

Hightown Housing Association Limited

Litslade Farm

Inspection report

2 Bletchley Road
Newton Longville
Buckinghamshire
MK17 0AD

Tel: 01908648143
Website: www.hpcha.org.uk

Date of inspection visit:
04 February 2019
05 February 2019

Date of publication:
07 March 2019

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Litslade farm is a residential care home that was providing personal care to five adults with learning disabilities at the time of the inspection.

The service was a five-bedroom bungalow. It was registered for the support of up to five people. This is in line with current best practice guidance. The building design fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. At the time of the inspection five people were living in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- People's relatives spoke positively about the service and the staff. Comments included "I am extremely happy with the care given to [named person]. They personalise everything. They show a great deal of caring." "Both I and [named person] are listened to. Things have really improved there since the new manager started. [Registered manager] has taken so much on board I cannot praise her enough. The staff are fab, they are really good." "The service is wonderful. [Named person] has always been well looked after, they are always happy and content."
- People's needs were assessed prior to care commencing.
- Staff were trained to meet people's individual needs. Staff were committed and focused on providing good quality care.
- The registered manager understood the requirements of their role and played a pivotal part in establishing a high-quality service. People's mental and physical health was maintained. Their wishes and desires were explored with them to assist them to achieve their goals.
- People lived and participated in village life.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence, inclusion] e.g. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection: The last inspection the service was rated Good. (14 April 2016).

Why we inspected: We inspected the service as part of our scheduled inspection plan.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high

quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Litslade Farm

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

- Litslade Farm is a residential home for adults with learning and physical disabilities. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- The inspection was unannounced, which means the provider and staff at the location did not know we were visiting.

What we did:

- Prior to the inspection we reviewed the information we held about the service, this included notifications we had received from the provider. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- During the inspection we viewed the home and its grounds. We observed how care was provided to people. Some people were unable to tell us about their experiences of living at Litslade Farm because of communication difficulties. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- During the inspection we reviewed a selection of care records for each of the people living in the home and recruitment records for three staff. We analysed information related to health and safety, incidents and accidents, staff training, supervision and audits connected to the running of the service. We spoke with the registered manager, deputy manager, one support worker and one care assistant. Following the inspection, we spoke with three relatives of people living in the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to identify and report concerns of abuse. Information was readily available to guide staff on how to report concerns to the local authority safeguarding team.
- Records showed when safeguarding concerns had been identified appropriate action had been taken.
- People's relatives told us they felt the service was safe and the care delivered was appropriate.

Assessing risk, safety monitoring and management

- Risks in relation to the care provided to people and the environment had been assessed.
- Guidance was available to staff on how to minimise the risks. For example, how to support people when out in the community.
- Some people's behaviour placed themselves or others at risk of harm. Risk assessments were in place and advice had been obtained from specialist professionals. Their advice was documented in care plans and staff followed this advice. Interventions by staff were the least restrictive, further training was being planned for staff to enable them to manage situations more easily and safely.
- Fire risk assessments and equipment were in place and regularly tested to ensure they were fit for purpose should they be required.
- Checks to utilities such as gas and electricity were regularly undertaken to establish their safety.

Staffing and recruitment

- Systems were in place to ensure safe practices were followed when recruiting staff. Checks were made on employees' conduct in previous employment. We found records for two staff members showed gaps in their employment histories, this was followed up by the registered manager. The registered manager fully understood the importance of having this information.
- Checks included Disclosure and Barring Service (DBS) checks. These inform employers if the candidate has any criminal past. This helped to ensure candidates were safe to work with people.
- A health declaration was undertaken to ensure the provider could make suitable adjustments or offer support when needed by new staff.

Using medicines safely

- People were administered medicines by trained staff. Medicines were safely stored, order and disposed of.
- Records related to medicines were accurately completed.
- Where people needed PRN or "as required" medicines, a profile had been written to inform staff of the indicators of why and when a person may require such medicines. For example, what the physical symptoms of a person may be when they are in pain. This was important if people were unable to verbalise their needs.

Preventing and controlling infection

- Staff received training in infection control. They could describe to us how they took preventative measure such as wearing gloves and aprons when carrying out personal care.
- Colour coded mops and buckets were used to ensure the risk of cross contamination between areas of the house were minimised.
- The environment was clean and hygienic.

Learning lessons when things go wrong

- When an accident and incident occurred, staff completed the appropriate report.
- This information was reviewed by the registered manager and the provider. Audits were completed by both the registered manager and their line manager. Trends were analysed and where possible action was taken to prevent a reoccurrence.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person had a pre-admission assessment completed prior to their admission to the home.
- One person's relative told us "They (staff) personalise everything. They show a great deal of caring. ... They(staff) did a lot of research and preparation before [relative] got there (arrived at the home). They looked into the health conditions [named person] has. They had a very detailed handover from the GP.
- People's likes and dislikes were demonstrated through people's facial expressions, body language and behaviour. This was documented to enable staff to understand people's expressions and their communication needs.
- One person had a memory box that included information about their past. Other people had photograph albums showing their previous life choices and experiences.

Staff support: induction, training, skills and experience

- New staff completed an induction. This included the Care Certificate. The Care Certificate is the minimum standards that should be covered as part of the induction training of new care workers.
- Ongoing training was provided to staff including training deemed to be mandatory by the provider. This included areas such as health and safety, safeguarding and moving and handling.
- Specialist training was also available to staff such as dementia training and epilepsy training if this was appropriate.
- Training in medicine administration was followed up by competency tests and observations. Staff were not deemed as safe to administer medicines until all areas had been completed satisfactorily.
- People's relatives believed staff were experienced and trained to provide care in a safe way. One relative told us "It doesn't matter which staff member we speak to they have the right level of information, they know about [named person]. There seems to be a good team spirit there."

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

- People were supported to have a balanced diet.
- There were appropriate risk assessments and care plans in place for nutrition and hydration.
- Choking risk assessments were completed where a risk was identified. Referrals to a speech and language therapist (SALT) were made when necessary.
- People had correctly modified texture diets where there were risks of choking.
- Appropriate plans were in place to use high calorie supplements to fortify meals. This prevented weight loss.
- People's drinks were thickened when needed, to prevent the risk of choking on fluids.
- People's weights were monitored to ensure they remained healthy.

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

- Because of the complex needs of the people living in the service, there was a need for many external professionals to have input into people's care. These included speech and language therapists, psychiatry, psychology, occupational therapists, nurses, palliative care professionals amongst others.
- The service had a positive relationship with these professionals, this enabled them to focus on the specific needs of the people living in the service and provide a linked up, coordinated approach to care delivery.
- People were assisted with access to appointments with external professionals and when diagnostics tests like blood samples or x-rays were needed.

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

- Since our last inspection in March 2016 the service had been redecorated. New bathroom and kitchen facilities had been provided. The building had new flooring which was more conducive to people manoeuvring in wheelchairs.
- The building was light and pleasantly furnished, well maintained and consideration had been given to the personalisation of people's bedrooms and the communal areas.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found where DoLS had been applied for these were either awaiting authorisation or had been approved. The conditions of those who had been approved were being met. We did not observe any unlawful deprivations of people's liberties.
- Staff could competently describe to us how the MCA and DoLS affected the lives of the people they supported, and when it was appropriate to refer to them.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed people were well treated by staff. Staff spoke with people in a calm and respectful way. When explanations were given to people they were not patronising or degrading. People looked comfortable in the company of the staff. People smiled and laughed with staff, it was clear they were enjoying each other's company.
- One person's relative told us "They show a great deal of care. They are very responsive to any queries. It is most definitely a home and not an institution." Another said, "The staff are very caring and very kind have never come across one that isn't."
- Staff were aware of people's cultural needs and how to meet them. For example, one person had lived abroad for many years. Even though English was their first language some words were native to the country of their previous residence. Staff had researched the meaning of these words. The branding name of some goods was also different, further research had taken place to ensure staff could understand and thereby communicate with the person.
- Two people enjoyed attending church. They were supported to attend the local church and the local coffee morning.

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

- People expressed themselves using a variety of methods. Some people could use verbalisation, others used sign language, body language, gesture and facial expression. Staff had received training in Makaton. This is the use of sign language and symbols to help people to communicate.
- Staff were receptive to people's expressive language, and understood what people were trying to communicate. People's behaviour clearly demonstrated when they were unhappy about something. One person was unable to verbally explain why they were unhappy. When this happened, staff were aware of what they needed to do to try and establish what the person wanted. This included offering food or drinks or pain relief. However, sometimes it was not clear what the person was trying to communicate. The registered manager was working alongside external professionals in trying to understand what the person was trying to tell them. This demonstrated a strong determination to assist the person and to improve their quality of life.
- One relative told us "[registered manager] does a good job of making sure the right resources are in place. She puts a lot of effort into doing this."

Respecting and promoting people's privacy, dignity and independence

- From our observations we could see people were treated in a respectful way by staff. People were offered choices and encouraged to remain as independent as possible.
- Staff understood the importance of doing this.
- Staff could describe to us how they treated people with respect and how they preserved their privacy and

dignity when assisting people with personal care.

- We observed how staff knocked on peoples' doors before entering and asked peoples' permission for us to visit their bedrooms.
- In the kitchen was a display showing the "10 Dignity Do's" This included statements such as "Listen and support people to express their needs and wants" "Treat each person as an individual by offering a personalise service." These were used as an aid memoire for staff.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People living in this service had learning disabilities, some had additional physical disabilities and or mental health needs. Some people had behaviour that challenged themselves and others. However, there was an extremely positive culture in which every member of staff's attitude demonstrated that people were highly valued and respected.
- The sensory room in the service had been refurbished. This room is specially designed and combines a range of stimuli to help individuals develop and engage their senses. One person's previous experience before moving into the service was to sit in an old car in the garden to listen to music. The sensory room now afforded them the opportunity to sit and listen to music in a safe environment that was not isolated from the rest of the service. With the support of staff, they could now enjoy a more meaningful experience, with sensory stimulation and interactions with the other people living in the service.
- A car was available for the people living in the service to enable them to access the wider community. One person had access to their own vehicle through a mobility scheme, staff supported this person to increase their control over their life by making choices about how their days were spent. With one to one support they enjoyed trips out and had become more able to enjoy every day activities such as a meal in a café or a pub. This new level of independence resulted in fewer incidents of challenging behaviour, which improved their quality of life and enabled them to engage more positively with other people. This was in line with the principles of CQC's Registering the Right Support guidance. Their relative told us "I cannot speak highly enough about the care [named person] receives. [registered manager] needs to get outstanding for her efforts."
- Another person attended the local church service and had done so for many years. Recently some members of the congregation had been invited to the service for Sunday lunch. This had enabled the local community to have a clearer understanding of the aims and values of the service. It had helped to break down stereotyping and for people to be valued by the people in their neighbourhood. As a result, people in the service had developed a shared interest and relationships with individuals in their local community. One parishioner sang hymns with people when they visited the service. The registered manager told us the people who attended church enjoyed this interaction.
- For another person who had an interest in aeroplanes but did not want to fly, a visit to the London Eye was a trip to remember. They travelled by train which was something they had not done before. It was reported to us they "Loved it." Photographs verified their enjoyment, and how relaxed and happy they looked. A visit was also planned to the Space Centre in Birmingham to see the aircraft and space rockets.
- People were supported to take up activities that interested them. One person took up the trampoline, others visited the theatre or took part in art or musical activities. One person was supported by staff to visit

their parent and together they visited National Trust venues. These were meaningful days out that the person looked forward to.

- People living in the service who chose to be involved, assisted with the delivery of the village newsletter. The people in the service were responsible for delivering the newsletter to four streets in the village. This provided them with the opportunity to contribute to village life in a meaningful way by offering this service and to forge relationships with people in the neighbourhood.
- Family relationships were important to people and staff had worked hard to ensure this was maintained by supporting people to visit their relatives and inviting them to visit the service.
- One person who lived in the service referred to it as "Castle House." It was thought this was because the church opposite had a turret, which reminded them of a castle. The people living in the service and staff had adopted the name, and the registered manager was considering officially changing the name of the service to Castle House. This would be part of the person's legacy.
- The service was meeting the requirements of the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service provided sign language, symbols and pictures to assist people to communicate.
- Displayed in the service were photographs of activities and holidays people had participated in. They looked happy and appeared to be enjoying themselves.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. Where complaints had been raised these had been dealt with either through the whistleblowing procedure or the complaints procedure.
- An independent manager from another of the provider's services had dealt with one concern. Records showed they had made recommendations following the investigation of the complaint. These were being fed back to the registered manager for them to act upon.
- Records showed the provider had taken complaints seriously and these were used to improve the service to people.
- One relative who had made a complaint told us they were happy with the way it had been dealt with and with the outcome of the investigation.

End of life care and support

- One person had been diagnosed as being at the end of their life, however, at the time of our inspection they appeared to be well. Services had already been coordinated so that when the person required input from the local hospice team or the district nurses, this was already arranged.
- The joint working and cooperation of professionals meant there would be no delays in responding to changes in the person's health. The provider was working on an end of life strategy to be implemented throughout their registered services. People in the service each had a funeral plan; when clear guidance had been issued by the provider, end of life care plans would be in place too.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's relatives told us the service was well managed. Comments included "I am extremely happy with the care given to [named person] ...The amazing thing is they are highly organised and very professional but it doesn't feel institutionalised."
- The registered manager and staff told us they were clear about the aim of the service which was to provide person centred care to the people living in the service. They told us this was achieved through "Encouraging independence" "Supporting them [people] to have as good a life as they can".
- One staff member told us one positive aspect of the service was "The village environment and the close attachments people had made with their community." They described the service as "Tranquil and relaxing."
- The provider had a duty of candour policy. The registered manager understood the requirements of duty of candour. Records showed this had been discussed in a team meeting.
- Other records showed there was an open and honest approach when difficulties arose.
- One staff member told us "The service is exceptionally well managed because if you do something wrong, you don't have to hide it. You don't have long periods of uncertainty. You can rely on the management to work through things with you and support you."

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

- Since our previous inspection in March 2016 a new deputy manager had been appointed. They told us the registered manager was supporting them and teaching them how to fulfil the requirements of their role.
- Staff told us the service was "Exceptionally well managed... [registered manager] is a very knowledgeable manager who knows a lot about this sector which she has trained me in."
- Staff were clear about what they were responsible for and who they could go to for support or advice.
- Quarterly audits were undertaken by the registered manager in areas such as care plan records, medicines compliance, staffing amongst others. The findings were recorded electronically and sent to the quality assurance department. They in turn created an action plan, which was checked by the registered manager's line manager and the quality assurance team. This ensured where possible improvements were made to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A stakeholder questionnaire had been sent out to the families of people using the service and

professionals. However, the results for the service were not relayed to the registered manager. This was something the registered manager was going to discuss with the provider.

- At the location level feedback was received from relatives when they visited or by phone. Relatives told us they were kept up to date with any changes in the care provided, and were involved in the care reviews.
- One relative told us "I feel comfortable with [registered manager] I would tell her if I was unhappy. I talk to them [staff] very regularly."
- An assessment of the satisfaction of each person was assessed by an external manager who visited to observe how people were cared for.
- The provider had an equal opportunity policy, which was followed by staff. Staff had received training in equality at work.
- People were treated as equals regardless of their gender, religion or lifestyle.

Continuous learning and improving care

- The registered manager told us during the staff meetings the team reflected on what they had done well and what could be improved in the future. They told us the vision and values of the service were to ensure the service was a safe and happy place. It was important to them that staff were not afraid to raise issues, in this way the service could develop and improve.
- The registered manager and deputy manager worked shifts when needed. In this way they could experience the issues staff faced daily. They could also lead by example and identify any deficits in the service. These were addressed through team discussions, supervision and training.

Working in partnership with others

- The service worked with the local authority and clinical commissioning groups (CCGs). The GP, psychology, psychiatry, speech and language therapist, occupational therapists and mental health professionals played a vital part in the service delivery. Where advice was given this was acted upon by staff.
- The registered manager was proactive in obtaining the resources needed to support people.
- The registered manager kept up to date with best practice by chairing the skills for registered managers network. They were responsible for arranging speakers to visit the group, these had included safeguarding, a representative from the supervisory body amongst others.
- They were aware of the two proposals to change to the Mental Capacity Act (MCA), and a complete replacement of the Deprivation of Liberty Safeguards (DoLS) with a new scheme, the Liberty Protection Safeguards. This has implications for the people living in Litslade Farm. Their learning was shared with the staff team.