Mrs Beverley Dorne Cundliffe

Scott's View at South Farm

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected Scott's View at South Farm on 9 December 2015. The inspection was unannounced.

Scott's View at South Farm provides care and support for up to five people who may experience learning disabilities, or older people with memory loss associated with conditions such as dementia. It is located in a rural setting on the east coast of Lincolnshire. Two people were living within the home during the inspection.

This was the first inspection of the home since it was registered with the Care Quality Commission (CQC) in May 2015. The provider was also the manager of the home. We refer to this person as 'the provider' within the report.

At this inspection we found that the provider was not meeting our legal requirements for medicines management, staff recruitment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

People were supported in a warm and respectful way that reflected their wishes and preferences about how they

Summary of findings

wanted to be cared for. They felt safe living in the home and staff understood how to identify, report and manage any concerns in order to keep them safe from harm or abuse. However, their safety was not always maintained because the provider did not adhere to safe systems for medicines management. In addition, the provider did not have safe staff recruitment systems in place.

People had access to the healthcare services they needed. They also had a range of nutritious meals and drinks in order to keep them healthy. They were supported to pursue their personal interests and take part in a range of meaningful pastimes both in the home and the local community.

People could openly express their opinions and views and they were consulted about whatever happened in the home. The provider and staff listened to what they had to say and took action to resolve any issues. However, the provider did not have systems in place to regularly monitor the effectiveness of the care and treatment people received.

Summary of findings

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 not consistently safe.

People were not protected from the risks associated with unsafe ordering, storage, administration and disposal of medicines.

People were not protected from the risks associated with unsafe staff recruitment.

The provider and staff knew how to keep people safe from abusive situations.

Requires improvement

Is the service effective?
The service was not consistently effective.

People were supported to make their own decisions wherever they were able to. They had access to appropriate healthcare services and they were supported to eat and drink enough to stay healthy.

People were cared for by staff that were supported to undertake training to carry out their roles and responsibilities. However, there was no formal system in place to assure the provider that they were safe to work in an unsupervised capacity when they started work in the home.

Requires improvement

Is the service caring?
The service was caring.

People's privacy and dignity was maintained. They were treated with warmth and respect.

Good

Is the service responsive?
The service was not consistently responsive.

People received care and support in line with their wishes and preferences. However, recorded assessments and care plans did not take account of all of the up to date information available to the provider and staff.

People were supported to pursue their personal interests and had access to a range of meaningful activities within the home and the local community.

People were able to raise any issues or complaints about the service and were assured the provider would take action to address them.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

People were consulted about developments within the home and were encouraged to voice their opinions and views about the service.

Requires improvement

Summary of findings

However, the provider did not have a system in place to effectively monitor the quality of the service and identify any shortfalls which required action to be taken.

Scott's View at South 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 9 December 2015 and was unannounced.

One inspector carried out the inspection visit.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with both people who lived within the home. We also looked at their care records and spent time observing how staff supported them. This helped us to better understand their experiences of care when they were not able to express themselves with words.

We spoke with the registered manager and a member of care staff. We looked at two staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Requires improvement

Is the service safe?

Our findings

We found that the registered person did not have suitable arrangements in place to ensure that risks to people's health and safety, including those associated with the unsafe management of medicines were minimised.

The provider had identified some areas of needs which may present risks for people such as tripping hazards and evacuation in the event of an emergency. They and staff took care to ensure the environment was free from tripping hazards and that fixtures and fittings were maintained to a good standard to promote people's safety. However, other individual risks, such as those associated with medicines had not been fully assessed. Care plans did not specify the actions staff should take to minimise the risks.

One person told us they kept their own medicines in their bedroom for self-administration. Lockable storage was provided for the person to store their medicines. The provider told us they had noted that the person was not taking all of their medicines as prescribed. They also told us they had taken action to enable the person to understand the need to take medicines as prescribed. The person confirmed this when we spoke with them. However, there were no records to demonstrate the provider monitored and assessed the person's ability to manage their own medicines or to show the support they currently received. This meant that other staff did not have clear information available to enable them to support the person in an appropriate way.

All other supplies of medicines were kept in a locked cupboard. The provider recognised the cupboard was not of a robust construction and there was no procedure in place to ensure the safe keeping of keys for the cupboard. There was no formal medication administration recording system to demonstrate that people received their medicines as prescribed by their doctor. In addition, there were no systems in place to ensure the correct amounts of medicines were ordered, received or disposed of. This meant that people could not be assured that there would consistently be enough medicines available for them at the right times. Furthermore, because there were no records for the administration of medicines, the provider could not ensure that people received the prescribed medicines in the correct doses the correct times. This meant there was a risk of people not receiving their medicines as prescribed.

This was in breach of Regulation 12 (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the provider did not have suitable arrangements in place to ensure that staff they employed were suitable to work in the home. The provider had a recruitment policy in place and recognised this needed to be updated to take account current best practice. Two members of staff were employed to work alongside the provider in the home. Records showed the provider had carried out checks with the Disclosure and Barring Service (DBS) for one staff member. However no checks of this kind had been carried out for the second member of staff. The provider had not carried out other recruitment checks, such as obtaining references or checking previous employment history. This meant that the provider could not demonstrate that they had employed staff who were of good character and had the right skills for their role.

This was in breach of Regulation 19 (2) (a) (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us and showed us they felt safe living in the home. One person said, "Oh aye, I'm safe enough here." They were able to show us what they would do in the event of an emergency such as a fire and showed us how they would safely use kitchen equipment. Another person was very relaxed in the company of the provider and staff and responded well to them when they encouraged the person to walk safely around the home.

The provider and staff knew how to recognise, report and manage situations in which people may be at risk of abuse. The provider described a situation of this kind that they had managed appropriately with the help of an involved local authority. However, although the provider had located a training provider, staff had not yet undertaken specific and up to date training about how to keep people safe from abuse.

There were enough staff on duty to meet people's needs. Rotas showed staffing levels took account of the requirements within people's placement contracts. However, the provider recognised the shortfalls in recruitment procedures which we had highlighted may

Requires improvement

Is the service safe?

affect the availability of staff able to work within the home. The day after our visit the provider confirmed to us that they had taken steps to address this issue, which included the development of risk assessments and action plans.

Requires improvement

Is the service effective?

Our findings

Staff told us when they started work at the home they had been supported by the provider to get to know the people who lived there. They also said they had been supported to understand their job role and what was expected of them. However, the provider told us they did not currently have a formal induction programme in place. They were aware of the nationally recognised induction standards and said they would use this framework in the future for new staff members.

Staff had commenced work towards gaining a nationally recognised qualification in care and the provider had already achieved this qualification. The provider and staff told us they had undertaken up to date training in subjects such as safe moving and handling, fire safety and food hygiene and records confirmed this.

Staff told us they felt well supported by the provider. The provider and staff told us they met regularly to discuss and reflect upon their approaches to care and support for the people who lived in the home. Staff said that this helped them to develop their skills and knowledge. However, the provider recognised that there were no records of the support sessions and that their policy regarding supervision and support for staff needed to be updated. The day following the inspection the provider confirmed they had taken action to address this issue.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spoke with the provider and staff about their understanding of the Mental Capacity Act (MCA) 2005. They demonstrated their understanding of the principles set out within the legislation, including how to support people in their best interest. However, there were no records to indicate people's capacity to make decisions had been assessed, or to show when best interest decisions had been taken. The provider recognised that records did not demonstrate how they supported people with their right to make decisions for themselves and showed us the actions they planned to rectify this.

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). At the time of our visit no-one who lived in the home had their freedom restricted. The provider demonstrated their understanding of the subject and knew how to apply for a DoLS authorisation if required.

When we asked people how they were supported and cared for, one person told us, "[The provider] knows what she's doing, she's very nice to me, so is the other one [staff member on duty]." Another person nodded their head and smiled at the member of staff supporting them.

People told us and we observed that they were asked for their consent before support was provided for them. One person said, "They don't do nothing without my say so." We watched staff supporting another person and they used phrases such as, "Can I help you with that." The person clearly indicated through body language and some words that they wanted help with the task in hand. Staff explained what they were going to do and why so that the person understood what was going to happen. We saw staff offer to help another person with a task, which the person declined. The staff member respected the person's wishes but remained on hand in case the person changed their mind.

People were supported to access a range of healthcare services whenever they needed them. One person said, "If I need a doctor they help me to get one, they're good like that." Records showed when people had attended GP or hospital appointments and demonstrated that the provider and staff understood how to help people stay healthy.

Flexible menus were in place, which were based on people's known likes and dislikes and healthy eating principles. Care plans were in place to show staff what support people needed with their meals. The provider and staff demonstrated a clear understanding of people's nutritional needs. Weight monitoring charts were in place and up to date and this had helped the provider to identify that a person required support with their dietary intake.

Requires improvement

Is the service effective?

Records showed, and the person told us, that the support had been effective in helping them to gain a healthy amount of weight and restore their appetite. We saw people were regularly offered a range of drinks throughout the day to minimise the risk of them becoming dehydrated.

Good

Is the service caring?

Our findings

There was a welcoming, family style, atmosphere when we visited the home. The provider and staff member presented a warm, friendly and respectful approach to their interactions with the people who lived there. One person laughed and joked with staff and another person responded positively to reassuring touch and smiles from staff.

Care plans gave staff information about how to make sure they maintained people's privacy, dignity and personhood. We saw staff spoke with people about their needs in private areas or lowered voice tones. One person was hard of hearing and staff made sure they spoke face to face with them so that they did not have to raise their voice above normal levels. They also used gestures to make sure their communication was clear for the person. Staff ensured doors to people's private spaces were shut when they received support and knocked before entering those spaces. People were addressed in the way they preferred. One person indicated that they were concerned about their appearance. Staff took time to help them brush their hair, straighten their clothes and check their appearance in a mirror. The person responded with a smile and said, "Lovely."

The provider and staff demonstrated their understanding of how to manage people's confidential information. They understood the importance of respecting the privacy of people's information and only disclosed it to people such as health and social care professionals when they were required to do so. Care records were kept in locked room and the provider told us their plans for increasing security of the records by providing a secure cabinet solely for care records.

We spent time with people when they ate their lunchtime meal. One person chose what they wanted for lunch from the wide range of foods available and was able to prepare the meal for themselves. Another person was offered a choice of foods they were known to like and made their choice from those. Staff chatted to people about what they were doing and plans they had for Christmas. One person spent time speaking with the provider about what they wanted to do with the rest of the day. The provider helped them to take account of the weather when going out; they spoke about attending a planned local celebration and what they wanted to eat for their evening meal. This made the meal time an enjoyable and social occasion for people.

Requires improvement

Is the service responsive?

Our findings

Assessments of people's needs had been undertaken by a previous care provider but did not reflect current information. Some areas of identified need had not been formally assessed such as those related to nutrition and skin care. However we saw the provider and staff provided support that met people's needs in this area. For example, we saw people had achieved a healthier weight with support. The provider recognised the need to review and update assessments and to implement a more formal approach to the assessment process.

Care records contained information about people's wishes and preferences for things like rising and retiring times, how they liked to dress and where they liked to spend their time. We saw staff supported them in line with that information. They also contained information about the levels of personal care they required and any health needs. One person told us, "I know about my book (care records and plans) but not interested, they look after me well enough." A person also told us that there were always staff around to support them whenever they needed them. We saw staff included people in all of the household activities and gave them personalised and individual support.

During the inspection people were encouraged and supported to engage in their own routines and social pastimes. One person told us they liked to go and feed the birds, which they did. They also told us they liked to grow tomatoes, which they did. Another person liked to watch TV and spend time chatting with staff, which again they did. We saw one person had been supported to pursue their love of comedy films and had a wide range of DVD's available to them.

During the afternoon of our visit people were looking forward to going to a local Christmas event. We saw, and people told us, they were supported to use their local shops when they wanted to and they engaged in many social activities within the local community such as attending local clubs.

The provider had taken time to renew and update furniture and fittings in people's private and communal spaces so that they could pursue their personal interests in more comfortable surroundings. One person told us about the lounge and said, "Lovely now, I helped to choose the carpet and curtains."

A person told us that they knew what to do if they had a complaint and said they thought the provider would resolve issues for them. They also told us they would speak with their social worker about anything they were not happy with. The provider had a policy in place and recognised that it required updating. Staff demonstrated that they knew how to respond to any concerns or complaints that may be raised. Record showed that no complaints had been received since the provider had registered with us in May 2015.

Requires improvement

Is the service well-led?

Our findings

The registered person did not have systems in place to effectively monitor and assess the quality of services that people received. No records were available to demonstrate that the quality of the service provided for people had been monitored and the provider was unable to show us any audit tools they intended to use. In addition, records were not available to demonstrate the registered person had recruited or supervised staff in safe and appropriate manner. There were no records to show how people received their medicines safely; there were no records to show people's needs had been assessed appropriately, including their capacity to make decisions or their nutritional needs. Policies related to the effective management of topics such as complaints and staff supervision had not been reviewed ur updated

The lack of audit and monitoring systems and robust record keeping meant that the shortfalls we found in areas such as managing risk, staff recruitment arrangements and medicines management had not been identified by the provider. Furthermore, this meant that the provider could not take timely actions to minimise risks to people's health safety and welfare or plan for continuous improvement within the home.

This was in breach of Regulation 17 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Within their PIR the registered person had set out plans to improve communication with people's families and involved professionals, and develop a system for them to give feedback about the services provided. There was no evidence to demonstrate that any action had yet been taken in regard to the plans and there were no formal arrangements in place for the provider to receive feedback from them. This meant that the registered person could not take account of their views and take any action that was necessary.

Although there were no formal arrangements in place for the provider to receive feedback from people who lived in the home, it was clear from the conversations we heard that they were regularly encouraged to express their views about the support they received. A person told us, "Yes [the provider] listens to me, I get my say." People were also consulted about and able to influence developments within their home. For example, people and staff knew about the plans the provider had to improve the environment and were able to tell us about them. One person told us in detail what was happening in regard to workmen that were present in the grounds during the inspection. They knew how the work being carried out would benefit them. They told us, "I know everything me; I know what's going on here."

There was a system in place for recording and monitoring accidents or incidents which occurred in the home. None had been recorded since the provider registered with CQC in May 2015. The provider confirmed that no notifiable events had taken place within the home to date. The provider was aware of their responsibility to notify CQC about any untoward incidents or events within the home in line with their responsibilities under The Health and Social Care Act 2008 and associated regulations.

Staff were aware of whistleblowing procedures and said they would not hesitate to raise any concerns they had with the provider or external agencies such as the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not have suitable arrangements in place to ensure that risks to people's health and safety, including those associated with the unsafe management of medicines were minimised. Regulation 12 (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have systems in place to effectively monitor and assess the quality of services that people received. Regulation 17 (1) (2) (a) (c)

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 did not have suitable arrangements in place to ensure that staff they employed were suitable to work in the home. Regulation 19 (2) (a) (3) (a) (b)