

Grantham and District Mencap Limited

Fairview Farm

Inspection report

Fairview Farm
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this announced inspection on 25 July 2017.

Fairview Farm can provide accommodation and personal care for 22 people who have a learning disability. There were 19 people living in the service at the time of our inspection.

The service was run by a charitable body who was the registered provider. Although there was a registered manager they were not working in the service at the time of our inspection visit. In their absence the service was being managed by the chairperson of the charitable body and the senior care team leader. 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. In this report when we speak about the charitable body (as represented by the chairperson) we refer to them as being, 'the registered person'.

At our inspection on 30 August 2016 we found that improvements needed to be made to ensure that people who lived in the service fully benefited from it being safe, effective, responsive and well led.

In more detail, at our inspection on 30 August 2016 we found that in order to keep people safe the registered person needed to address shortfalls in the way people were supported to manage their personal spending money. Another of our concerns involved shortfalls in the provision that had been made to keep people safe in the event of an emergency. At the present inspection we found that these concerns had been addressed. We also found that a particular background check had not been updated to confirm that some care staff continued to be suitable people to be employed in the service. Although at the present inspection we found that this check had been completed we also noted that additional improvements needed to be made in the way new care staff were recruited. A further concern we highlighted involved the need to strengthen the way in which medicines were managed to ensure that people were reliably assisted to use them in the right way. At the present inspection we found although improvements had been made further developments were needed to ensure that the progress made could be sustained.

At our inspection on 30 August 2016 we also found that the registered person needed to ensure that care staff received all of the training, support and guidance they needed in order to make the service more effective. At the present inspection we found that care staff had been provided with training, guidance and support. We also noted that care staff had the knowledge and skills they needed to care for people in the right way.

At our inspection on 30 August 2016 we concluded that more needed to be done to provide people with a responsive service by more actively involving them in deciding what care they wanted to receive. We also highlighted the need for people to be offered more opportunities to enjoy participating in occupational and social activities. At the present inspection we found that both of these concerns had been addressed.

As a result of the shortfalls we noted on 30 August 2016 we identified that more robust arrangements needed to be put in place to manage the day to day running of the service. At the present inspection we found that although a number of quality checks had been completed further progress was needed to ensure that people consistently received all of the care they needed.

Our other findings at the present inspection were as follows. We found one breach of the Care Quality Commission (Registration) Regulations 2009. This was because the registered person had not told us about a number of significant events that had occurred in the service. You can see what action we have told the registered person to take at the end of the full version of this report.

Care staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People were supported to take reasonable risks and helped to avoid preventable accidents. There were enough care staff on duty.

People enjoyed their meals and they were helped to eat and drink enough. Care staff had ensured that people received all of the healthcare they needed.

People were helped to make decisions for themselves whenever possible. When people lacked mental capacity the registered person and the manager had ensured that decisions were taken in people's best interests. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered person had ensured that people only received lawful care.

Care staff were kind and people were treated with compassion and respect. People's right to privacy was promoted and there were arrangements to help them to access independent lay advocacy services if necessary. Confidential information was kept private.

People had been supported to be as independent as possible and they had received all of the practical assistance they needed.

People and their relatives had not been fully involved in the development of the service. However, good team working was promoted and care staff said that the service was run in an open way so that they could speak out if they had any concerns.

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.

Medicines had not consistently been safely managed.

Full background checks had not always been completed before new care staff were appointed.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People were supported to take reasonable risks and helped to avoid preventable accidents.

There were enough care staff on duty.

Requires Improvement ●

Is the service effective?

The service was effective.

Care staff had received training and guidance and knew how to care for people in the right way.

People enjoyed their meals and were helped to eat and drink enough.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Good ●

Is the service caring?

The service was caring.

Care staff were kind, respectful and compassionate.
People's right to privacy was promoted.

There were arrangements to help people use independent lay

Good ●

advocacy services.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and had been given all of the assistance they needed.

Suitable provision was in place to promote equality and diversity.

People were supported to pursue their hobbies and interests.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered person had not told us about significant events that had occurred in the service.

People and their relatives had not been fully involved in the development of the service.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

The registered manager was not overseeing the running of the service.

There was good team work and care staff had been encouraged to speak out if they had any concerns.

Fairview 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 registered person was 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 25 July 2017. The inspection was announced. We gave the registered person a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection visit we spoke with 11 people who lived in the service. We also spoke with four care workers, a team leader and the senior care team leader who was standing in for the registered manager. In addition, we spoke with the chairperson of the charitable body who ran the service. We also observed care that was provided in communal areas and looked at the care records for five people who lived in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After our inspection visit we spoke by telephone with another three relatives.

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I am happy here, staff are kind to me and all right." Another person who had special communication needs and who used sign assisted language gave a 'thumbs-up' sign when asked about this matter. All of the relatives said they were confident that their family members were safe in the service. One of them said, "My family member has lived in Fairview Farm for many years and I'm certain that they're safe and well there."

However, we noted that in the 12 months preceding our inspection visit there had been 14 occasions when a medicine had not been administered in the right way. Records showed that care staff had made various mistakes including not administering medicines at the right times and not carefully checking that people had actually used medicines that had been given to them. Nevertheless, records showed that in each case medical advice had promptly been sought and that the people concerned had not experienced any direct harm. We also noted that the members of staff concerned had received additional training. In addition, we saw that a number of new checks had been introduced to help reduce the likelihood of the same mistakes happening again.

In addition, we found that there were reliable arrangements for ordering, storing and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. When medicines were no longer in use they were promptly returned to the pharmacy. We saw care staff administering medicines and we noted that they carefully checked that the right medicines were being dispensed and that the people concerned had actually taken them. On each occasion the care staff correctly recorded the medicines they had administered.

We examined records of the background checks that had been completed by the registered person when appointing three new care staff. We found that in relation to each person the registered person had not obtained a suitably detailed account of their employment histories. This in turn had reduced the registered person's ability to determine what background checks they needed to make. In addition, in relation to one person one of the checks that did need to be in place had not been completed. These shortfalls had limited the registered person's ability to assure themselves about these applicants' previous good conduct and to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff since they had been appointed. Furthermore, the registered person assured us that the service's recruitment procedure would be strengthened to ensure that in future all of the necessary checks would be completed in the right way.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of

harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. In addition, records showed that the registered person had correctly assisted the local safeguarding authority by investigating the circumstances of a small number of concerns that had been raised in the 12 months preceding our inspection visit. This had assisted the authority to carefully consider how to continue to ensure that people were kept safe.

We saw that care staff were supporting people to take reasonable risks as part of everyday life. This included helping them to safely complete jobs in the kitchen and to use household appliances such as in the laundry. At the same time they had helped people to avoid preventable accidents. Examples of this included hot water being temperature controlled and radiators being fitted with guards to reduce the risk of scalds and burns. Other examples were external doors being alarmed so that staff could check if they were only being used by people in a safe way. Also, we noted windows above the ground floor were fitted with safety latches so that they did not open too wide and could only be opened safely. In addition, care staff knew how to correctly assist people who had reduced mobility so that they could quickly move to a place of safety if the fire alarms sounded.

We looked at records of the accidents and near misses involving people who lived in the service. They showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the senior care team leader had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to specialist healthcare professionals to check that they had been provided with all of the equipment they needed in order to safely move about.

People who lived in the service and their relatives said that there were enough care staff on duty to promptly provide people with the care they needed. A relative commented, "All I can observe is that I can see that my family member is getting all of the care they need and the staff are always around and there to help." The registered person told us that they had completed an assessment of the minimum number of care staff who needed to be on duty taking into account how much assistance each person required. We noted that on the day of our inspection and for the preceding week all of the planned shifts had been filled. In addition, we saw a lot of examples of people promptly receiving all of the assistance they needed. We concluded that the service was being staffed in the right way.

Is the service effective?

Our findings

People said that they were confident that care staff knew how to provide them with the assistance they needed. One of them said, "I get on great with the staff and they help me how I want." Relatives were also confident that care staff had the knowledge and skills they needed. One of them said, "I have absolutely the highest regard for staff. Many of them have known my family member for a very long time and they've become like family to them and to me. Fairview Farm is a bespoke and special place."

Care staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The senior care team leader said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff had regularly met with a senior colleague to review their work and plan for their professional development.

We also noted that care staff had received refresher training in key subjects to ensure that their knowledge and skills were up to date. The subjects included how to safely assist people who experienced reduced mobility, providing basic first aid, relating to people who had special communication needs and supporting people when they became distressed. We found that care staff knew how to care for the people who lived in the service. An example of this was care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff knowing how best to help people to manage routine health care conditions.

People told us that they enjoyed their meals with one of them remarking, "We have good meals here and I have what I like." Another person said, "I have plenty enough." Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. We also noted that care staff were checking to make sure that people who were at risk of not eating and drinking enough were having the nutrition and hydration they needed. In addition, one person was being supported to achieve their goal of losing a little weight by following a healthy eating plan.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of care staff explaining to a person why they needed to continue to use a medicine that had been prescribed for them. The member of staff quietly described how the medicine relieved a particular symptom the person sometimes experienced. We noted how the person responded positively to this information and indicated that they were willing to continue to accept the medicine in question.

Records also showed that in relation to people who lacked mental capacity the registered person had consulted with relatives and with health and social care professionals when a decision about a person's care needed to be made. This was necessary so that they could confirm that important decisions were made in the people's best interests. An example of this was the registered person liaising with relatives and healthcare professionals so that arrangements could be made for a person to receive essential chiropody services.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered person had made all of the necessary applications to the local authority to ensure that people only received lawful care.

Records also showed that specific legal arrangements had been made for some people so that a relative or other representative could make important decisions on their behalf. We noted that these arrangements were clearly documented and were correctly understood by care staff. This helped to ensure that suitable steps could be taken to consult with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People said and records confirmed that they received all of the help they needed to see their doctor and healthcare professionals including chiropodists and opticians. A person spoke about this and said, "The staff take me to see my doctor when I'm not well and the doctor helps me get better." Relatives also commented on this matter with one of them saying, "I know that the staff at Fairview Farm are completely on the ball. It's not just a job for them, they're straight onto the doctor if one of the residents is unwell and they let the relatives know as well."

Is the service caring?

Our findings

People were very positive about the quality of care that they received. One of them said, "The staff are my friends and we do lots together." Another person who used sign assisted language moved to be closer to a member of care staff and held their hand when we asked them about the experience of living in the service. Relatives were also complimentary about this matter. One of them remarked, "I certainly do think that the staff are very caring. My family member receives an individual service. Whenever I call to the service it's got a relaxed and comfortable feeling to it as you'd find in anyone's home." Another relative said, "The best indicator is that my family member is always pleased to go back to Fairview Farm if they've been staying with me. They plainly like being there and see it as home."

We saw that people were treated with compassion, kindness and respect. Care staff took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about the next time they planned to see a friend who they had met at a local dance event. The person concerned was pleased to look forward to the date when they would meet up again with their friend.

We noted that care staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas so that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff were supporting people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I speak with my mum on the phone a lot and the staff help me dial mum's number and then leave me to have a chat."

The registered person had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

We noted that written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Is the service responsive?

Our findings

People said that care staff provided them with the care and support they needed. One of them remarked, "The staff help me with what I need but they're not bossy and don't take over. I like to do most things for myself." Relatives were also positive about the assistance their family members received. One of them told us, "My relative gets all of the help they need and more. The staff literally couldn't do any more for them and my family member leads a full life. I would never even consider agreeing to them moving from Fairview Farm."

Care staff had consulted with people about the care they wanted to receive and had recorded this process in each person's care plan. We noted that when supporting people to make decisions about their care, care staff had gently encouraged them to be as independent as possible. Records confirmed that these care plans were regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. We saw a lot of practical examples of staff supporting people to make choices about everyday things. One of these involved a person being assisted to change their clothes when they came home from work. A member of care staff spent quite a lot of time with the person as they tried on a number of different outfits until they found one they wanted to wear.

People showed us that staff had provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, managing their laundry and dealing with correspondence. A relative said, "Quite simply, my family member couldn't manage each day without a good deal of help. Whenever I call to the service I find them well dressed and sorted in themselves and ready for whatever we're going to be doing that day." Records and our observations confirmed that people were receiving all the practical assistance they needed.

Care staff were confident that they could support people who had special communication needs. We found that care staff knew how to relate to people who used sign assisted language. We saw them successfully using signs and referring to everyday objects to communicate with people. An example of this was a member of care staff understanding that a person's hand movements indicated that they wanted to wash their hands before going into the lounge to enjoy a cup of tea.

In addition, care staff were able to effectively support people who could become distressed. We saw that when a person became distressed, care staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming anxious because another person was unintentionally interrupting them by loudly answering questions on a television quiz show. Care staff responded by suggesting that the person watching television answer the questions more quietly which then enabled other people to continue their own conversations.

Relatives said that they were free to visit the service whenever they wanted to do so. One of them said, "I'm welcomed whenever I call or telephone the service. The staff always know what my family member is doing which I find that to be reassuring." In addition, we noted that care staff helped people to keep in touch with their relatives including sending birthday and Christmas cards. We also found that people were supported

by care staff to visit their relatives at home.

Care staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. An example of this was people being helped to subscribe to journals and websites that enabled them to pursue their special interests. In addition, we saw that staff were aware of how to support people if they used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

People told us and records confirmed that care staff helped them to enjoy taking part in occupational and social activities. Most of the people attended a local day opportunities service where they had the chance to participate in a range of occupational activities including horticulture and practising daily living skills. In addition to this, care staff were supporting people to enjoy a number of recreational activities including taking part in swimming, bowling and horse-riding. Furthermore, each person had been offered the opportunity to go on holiday and we saw a lot of photographs which showed people enjoying their time away.

People showed us by their confident manner that they would be willing to let care staff know if they were not happy about something. People had been given a user-friendly complaints procedure that used pictures and drawings to make it more accessible. The procedure said that people had the right to make a complaint and explained how they could raise an issue. The registered person had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered person had not received any formal complaints since our last inspection.

Is the service well-led?

Our findings

People told us that they considered the service to be well managed. One of them said, "It's my home and things are okay here for me." Relatives were also confident about this matter. One of them remarked, "Yes, I do think that Fairview Farm is well managed because the staff know what they're doing and the place is a welcoming home for my family member to live. I'm grateful that the place is there because I know MENCAP will take care of my family member long after I'm gone."

However, we noted that a number of authorisations had been received from the local authority's supervisory body about which the registered person had not told us. The law says that we must be told about these and certain other events so that we can establish that people are being kept safe. Although the senior care team leader submitted the necessary notifications the day after our inspection visit, the registered person's delay in telling us about the events had reduced our ability to promptly assess the circumstances surrounding each occurrence.

Failure to submit the statutory notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

In their Provider Information Return the registered person recognised the importance of consulting with people and their relatives about how well the service was meeting their needs and wishes. However, we found that people and their relatives had not always been fully involved in the development of the service. Although there had been regular 'residents' meetings', the registered person also considered it necessary to invite people to complete a quality assurance questionnaire at least once a year. This was so that they could give feedback about how well the service was meeting their needs and expectations. However, we found that the registered person had not examined what people and their relatives had said in questionnaires they had completed in 2016. This oversight had resulted in the registered person making decisions about the development of the service that were not fully based on the experiences of people who used it.

In addition, we found quality checks had not always resulted in problems being quickly identified and put right. This had resulted in the persistence of the shortfalls we have noted earlier in our report concerning the management of medicines and the operation of a robust recruitment procedure. We raised our concerns with the registered person who assured us that their quality checks would immediately be strengthened in response to each of the shortfalls we had identified.

At the time of our inspection visit the registered manager had not been overseeing the running of the service for the preceding month. In addition, the registered person was not in a position to give us a clear timescale within which the registered manager would return to their post. However, we did note that suitable provision had been made to enable the senior care team leader to supervise the day to day running of the service in the interim.

People and their relatives knew who the registered person and the senior care team leader were and said that they were helpful. We noted that both of them had a thorough knowledge of the care each person was

receiving. In addition, they knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We noted that policies and procedures were in place to develop good team working practices so that people received safe care. There was always a senior member of staff on duty and during out-of-office hours the registered person or senior care team leader were on call if care staff needed advice. Care staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

Care staff said that there was an open approach to running the service. This helped to reassure them that the manager would listen to them and take action if they raised any concerns about poor practice.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person had not told us about a number of significant events that had occurred in the service. This had reduced our ability to promptly assess the circumstances surrounding each occurrence to ensure that people were kept safe.