

Mrs M L Duggan
Farthings
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	

Overall summary

This inspection took place on the 9 and 12 October 2015 and was unannounced.

The service is registered to provide accommodation and personal care for up to six people with learning disabilities. At the time of our inspection there were six living there, some of whom had lived there for a number of years.

The service has a registered manager. 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.

We saw that people were well supported and cared for and the home had a homely relaxed atmosphere. Everyone we were able to speak to complimented the staff who supported them and where people had limited communication we observed that people were calm and responded positively to staff.

Summary of findings

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff who were kind and compassionate and who were committed to respecting their individuality and promoting their independence.

Their needs were assessed prior to coming to the home, individualised care plans were in place and were kept under review. Staff had taken time to understand people's likes, dislikes and past life's and enabled people to participate in activities either individually or in groups.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and engaged in conversations with them. Relatives commented positively about the care their relative was receiving and it was evident that people could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve and develop the service.

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 safe

People told us they felt safe and that they would speak to staff if they did not feel safe.

Staff understood their role and responsibilities in relation to keeping people safe.

There were regular health and safety audits in place and fire alarm tests were carried out each week.

Disclosure and barring service checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

There were safe systems in place for the management of medicines.

Good



Is the service effective?

The service was effective

All staff and managers knew people well and provided individualised care.

People were supported and cared for by a well trained staff team.

People were fully involved in decisions about the way their support was delivered.

People had access to healthcare as and when required.

Good



Is the service caring?

The service was caring

People and staff were all happy in the home.

Staff respected people's dignity and right to privacy and treated them as individuals.

People were encouraged to express their views and to make choices and their family and friends were welcomed at any time.

Good



Is the service responsive?

The service was responsive

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

Care Plans contained all the relevant information that was needed to provide the care and support for each person.

People were encouraged to follow their interests.

People were aware that they could raise a concern about their care and information was designed to ensure everyone could make a complaint if they needed to.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

People and their families commented how happy they were with the care and support provided at the home.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved.

Quality assurance audits were in place and people using the service were involved in designing 'user friendly' information.

Farthings

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 and 12 October 2015 and was unannounced. The inspection team comprised of one inspector.

We looked at information we held about the service including statutory notifications. A notification is

information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spoke with the two people who used the service, three support staff, an operational manager, a compliance manager and the provider. We were also able to speak to two visiting health and social care professionals and contacted a number of relatives who agreed to be contacted. We also used observations where people were limited in their ability to recall their experiences and express their views.

We looked at four records for people living in the home, four staff recruitment files, staff training records, health and safety records and quality audits.

Is the service safe?

Our findings

Everyone was supportive of each other in Farthings; there was a family feeling to the relationship displayed between the people living in the home and the staff.

People told us they felt safe; they said when they had not felt safe, due to the behaviour of other people living in the home; they had been able to speak to staff knowing that they would do something about it. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff also told us that they felt able to raise any concerns around people's safety to the manager and outside agencies if they needed to. They were supported by an up to date policy and procedure.

The management had put risk assessments in place and were taking other appropriate steps to address a recent incident to ensure people were safe, such as installing a door sensor to alert them to whether someone was entering someone else's bedroom. Information gathered prior to the inspection showed that staff had raised appropriate notifications to the local authority and Care Quality Commission (CQC). The people in the home appeared contented and relaxed.

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed for support with bathing had a risk assessment in place detailing the adjustments needed in the bathroom such as a hand rail and shower chair which would enable staff to support the person minimising the risk of falling. This enabled people to retain their independence but ensured that any potential risks to their safety were mitigated. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was accessed to support people.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Following an incident where it was found the front door sensor was not working, weekly tests had been implemented to ensure that sensors were in good working order. Each person had a personal evacuation plan in place. There was also information available about each person which detailed how they liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency.

People were cared for by suitable staff because the provider followed a thorough recruitment process. Disclosure and barring service (DBS) checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

Staffing levels were calculated according to the needs of the people and also took account of any forthcoming appointments or events that would require additional staff to support them. Records showed that staffing levels were always in line with the assessed needs and that where needed staff worked additional hours to ensure that the levels of staff remained consistent. The management and staff were committed to ensuring that people were always supported by people who knew them and therefore did not use any agency staff. The staff also told us there were enough people on shift.

There were systems in place for the safe management of medicines. Medication Administration Record (MAR) sheets had been completed and there had recently been an audit undertaken by a local pharmacy which had not highlighted anything specific. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed.

Is the service effective?

Our findings

There was genuine warmth and friendliness displayed between the people living in Farthings and the staff. All staff, managers and the provider knew people well. They spoke affectionately of the people they cared for and demonstrated their knowledge of the individual personalities and support needs of the people living in the home.

People received support from staff that had the skills and experience to meet their needs. All new staff undertook an induction programme and were subject to a three month probationary period. The induction training was based on the recommended 15 Care Standards and was delivered through a mixture of classroom based and on-line training; new staff shadowed more experienced staff before working on a shift to get to know how people liked to be supported and cared for. We saw from records that the management carried out regular reviews of all new staff during their probationary period. The provider was reviewing their induction programme following the introduction of the new Care Certificate in April 2015 with the view to refreshing the induction training. The Care Certificate helps new members of care staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The staff we spoke to said they were pleased with the training they received when they first came to work at the home as it had helped them to gain the skills to effectively support people.

Staff had regular supervision and there was an appraisal system in place. Some of the staff we spoke to said they had had an appraisal and felt that they were encouraged to develop their knowledge and skills. All staff had completed the training they needed and there was a system in place to ensure that training was updated to help refresh and enhance their learning.

One member of staff spoke highly of the communication training they had undertaken. They explained how it had helped them to be more effective when working with people who had different ways of communicating. There were pictures of objects around the house which helped people to express their wishes; one person had their own communication board which helped them to communicate with everyone. Some staff had also undertaken Makaton

training which enabled them to better understand the needs of some people. One person had an iPad which meant that they could effectively communicate with everyone.

People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what they were doing. For example one person needed assistance to walk from the kitchen to the lounge, staff spoke to them encouraging them to hold on to the rail, explained how far it was to go and even speaking the odd word in their native language which seemed to help. Care plans were person- focussed and were regularly reviewed; people and their families were fully involved in this process.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. Capacity assessments had been undertaken and requests made under the Deprivation of Liberty Safeguards (DoLs). The Mental Capacity Act provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLs provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. We observed that staff supported people who wanted to go out. Families were consulted and kept informed of any impact on the way in which people are cared for and supported.

People chose how to spend their time. People told us they were able to get up and go to bed when they liked. One person told us they look forward to having a longer lay in at the weekend and having a cooked breakfast.

People were supported to eat a healthy balanced diet. Some of the people in the home went to the 'Hi fives' activity centre which is a centre set up by the provider to offer people the opportunity to meet up and take part in meaningful life learning activities. As part of the activities offered people could learn about health and well- being.

Staff were aware of individual dietary needs and supported people to make the healthier choice. The dietician had been consulted to ensure everyone's dietary needs were

Is the service effective?

fully met. The staff explained that all meals were made using fresh ingredients which was certainly the case on the day of the inspection with fresh vegetables being prepared by one person for a casserole.

During the inspection we observed people preparing their evening meal and one person spoke to us about their diet and how they managed their weight and diabetes. The kitchen was the hub of the household and there was a nice relaxed atmosphere between everyone. Each week the people living in the home planned a weekly menu and everyone was encouraged to sit down together to have their evening meal.

People's health care needs were regularly monitored. We spoke to one health professional who was visiting and they commented "Staff always know what is going on in relation

to people's medicines and physical health needs. They take advice and any recommendations are followed through". People were referred to the GP and specialist services as required. There were easy read guides to annual health checks available for everyone and we noted from care plans that individuals had been referred to specialists when needed. Staff told us about referring someone to an occupational therapist for an assessment in relation to the equipment that was needed to support them with bathing. The provider had also developed information around epilepsy to support people and give greater guidance to staff. To enable health professionals to communicate with individuals information was available to share with professionals explaining how an individual liked to be approached and how they may show whether they were happy or not.

Is the service caring?

Our findings

People and staff were all happy in the home. People told us “It’s nice living here”, “Nice staff especially [staff member]”. People smiled and became more animated when different people came to the house. People showed us their rooms which they had personalised themselves. One person showed us their Harry Potter memorabilia and talked about being taken out to Harry Potter World. Another person showed us a picture of David Jason whom they admired and told us how the managers had organised for his look alike to attend their birthday celebrations.

People received their support from staff who treated them with kindness, consideration and respect and who took time to engage in conversation with them.

The atmosphere throughout the day of the inspection was warm and friendly.

Staff were mindful and considerate of people’s wishes when asking if they could enter their rooms. People’s individuality was respected by staff; they responded to people by their chosen name and made sure that any activities people undertook were age appropriate. For example staff had ensured that when one person wanted to pursue their interest in colouring they had supported the person to buy colouring books designed for adults. One person was celebrating their birthday on the day of the inspection and as they came back from being out for the day everyone greeted them and encouraged the person to tell them about their day. The staff sat down with the person and helped them to open presents and one of the other people living in the house made a cup of tea for them. The atmosphere was relaxed and pleasant. Staff

clearly understood and knew individuals so that when they could see someone becoming agitated they gave the person space and ensured others did too. We read from a recent survey that one relative had commented “[Name] has been given a lot of options and enjoys being at Farthings. They are mainly happy. They get bored sometimes but the staff have been really good to satisfy their needs.” One person had commented “I am very happy here and enjoy the company of my keyworker when they are with me and all my friends”.

People were encouraged to express their views and to make choices. An advocacy service was available for anyone who wished to access it. The provider was working with individuals to help them gain the confidence and skills to speak up for themselves or for others less able to living in the home. Care plans included detailed information about people’s preferences, their likes and dislikes and how they liked to be treated. There were comprehensive accounts about individuals to enable all staff and any professionals working with a person to gain as much knowledge and understanding of the person’s individual abilities and goals. People had been encouraged to fully contribute to their plans and information was recorded in a way which people best communicated. There was a mixture of pictures and photographs of what people liked doing.

Family and friends were welcome to visit anytime and people were enabled to stay in contact with their families through regular telephone calls and visits to family and friends. Staff supported one person to regularly visit a friend and we saw photographs of when families and friends had visited the home.

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met; the assessment also took into account whether the person would fit in with the other people living in the home. Each potential new house mate had a tailored plan to support them to make an informed choice as to whether Farthings was the right place for them. Visits were arranged which would gradually lead up to an overnight stay so that the person had an opportunity to meet everyone. The manager was clear that they needed to be very sure and confident that any new person would fit in and everyone would be happy. We saw detailed assessment information and this was used to build a person centred care plan detailing what care and support people needed to enable them to live as independent a life as possible.

One person commented that they felt well looked after and enjoyed going shopping with staff. Staff commented that they felt the staff team knew everyone very well which helped them all to work together to support people and meet their individual needs. People had been involved fully with their care plans; one person shared their plan with us themselves; another person told us about the meetings they had with their keyworker to discuss their plan and make any changes if needed.

Staff had a good understanding of each person in the service and clearly understood their care and support needs. The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs; for example in one care plan we noted that the person had epilepsy, there was detailed information about how to recognise the signs of an epileptic seizure and how to support the individual during a seizure. Care plans were reviewed on a regular basis and the information held within them had been collated in a way that best met individual communication needs. Pictures were used where appropriate and any written information was clear and concise.

Staff chatted with people throughout the day and were responsive to individual needs. We observed people being supported to take a rest when needed and others encouraged to complete household chores.

People were encouraged to follow their interests; One person said "I am happy and enjoy myself". For example one person loved to colour, they had been out shopping with staff and purchased colouring books which were specifically designed for adults. Another person had wanted to learn to ride a horse so the staff had arranged horse riding lessons for them. Each person had their own activity programme for the week which was a combination of doing things individually supported by staff such as going out shopping or visiting a friend or attending a day centre in the local area. Some people also went to 'Hi fives' activity centre where they could socialise and have the opportunity to learn and develop new and existing life skills. Everyone appeared happy and living a fairly fulfilled life.

People were aware that they could raise a concern about their care and there was information provided on how to make a complaint which was designed to enable everyone to access it. People told us that they always felt able to speak to the staff or the managers if they needed to and we could see that they had done so. The staff were responsive to people and had looked at ways to resolve any issues people had had. The staff said that they always tried to resolve any concerns as quickly as possible. There was a weekly house meeting which enabled people to share any concerns they had. The feedback we found was positive and we could see that people were asked about the care and support they received through the house meetings and satisfaction questionnaires which had also been sent to other professionals. One comment we read from a specialist nurse was "Excellent service, thorough, supporting, caring, and knowledgeable. Excellent advocates for the people"; another professional had commented "We feel that the owners, management and staff go far beyond what is required".

Is the service well-led?

Our findings

Everyone we spoke to expressed how happy they were with the management of the home. The staff said they felt well supported and could speak to managers whenever they needed to. People said they felt listened to and we could see that the managers were fully committed to providing an environment which would help people to maximise their abilities to live as independent a life as individually possible. Relatives commented how their relatives had “Come on leaps and bounds since coming to live at Farthings”. One relative told us “the managers are really good to [name] and keep us posted of anything that arises. [Name] leads an enriched life”; another relative commented “the managers keep us updated and go the extra mile to provide people with the best possible life experience”. The registered manager was a good role model for staff to ensure they promoted people’s independence and respected the rights of the individual person.

The people, their families and other people who had contact with The Farthings had been asked for their feedback on how the service was and whether any improvements could be made. Some of the comments were “We like working along side you to better so many lives”; “You communicate very effectively, you do an excellent job, keep up the good work”. In response to one comment more pictures were purchased for the home and someone was supported to go swimming. Management welcomed feedback and were keen to look at ways of improving the lives of people.

People had been involved in the development of a new care plan format which was focussed on being more person-centred and meeting people’s communication preferences. The manager had liaised with health

professionals to ensure that the information held in the care plan was clear, relevant and could be easily understood. A professional who was visiting at the time commented “The new care plans are extremely useful, user friendly and very person centred”. In addition, as part of a quality assurance initiative, the provider had brought together a group of people who used the wider services offered by the provider which included people from The Farthings, to help produce a monthly Homes newsletter and they had also produced a ‘user friendly version’ of The Fundamental Standards. The Care Quality Commission has accepted this and it is hoped that it will be made available to people across the country. It was very evident how passionate the provider and managers were in ensuring people were respected for who they were and were given opportunities to live a fulfilling meaningful life.

The whole ethos of the service was based around respect and dignity providing a service which was tailored to meet the needs of the individual. Working with people at their pace and listening to what they wanted to do.

Daily records were up to date and all staff took time in the handover we observed to discuss each person and ensure the staff coming on duty were fully apprised of any events that had happened during the day. The communication between managers and staff was evident and everyone worked as a team to provide a family friendly service.

The provider had a commitment towards ensuring that all aspects of the service met good quality standards. There were quality audits in place which included questionnaires for staff, the people and other stakeholders, maintenance records were up to date. The provider had employed an Office and Compliance Manager to support them to keep up to date with any changes in requirements for services offering accommodation and personal care.