

Optimal Living (Kent) Limited

Hill Farm

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Hill Farm is a residential care home providing personal care to people with learning disabilities or an autistic spectrum disorder. There were six people living at the service at the time of the inspection, including people living with sensory impairments, autism and behaviours which can challenge. The service can support up to nine people.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people as this was mitigated by the building design. One of the bedrooms had been converted into a sensory room. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Staff had not always been recruited safely to ensure they were suitable to work with people living at the service. The provider had not always carried out checks to explore gaps in staff members' employment history.

Training records evidenced that some staff had not completed the providers mandatory training to give them the skills and knowledge to safely work with people. The provider's induction process was not robust.

There were systems in place to check the quality of the service. However, these systems were not always effective, as they had not identified the concerns we found during our inspection, such as recruitment practices.

Staff understood the need for good infection control. However, staff were observed not always wearing their masks correctly which increased the risks to people and staff of contracting COVID-19.

There were suitable numbers of staff to provide the care and support people needed. Relatives told us staff knew their loved ones well. We observed that people were happy and relaxed with staff, by wanting to be near them and smiling and laughing.

Since our last inspection, the provider had ensured that medicines were managed safely and in line with best practice. Individual risks to people such as their mobility needs, choking and epilepsy were well

managed. The registered manager had checked accidents and incidents had been dealt with appropriately and measures were put in place to prevent a further occurrence. For example, risk assessments had been reviewed and reassessed. Referrals had been made to health and social care professionals when required.

People were supported to have meals to meet their needs. There was a choice of low-fat and normal meals, and the choices were available in an easy to read manner to support people to make informed choices. People also were enabled to make choices through visual aids.

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

Rating at last inspection and update.

The rating at the last inspection was Requires improvement (published 5 February 2020) and there were breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider completed an action plan after the last inspection to show what they would do and by when they would improve.

At this inspection we found the provider had improved the service by ensuring that medicines were managed safely. The provider had ensured that there were appropriate risk assessments in place and notifications of incidents and events had been reported to CQC in a timely manner. However, the provider requires further improvement in training and support of staff and effective quality auditing.

Why we inspected

CQC have introduced targeted inspections to follow up on requirement actions, warning notices or to check specific concerns. They do not look at the entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of the key question.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified a new breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe recruitment practice at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Hill 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was a targeted inspection to check actions taken by the provider to address risks to people's health, safety and welfare, medicines management, assessing, monitoring and improving the quality and safety of the service.

Inspection team

The inspection was carried out by two inspectors, one of whom attended the service and one who worked off-site.

Service and service type

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

Notice of inspection

This inspection was announced. We gave the provider less than 24 hours' notice of the inspection. This was to check if any staff or people at the service were positive or had symptoms of coronavirus (COVID-19) and to discuss arrangements for the inspection and PPE required.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service, and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider gave us during their emergency support framework (ESF) call. The ESF

has been developed by CQC to gain an understanding from providers of how the COVID-19 pandemic has affected the service. The ESF is a supportive conversation to share information and review help and support the service may need.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

People were not able to talk to us about their experiences. We spent time with people and observed staff interactions with them. We observed their support in communal areas. We spoke with or received written feedback from five relatives. We spoke with three staff, as well as the registered manager and one of the company directors.

We viewed a large range of records. This included three people's care plans and associated risk assessments. We looked at one staff recruitment file and records relating to staff training. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate the evidence found. We looked quality assurance records, action plans and the provider's recruitment policy.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check actions taken by the provider to address risks to people's health, safety and welfare and medicines management. We will assess all of the key question at the next comprehensive inspection of the service.

Staffing and recruitment

At the last inspection in November 2019 staff had not always been recruited safely to ensure they were suitable to work with people. Gaps in staff employment history had not been explored. This was an area for improvement. At this inspection there continued to be shortfalls.

- Interview processes were not robust and could not assure the provider that staff employed were suitable to work with people with complex needs. At this inspection we reviewed one staff file. The staff member's application form did not include a full employment history, as required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered manager's interview notes confirmed this had not been requested, the interview record used by the registered manager showed that only 10 years employment history was checked.
- There was a gap in the staff member's employment history between 1990 and 2009. This had not been identified within the shortlisting stage of the recruitment process or discussed at interview. We asked the registered manager to establish the reason for this gap. This was not provided.
- Two references had been obtained, including one from the most recent employer. This employment reference noted the staff member had worked at their last employment from April to November 2017. However, this conflicted with the information the staff member had supplied in their application form. The application form noted they worked there from January 2015 to September 2017. This discrepancy had not been identified. Following the inspection, the registered manager provided information to evidence they had since sought additional information from the staff member's referee.
- The staff member's CV which detailed their employment and education history, did not match the details on their application form. Notes from the interview confirmed this had not been identified and questioned.
- The provider's recruitment policy did not identify the need to ensure potential staff members had provided a full employment history in line with regulations.

The failure to ensure staff were recruited safely is a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us there were enough staff to meet people's needs. A relative commented, '[My loved one] has had the same carer for a long time. They are so good with [my loved one]. [My loved one] thinks the world of her. She brings out the best skills in him. The consistency of staff makes a big difference to [my

loved one]'. Another relative said, 'There always appears to be sufficient staff on hand to meet the need of all the residents, and they all appear to know [my loved one] well with his foibles.'

- There were enough staff to provide people with the care and support they needed. People were relaxed in the company of staff and each other.
- Staff rotas noted where people needed to be supported on a one to one basis. Throughout the inspection we observed staff doing this to ensure people were kept safe and having their needs met.

Assessing risk, safety monitoring and management

At the last inspection in November 2019 risks relating to people's health, safety and welfare had not been robustly assessed. This was a continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) 2014. At this inspection improvements had been made and the breach of regulation had been met.

- Risks to people's health, safety and welfare had been assessed, managed and reviewed. There was guidance for staff on how to reduce risks to people and support plans mirrored the information to ensure that staff knew how to provide safe care and support.
- Risk assessments were centred on the individual person and the support needed to keep them safe. One relative told us, 'The home has tried to involve us in the risk assessment of [our loved one's] needs'.
- Each person had an evacuation plan describing the individual support they would need to leave the building in an emergency.
- Where people were at risk of choking there was guidance for staff, such as cutting food into small pieces and supporting them whilst they ate. We observed staff followed this guidance during the inspection.
- Food was now stored safely away from cleaning products and there was no longer a risk of contamination.
- Relatives told us their loved ones were safe. Comments included, 'I believe that there is a desirable emphasis on the safety and well-being of the patients and all this entails and for this I am most grateful' and 'I feel that [my loved one] is safe.'

Using medicines safely

At the last inspection in November 2019 medicines were not well managed and had not always been administered correctly. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) 2014. At this inspection improvements had been made and the breach of regulation had been met.

- Medicines were now stored, managed and disposed of in line with guidance. Medicines were kept at the correct temperatures to maintain their efficiency.
- Staff completed medicines administration records when they supported people with their medicines. These were accurately completed with no gaps in recording.
- Topical medicine administration forms were in place and used to record where staff had administered prescribed creams to people. When a new cream was opened staff recorded the date to make sure the creams remained effective and were used within the correct timespan.
- The registered manager completed regular checks to ensure medicines were administered and recorded safely. When a shortfall had been identified, action was taken to prevent this from happening again.

Preventing and controlling infection

- During the inspection we observed staff wearing face masks which they are required to do as set out in Public Health England's 'Personal protective equipment (PPE) – resource for care workers working in care homes during sustained COVID-19 transmission in England' guidance. However, we observed staff had

lowered these to under their chins on two occasions whilst supporting people to eat their meals and whilst sitting with people in the lounge area. This increased the risks of contracting COVID-19 for people and staff. We reported this to the registered manager who advised that they would address this. This is an area for improvement.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check actions taken by the provider to address concerns we had about staff training and supervision. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection in November 2019 the provider failed to effectively support staff to update their mandatory training. At this inspection the provider had made some improvements however, there were still some areas for improvement. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff support: induction, training, skills and experience

- Most staff had completed their training to give them the skills and knowledge they needed to support people with complex needs safely. However, there were two staff who had not completed most of the topics. Both staff had not completed any training the provider considered as mandatory. One of the staff members had completed one course the provider considered as additional training. The registered manager was aware that one staff member had not carried out their required training as they had changed their working pattern because of this. However, the provider and registered manager had not allocated time within their working day to enable them to complete the training.
- Induction processes were not robust. New staff were allocated to work on shifts (following a period of shadowing experienced staff) without having completed the provider's mandatory training and additional training. This training included; epilepsy, autism and challenging behaviour, to enable them to safely work with people.
- Most staff had now completed additional training which centred on people's specific needs, such as epilepsy, dementia and learning disabilities. Visual awareness training remained an area that required improvement, because a person living at the service had a visual impairment, which meant that staff acted as their sighted guide both in the service and the community. We found no evidence that people had been harmed.
- Staff were meeting regularly with their line manager for one to one supervision meetings to discuss their performance and personal development.

At the last inspection in November 2019 people's weights had not been checked regularly, especially when their weight loss had been concerning. People's meal choices were not available in an easy to read format to support people to make informed choices. These were areas for improvement. At this inspection improvements had been made.

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

- People had a choice of healthy balanced meals. Staff used a variety of methods to support people to choose their meals, such as picture cards and objects of reference.
- When people needed adaptive cutlery to help them eat independently, we observed these were in use.
- People's weights were regularly monitored to make sure they remained as healthy as possible. When there were concerns, people had been referred to health care professionals, such as dieticians and speech and language therapists. Staff followed the advice, guidance and recommendation given.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check actions taken by the provider to address concerns about assessing, monitoring and improving the quality and safety of the service. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection in November 2019 the provider failed to assess, monitor and improve the quality and safety of the service and to mitigate risks. At this inspection some improvements had been made, however some further improvements were required. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the last inspection in November 2019 the provider had not always notified us of specific incidents relating to the service in a timely manner. At this inspection improvements had been made. The breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 had been met.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed regular checks and audits to monitor the quality and safety of the service. The audits of staffing records had not identified that the provider's recruitment policy had not been followed which meant recruitment practice did not meet the regulations. Appropriate and timely action had not been undertaken to address shortfalls in training for staff.
- The management team were still working on embedding changes and improvements within the service to work towards meeting breaches of regulations, further work was planned to improve people's care plans, risk assessments, documentation and training.
- When shortfalls were identified, actions were taken to address these and reduce the risk of them happening again. Lessons learned were shared with staff to promote continuous learning and improve the service.
- There was a registered manager at the service who had oversight of the day to day running of the service. They had notified CQC of reportable incidents, such as a serious injury or death, in line with guidance.
- Staff meetings had continued to take place regularly to enable staff to discuss important information. The management team had also developed a group chat message system during the pandemic to ensure all staff got information at the same time. This enabled the management team to check that messages had been received and read by all recipients. Staff felt the management team were approachable.

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

- People, relatives and staff were asked for feedback about the quality of service. The surveys we reviewed were positive.
- The provider sought feedback from people using the service to ensure they were happy and felt well cared for. Feedback was gained through monthly reviews of support, health, care and activities which were carried out by staff members who knew each person well. Because people were not able to provide verbal feedback about their care and support the provider had also developed a new way of recording people's experiences. Photographs and videos had been gathered to show people's reactions to events that had taken place such as birthday with a personalised birthday cake and bread making activities.
- Staff told us that the atmosphere had improved. They felt they had worked together well to improve people's care and support and experiences. One staff member told us, "It's calmer here, which is helping [people] to come out of their shells."
- Relatives told us they felt the service was well-led. One relative commented, 'Since [the manager] has been there things have really changed. I couldn't wish for a better place for [my loved one] to have his home. He is so well looked after and cared for.'
- Relatives told us they completed regular surveys and had provided positive feedback. They felt involved in their loved one's care and support. They told us, '[The provider] has recently engaged me on social media messaging to give me constant updates on [my loved one] with photos and videos. To say these are delightful and welcome is an understatement. I have never felt more connected to [my loved one] as I do now' and 'The manager has discussed at length measures put in place during Covid [COVID-19] and has kept the family involved'.
- Due to the COVID-19 pandemic people had limited contact with the public and their local community, in order to comply with restrictions and social distancing guidance to keep people and staff safe. However, staff had enabled them to maintain contact with relatives during the COVID-19 pandemic through video and telephone calling where they were able to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider and registered manager have failed to ensure staff were recruited safely. Regulation 19 (Fit and Proper Persons Employed)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to provide appropriate training to staff to enable them to carry out their duties. Regulation 18 (1)(2)