [staff member's name]". The plan was personal to them and contained information they wanted staff to know about them in order to be assisted the way they liked. We saw these plans were regularly reviewed and people told us they were involved in these reviews. The personal care and support plans we saw presented information in an easy to read format. The provider used keyworkers to support people. A keyworker was a named staff member who worked closely with a person and promoted involvement in their care and support planning. One staff member said, "The plans are completed with the person and their keyworker. These are reviewed monthly, every 6 months and then in more depth annually".

One person told us about when they first moved in. They said, "Staff came to see me, I then came here for a few days to see if I liked it. They got to know me". One staff member told us, "When someone is looking to move here we go out and meet them. We take the time getting to know them, and what they like to do. They have a choice in where they live so visit to see if they like it here". We saw staff taking the time to get to know what people liked and talked to them about their interests. One staff member said, "Even after a few months you still don't fully know someone. This can take years. We work together and slowly over time become more aware of each person and this informs the plans they write with us".

People told us they believed their support was good and adapted as their needs changed. One person told us, "I wasn't good in myself so I spoke with [staff member's name] and moved to a different flat. I am doing good again". One staff member said as a team we started to notice a change in behaviour for one person. We spoke with them and arranged a review of their medicines. As well as looking at the medicine we adapted where they lived and together made some changes. They are doing much better now. The registered manager said, "It is so important that we get the initial assessment as right as we can. However, people change and we may not get to know them fully until sometime after they move in. So we adapt where we can to accommodate these changes". Staff we spoke with had a good knowledge of people they supported including likes and dislikes, aspirations and history.

We saw people were encouraged by staff to identify and achieve goals in their lives. One person showed us a table of their exercises. They told us when they do some exercise they add this to the table and can see how much they have done. One staff member said, "We adapted how we motivated one person. They were able to achieve small targets each day and earned rewards. It's just like you get at (slimming club)". Another staff member told us, "We work with people to identify achievable targets so they do not become demotivated if they fail. We work with and encourage and adapt the targets as and when the person wishes". We saw people taking part in a number of activities both vocational and leisure. For example, people were involved in; going to the gym, music therapy, swimming, horticulture, literacy and numeracy, effective communication and pamper sessions. People told us they enjoyed the activities they took part in. One person told us, "Sometimes I just like doing nothing". People were able to relax and take time for themselves without pressure to engage in activities.

People were encouraged to maintain relationships that mattered to them. At this inspection one person was

spending time at the family home and another was planning a weekend visit with their family. One person said, "I am going to [relative's name] home this weekend. I like it there but I like it here too". One staff member said, "It is important to maintain such links with family and friends. We encourage contact whenever people want and visitors can come here at any time".

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "It was noisy so I told [staff member's name]. Now it is ok". They told us they would talk to any staff member or raise it at a house meeting. We saw complaint forms which were in an easy to read format making the accessible to the people who were being supported. One person showed where they kept these forms and told us they could use them at any time they wanted. The registered manager showed us the outcomes of concerns raised with them. They had systems in place to encourage and respond appropriately to concerns. People felt satisfied their concerns had been addressed.

Staff told us how they encourage people to raise concerns they may have. One staff member said, "We always respond if someone raises a concern with us. However, sometimes we can just spot that someone is not themselves. In that case we sit with them and encourage them to talk to us. If they want we will raise it at a house meeting or with the registered manager, it is up to them".

## Is the service well-led?

### Our findings

People told us they felt involved in decisions about the service that was provided. People knew who the management team were. One person said, "[Registered manager] and [chief executive] are always here. I can talk to them". People and staff told us they believed the provider created a culture that was open and transparent. One person said, "[Provider] listens to me and take on board what I say". At this inspection we saw the provider's quality monitoring team who were undertaking their visit. The quality monitoring team consisted of one person using services and the operations manager. We saw them involving people in discussions about the care they received. People told them what they felt about the service they received and any suggestions for improvement. These conversations were then fed back to the registered manager. One person we spoke with told us their findings will be fed back to the board so they can drive improvements after they have concluded their visit. We were not able to see the outcomes from this quality check as it was taking place the day of this inspection. The registered manager told us the findings would be sent through and an action plan would be developed with people to drive any change needed.

Staff and the registered manager told us about the values they follow. One staff member said, "We look to inspire those we support, empower people to achieve what they can without restriction and walk alongside them supporting them in what they want". Throughout this inspection we saw staff involving people in their support and encouraging their independence and skill building. For example, tasks were broken down into small manageable steps for people to follow with the assistance of staff. People received praise appropriately from staff.

Staff told us they felt appreciated and their views and opinions were valued by the provider. One staff member told us, "We attend weekly meetings where we can openly discuss issues relating to those we support. We also discussed us as a team and the direction of the provider". One staff member said they were concerned about the aging population of those they supported. They believed the provider should be adapting the service to pro-actively meet this need. The registered manager told us their plans for the future development of the service. They said they have identified needs associated with aging and have developed a business plan accounting for this. However, as this was only recently identified we were unable to see any changes at this inspection. One staff member said, "We can openly discuss issues. We recently had to attend a staff meeting at short notice as [provider] had identified we were doing something wrong. We were informed about the correct process, and hopefully everyone is now doing it the right way".

Staff understood their roles and what was expected of them. Staff told us they found the registered manager approachable and accessible. One staff member told us, "I feel I can make suggestions and that I am listened to". I recently identified a potential conflict between two people. We met as a team and spoke with the people. As a team [registered manager] took on board our suggestions and now people seem to be getting on much better". Staff understood the whistleblowing process and felt they would be supported by the provider should they need to raise a concern.

At this inspection there was a registered manager in place. The registered manager clearly understood the requirements of their registration with the Care Quality Commission. The provider had appropriately



submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, they identified there were an excessive amount of health and safety signs at the location. The registered manager had removed all non-essential signage and this will be monitored as part of their latest round of quality checks.