

Key inspection report

CARE HOME ADULTS 18-65

The Farmhouse

**Hundred Elms Farm
Off Elms Lane
Sudbury
Middlesex
HA0 2NP**

Lead Inspector
Julie Schofield

Key Unannounced Inspection
28th July 2009 08:15

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care home adults 18-65 can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

| | |
|---|---|
| Name of service | The Farmhouse |
| Address | Hundred Elms Farm Off Elms Lane Sudbury Middlesex HA0 2NP |
| Telephone number | 020 8904 8282 |
| Fax number | 020 8903 9860 |
| Email address | cathy@franklynlodge.com |
| Provider Web address | |
| Name of registered provider(s)/company (if applicable) | Residential Care Services Ltd DR FRANK ERIBO |
| Name of registered manager (if applicable) | Mr Tohouilly Hughes Gibert Seri |
| Type of registration | Care Home |
| No. of places registered (if applicable) | 6 |
| Category(ies) of registration, with number of places | Learning disability (6) |

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care Home only - Code PC

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

Learning disability - Code LD
2. The maximum number of service users who can be accommodated is:
6

Date of last inspection

20th September 2007

Brief Description of the Service:

The Farmhouse is a care home providing personal care to 6 adults with learning disabilities. At the time of the inspection there was one vacancy. The house is a Grade II listed building and is in a quiet residential part of Wembley but close to the Harrow Road and Watford Road. There are bus routes along both of these roads and the nearest underground railway station is Sudbury Town. The property is detached and has a garden at the front and at the rear/side of the property. It is situated at the end of a short passageway (wide enough for access by car) and there is parking for approximately 4 vehicles outside the front gates of the home. There is also parking on the main road. The house consists of two floors, ground and first floor. The ground floor consists of an open plan lounge and dining area, a kitchen, bathroom (with toilet) and three residents' bedrooms (two with an en suite toilet and one with an en suite toilet and shower). On the first floor there are three residents' bedrooms (all with an en suite toilet and shower), the office, the laundry room and a quiet room (with an en suite toilet) that is used at night by a member of staff for sleeping in duties.

Details of fees may be obtained, on request, from the company's head office, the telephone number of which is available from the care home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 stars. This means the people who use the service receive good outcomes.

The inspection consisted of 2 visits to the home. The first visit started at 8.15am and finished at 10am and the second visit started at 3.15pm and finished at 6.15pm. While in the home we met the manager, members of staff on duty and the residents. We were able to speak with people although comments from residents about living in the care home were few as the residents' verbal communication skills are limited. We did observe residents relaxing in the home after their return from day centre and we observed the interaction between residents and members of staff. We carried out a site visit and we saw the serving of an evening meal. General records and those relating to residents were examined. We looked at policies and procedures and case tracked the care of selected residents. We reviewed compliance with the statutory requirements identified during the previous key inspection in 2007 with the manager. A visit was also made to the main office where staff personnel and training records are held so that these could also be inspected. Prior to the inspection we sent survey forms to the home to distribute and 3 completed staff survey forms were returned to us. We would like to thank everyone for their assistance and comments during the inspection.

What the service does well:

One of the residents that can give some verbal feedback continues to be positive about his life in the home in respect of the support given by staff, the meals ("like the meals, good cook") and the annual holiday, which he said he enjoyed. He said that he likes the Farmhouse better than the care home he lived in previously.

Residents treat the Farmhouse as their home and move around the home as they please. They enjoy spending time in their room relaxing after returning to the home in the afternoon. They may also attend clubs, which are held in the evenings or at the weekend. At the weekend they are able to take it easy or take part in activities.

The company's training programme for staff provides a package of training that includes NVQ training, training in areas specific to the client group and training in safe working practices. The training needs of individual members of staff are identified and recorded in personal development plans. Members of

staff work together as a team and are knowledgeable about the needs and the likes and dislikes of individual residents.

When we asked members of staff what the homes does well they told us that it supports the residents very well and that the members of staff work well with the residents.

What has improved since the last inspection?

We checked compliance with the statutory requirements identified during the previous key inspection in 2007 and the requirements are now met. The manager confirmed that when a referral for the vacancy in the home is made the pre admission visits to the home will be fully recorded and a record of these kept in the case file in the home. We noted that review meetings convened by the local authority were up to date and that the minutes of these meetings were on the residents' case files.

The dignity of the resident when out in the community is now promoted as the resident no longer has a visible label with their name and address. Within the home the replacement of the lounge curtains, the redecoration of the ceiling in the lounge and the new flooring and painting in the ground floor bathroom have all taken place.

What they could do better:

During this inspection **9** statutory requirements were identified. When transferring from another of the company's care homes to the Farmhouse a copy of the statement of purpose and the service user's guide for the Farmhouse must be provided to the resident and their representative so that the information can help them decide whether the Farmhouse can meet the needs of the resident.

Day care programmes must reflect the interests and preferences of the resident and include opportunities for activities in the community. A review of the vegetarian menus is needed to ensure that meals are nutritionally balanced and more Asian dishes included so that the cultural needs of the resident are met. When residents are offered choice at mealtimes a check must be kept that a varied and balanced diet is being maintained.

Within the home odour control systems must be effective in the bedrooms so that they are pleasant to use and en suite facilities must have a system where toilet paper can be readily available to residents without the risk of toilet rolls being put into the pan and blocking the toilet. Flooring in one of the ground floor en suite facilities must be firmly attached to the floor so that liquid does not seep underneath.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 4

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Providing relevant information as part of the pre-admission procedure enables the resident and their representative to make an informed choice about the suitability of the home. An assessment of the needs of the resident, prior to admission to the home, enables the home to determine whether a service tailored to the individual needs of the resident can be provided. A trial visit to the home gives the prospective resident an opportunity to sample life in the home and to decide whether the service provided is suitable.

EVIDENCE:

We noticed when we were examining residents' case files that a resident had moved from another of the company's care homes to the Farmhouse but the copy of the service user guide and statement of purpose on their case file related to the previous care home.

No new residents have been admitted to the home since the last key inspection in September 2007 as there have been no vacancies, until just recently.

However, the home has an admission policy in place. This includes obtaining all the required information about the prospective resident from the funding authority. In addition, a manager of the company carries out a needs assessment of the prospective resident. The home has previously demonstrated that the policy is put into practice when a referral is accepted.

During the inspection in 2006 2 statutory requirements were identified in relation to the programme of pre-admission visits made to the home by the prospective resident. The first requirement was that documents used to record the content of visits made by a prospective resident, as part of a transition plan, are kept in the home, on the resident's case file. The second was that the record of each visit made as part of the transition plan includes comprehensive details of the reactions of the other residents, staff observations, what the prospective resident did/what they said/how they reacted/significant changes in behaviour etc and that the record is signed and dated. The manager confirmed in September 2007 that for future admissions these details would be recorded and that the records would be kept in the home and not at head office. However, since 2006 the home has not had the opportunity to demonstrate that it has incorporated the requirements into its working practices but as there is now a vacancy in the home the manager confirmed that the agreed changes would be implemented during any pre-admission procedure.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

6. Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
7. Service users make decisions about their lives with assistance as needed.
8. Service users are consulted on, and participate in, all aspects of life in the home.
9. Service users are supported to take risks as part of an independent lifestyle.
10. Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

6, 7, 9

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Reviewing the care plan and the placement on a regular basis ensures that changes in the needs of residents are identified and can be addressed. The residents' right to exercise choice in their daily lives is promoted and respected. Members of staff support residents to take responsible risks so that residents can enjoy an independent lifestyle.

EVIDENCE:

We case tracked the care of 3 residents and began by looking at their case files. Files contained a care plan and review and each was dated in 2009. We noted that they were in a user friendly format to meet the needs of the residents. Files also contained evidence of internal reviews of the placement

being held on a regular basis. A statutory requirement had been made during the previous key inspection in 2007 that if the review meeting convened by the local authority became overdue the home would contact them to request a date. When we looked at the residents' case files we saw that an external meeting had been convened by the local authority to review the care plan and the placement for each resident within the last 12 months so compliance with the statutory requirement has been achieved. Family members were invited to attend review meetings to support the resident. The home operates a key worker system and a Gujarati speaking resident has a key worker that is able to understand their language and culture. There are individual guidelines on case files to assist members of staff to understand behaviours and what may trigger these. The guidelines advise the members of staff on the interventions needed to support the resident. Files contained personal profiles or daily routines, which included information regarding the resident's likes and dislikes.

Staff that completed a staff survey form ticked that they "always" were given up to date information about the needs of the people they supported.

We discussed the finances of the 3 residents that we case tracked and were told that the local authority is the appointee for 1 of the residents, Franklyn Lodge is the appointee for the 2nd resident and that the family is responsible for the financial affairs of the 3rd resident. Records were made available for the first 2 residents and we noted that records were up to date and in order. One of the residents was having their benefits reduced until the savings reduced to below a certain level. The family of the 3rd resident leaves some money with the home so that small items may be purchased on his behalf. Records of this were available and were satisfactory.

We saw during the inspection that residents are encouraged to make decisions and to exercise choice in their daily lives.

When examining the 3 case files it was noted that each contained a number of risk assessments, which were tailored to the individual needs of the resident. Risk assessments covered a wide range of activities or situations including cooking, throwing cutlery, taking part in activities in the community, using the bath and absconding from the home. The assessment identified the hazard and the risk that was involved, included strategies for minimising the risk and listed the actions to be taken by staff. Risk assessments were subject to a 6 monthly review and these had taken place in May 2009. The home's manual of policies and procedures includes a missing person's procedure.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

This is what people staying in this care home experience:

12, 13, 14, 15, 16, 17

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Taking part in activities, developing new skills and using community resources gives residents the opportunity to enjoy an interesting and stimulating lifestyle. However, to assure residents not attending a day centre that their day care programme reflects their interests and preferences opportunities for activities in the community need to be included. By maintaining contact with their family and friends the resident's need for company and fellowship is met. Residents are encouraged to become more independent by making decisions and by taking part in the daily routines of the home. To assure residents of a varied and balanced diet that also respects their cultural needs a review of the content of the menus needs to take place.

EVIDENCE:

We discussed the residents' day care programmes with the members of staff on duty. Four of the 5 residents attend a day centre on a 5 day a week basis. The fifth resident does not attend a day centre at the moment and the home is drawing up a programme of activities for him to take part in although when he is in the community he needs 2:1 support as he has a history of absconding. Until a decision is reached regarding funding, for most of the time during the week he is supported by 1 member of staff within the home. He enjoys going out. When we asked a resident about his day after he had returned from the centre he confirmed that he enjoyed going to a day centre and that he had done "lots of things. Bingo today".

Residents use facilities in the community including the shops, swimming pool, cinemas and local restaurants for meals that meet the religious/cultural/dietary needs of residents. A resident confirmed that he went shopping recently and bought some personal items. The home has the use of a mini van to transport residents or residents can use public transport or taxis. Residents' names have been entered on the electoral roll and there was evidence that postal voting had been available to residents at the last election.

Residents attend clubs that are held on a weekly basis, a fortnightly basis and on a monthly basis. We discussed annual holidays for residents with the manager. It has been decided this year that rather than residents taking part in a holiday where most of the residents living in the company's care homes attend together there will be opportunities for smaller groups of residents to take holidays together. This will enable residents to travel with residents whose company they particularly enjoy and where they share the same interests. The choice of venues and possible dates are being discussed with residents and their relatives.

We discussed family support for residents. During the inspection 1 of the residents received a visitor and the visit took place in the resident's room. We observed that the visitor was made welcome when they arrived by the members of staff on duty. One of the members of staff talked about their duties as a key worker and said that the family of the resident visit the resident twice a week and that as a key worker he liaises with the family if the service needs to update the family on any issues affecting the resident. The resident goes out with their family to attend family occasions and cultural events in the community. One of the residents recently was bereaved and the manager and a member of staff escorted the resident to the funeral. We discussed the need for counselling and the manager said that an elderly relative of 2 of the residents has passed away within the last 12 months and that it has been agreed that if either of the residents shows signs of distress counselling services would be arranged.

A statutory requirement was identified during the previous key inspection in 2007 that when protecting the safety of the resident in the community the resident's dignity must not be compromised. This related to a label with the resident's name and address being pinned to the front of their clothing and this practice is no longer carried out. However, as the resident had absconded prior to this inspection, but was safely returned, we recommended that the resident carries their name and address on a piece of paper in one of their pockets.

We observed during the inspection that when a member of staff wanted to speak with a resident that was in the bedroom the member of staff knocked on the door of the room and waited for the resident to call out. If the resident was unable to invite them in the member of staff would call out that they would be coming in and then look at the resident to see if their visit was acceptable. We observed that residents were able to spend time privately in their rooms or socialise with others, as they wished. Some of the residents like to help around the house although they are all encouraged to take part in the household routines to develop their independence. This could include keeping their room tidy, setting the table, help making the bed, taking their laundry to the laundry room or putting out the milk bottles.

We asked the member of staff what they would be preparing for residents to eat. The main meal was either pilchards or corned beef with rice or potatoes and mixed vegetables. We were concerned that when the vegetarian option was stated it was lacking in protein and asked whether beans or pulses would be included. The member of staff said that they would. We saw that when the meal was served residents had pilchard stew with mixed vegetables, rice and salad and that the vegetarian option omitted the pilchards but included beans in a sauce. We were shown two laminated menu/choice books which included Asian and African Caribbean dishes. We examined food records and discussed the contents with the manager. We had seen a 4 week rolling menu programme that provided a varied and wholesome diet but records of what was actually eaten relied heavily on rice or potato or pasta and a tomato vegetable sauce or stew for non vegetarian and for vegetarian clients. This was recorded on the 18th, 20th, 23rd, 24th and 25th July. We were told that when residents were asked this is what the residents wanted. There were minutes of a meeting held with the family of a resident on a case file where concerns were raised about English vegetarian meals being served to an Asian resident rather than serving traditional Asian vegetarian dishes. We were told that training was to be provided for staff in cooking Asian dishes. There is a need to review the content of the menus, with the benefit of advice from a dietician.

We saw that mealtimes were relaxed and unhurried and that one resident who likes to take their time did so. Meals are taken in the dining room so that residents are able to socialise with each other.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

18. Service users receive personal support in the way they prefer and require.
19. Service users' physical and emotional health needs are met.
20. Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
21. The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

18, 19, 20

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents receive assistance with or prompting with personal care in a manner, which respects their dignity and privacy. Residents' health care needs are met through access to health care services in the community. Residents' general health and well-being is promoted by members of staff that assist the resident to take prescribed medication in accordance with the instructions of the resident's GP.

EVIDENCE:

Although residents need varying degrees of assistance with personal care tasks a member of staff told us about the importance of encouraging independence. He told us that if clothing is passed to a particular resident the resident will put the clothes on for themselves. If residents require direct assistance with personal care tasks this can be provided by a carer of the same gender.

Where assistance is provided in the form of “prompting” this is done in a way that respects the dignity of the resident. The personal profiles or daily routines documents on the case files are informative and would help a new member of staff provide care in the way that the resident prefers. The staff team includes African and African-Caribbean members of staff and four of the five residents are African-Caribbean.

One of the residents had an appointment with their GP in the morning. The senior member of staff on duty told us that there was a history of diabetes in the resident’s family and a check was being made on the resident. When looking at case files we looked at records relating to access to health care facilities in the community. We noted that there was evidence of regular appointments with the dentist, optician and chiropodist. Residents had regular appointments with the psychiatrist and there was mention in a letter of the support worker escorting the resident when the resident attended out patient appointments.

There is a medication policy in place. We inspected the storage of medication and noted that medication was stored safely and securely. Dosette boxes are in use for the administration of medication and the empty compartments corresponded with the day and with the time that they were examined. We inspected the records and noted that they were satisfactory. Records in respect of the administration of medication to residents were up to date and complete. The policy for administration is that 2 members of staff carry out the task together. One member of staff gives the medication to the resident while the other member of staff observes. When the task is complete both members of staff are required to initial the records. When we looked at staff training records we noted that each file inspected contained a certificate of attendance for medication training. When talking with a member of staff on duty they confirmed that they had received medication training.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

22, 23

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A complaints policy is in place to protect the rights of residents. An adult protection policy and protection of vulnerable adults training for staff contribute towards the safety of residents.

EVIDENCE:

A copy of the complaints procedure was available in the home. The simple procedure includes timescales for each stage of the procedure and refers complainants to the directors of the company, if the home's manager could not resolve matters. Information regarding access to other agencies is included. The manager said that no complaints have been recorded since the last inspection. Residents' meetings are held and this is an opportunity for residents to complain, if they wish. However, due to limited verbal communication skills the manager said that they also read the resident's body language and facial expressions to gauge satisfaction. When relatives visit the home or contact the home this is used as an opportunity to ask whether the service provided to the resident is satisfactory. When asked on the survey form whether they know what to do if someone has concerns about the home the members of staff ticked "yes".

There is a protection of vulnerable adults policy in place in the home. The manager has previously said that the home also has copies of each funding authority's interagency guidelines in the event of abuse. A copy of the summary of the multi agency procedure was present on residents' case files. He said that no allegations or incidents of abuse have been recorded since the last inspection. Staff on duty confirmed that they had received training in protection of vulnerable adults procedures and that they had undertaken training in supporting residents with challenging behaviour. A member of staff on duty was able to describe what they were obliged to do in the event of a disclosure being made. They demonstrated an awareness of the whistle blowing procedure. Training records contained evidence that the members of staff they belonged to had all undertaken safe guarding training in 2008.

Environment

The intended outcomes for Standards 24 – 30 are:

24. Service users live in a homely, comfortable and safe environment.
25. Service users' bedrooms suit their needs and lifestyles.
26. Service users' bedrooms promote their independence.
27. Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
28. Shared spaces complement and supplement service users' individual rooms.
29. Service users have the specialist equipment they require to maximise their independence.
30. The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

24, 30

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents enjoy a comfortable and "homely" environment with comfortable communal and private facilities in which to relax. Residents live in a home that is clean and tidy. However, to assure residents of a pleasant environment odour control systems must be effective. To assure residents that good personal hygiene standards are maintained toilet paper must be made readily available.

EVIDENCE:

During the inspection we carried out a site visit. Statutory requirements were identified during the previous key inspection in 2007 in relation to the physical environment. New curtains were needed in the lounge, the flooring and the

paintwork on the walls of the ground floor bathroom needed attention and the ceiling in the lounge needed redecorating. We noted that these had all been done and that compliance had been achieved. Generally the upkeep of the home was good although we noted that there was water on the floor near the wash hand basin in the en suite of a ground floor bedroom. The floor covering was lifting.

Although the home was clean and tidy there was an odour of urine in one of the residents' bedrooms. We also noticed that there was no toilet paper in several of the en suite facilities. We were told that one resident likes to keep this in a drawer under their bed and that other residents put toilet rolls in the toilet pan. When talking with a member of staff they confirmed that they had received training in respect of infection control procedures.

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

32, 33, 34, 35

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

NVQ training enhances the general skills and knowledge of carers and contributes towards the quality of service that the residents receive. The rota demonstrated that there were sufficient staff on duty to support the residents and to meet their agreed needs. Recruitment practices, which include carrying out checks and taking up references, protect the welfare and safety of residents. Residents are supported by members of staff that have access to a comprehensive range of training courses, enabling them to meet the residents' needs.

EVIDENCE:

A member of staff on duty confirmed that they were undertaking their NVQ level 2 studies again after stopping and taking a break. Another member of staff confirmed that they had completed their NVQ level 3 studies and hopes to start their level 4 studies. After studying records in the home and training

records held at a central office we confirmed that the target of 50% of support workers achieving an NVQ level 2 or 3 qualification has been met.

At the start of the inspection there were 3 members of staff on duty to support the 5 residents living in the home. We discussed staffing levels and were told that in the morning, before residents go to their day centres there are 3 support workers on duty. In the afternoon and early evening there are 2 support workers on duty and at night there is 1 member of staff sleeping in but on call and another member of staff that is on "partial waking night duty". At the weekend when all the residents are at home during the day there are 3 members of staff on duty so that residents can take part in activities outside the home, if they wish.

We were told by a member of staff that "partial waking night duty" meant that the member of staff got up during the night to assist a resident that was incontinent. The member of staff then slept the rest of the time. Some members of staff on sleeping in duties do not enjoy a good night's sleep and so having to get up during the night even once may create problems with getting back to sleep again. It is recommended that this shift pattern is reviewed and that the home seeks advice from the continence nurse regarding the needs of the resident at night.

The home has identified the need for 2:1 support in the community for a resident not attending a day centre at present and 1:1 support now they are at home during the day. A decision by the placing authority on whether to approve an increase in the funding to pay for an increase in staffing levels is expected shortly. Supporting the resident at home rather than in the community does not enable the resident to follow the lifestyle that he chooses because he is unable to access the community as often as he would wish.

We discussed communication skills as residents have limited verbal communication skills. A member of staff told us that one of the residents has their own signs for certain things and gave us an example of this. Other residents are aware of Makaton signs and a member of staff said that they had received Makaton training 2 years ago. The manager has undertaken Makaton training more recently and his course work book is available in the home, for reference. It is recommended that all members of staff have this training.

We looked at the personnel files for 3 members of staff, including a member of staff who is supplied by an agency. The files of the permanent members of staff contained an application form, 2 satisfactory references, proof of identity (passport details) and an enhanced CRB disclosure. The file of the member of staff supplied by the agency contained copies of an application form and photograph, an enhanced CRB disclosure and proof of identity (passport details). The right to reside and to work in the UK had been established. The manager at the central office where these files are kept told us that when the agency supplies a new member of staff they accompany them on the first visit

to introduce the member of staff and they show the home the originals of all of the documents and show them 2 satisfactory references.

Members of staff that completed a survey form agreed that their induction covered everything that they needed to know to do the job when they started "very well". Since then they told us that their training has been relevant to their role, helps them to understand and to meet the individual needs of people, keeps them up to date with new ways of working and gives them enough knowledge about health care and medication. When talking with a member of staff they confirmed that their training had included safe working practice topics and training in respect of meeting the needs of the client group e.g. autism and epilepsy.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

37, 39, 42

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Continuing to undertake further training enables the manager to develop his knowledge, skills and understanding and to provide a service that is responsive to the needs of residents. Service satisfaction questionnaires, meetings and individual discussions with residents help to monitor the quality of the service provided to residents and contribute towards the development of the service. The training that members of staff receive in safe working practice topics enables them to safeguard the health, safety and welfare of the residents. Regular servicing and checking of equipment used in the home ensures that items are in working order and safe to use.

EVIDENCE:

The manager holds an RMA qualification. He has approximately 7 years experience of working as a manager of a care home for adults with learning disabilities. He undertakes periodic training to update his skills and knowledge and since the last inspection he has undertaken training in respect of medication, the Mental Capacity Act and food safety. He has just successfully completed a post graduate diploma in Health and Social Care Management. We asked members of staff on the survey form whether their manager gives them enough support and meets with them to discuss how the member of staff is working. They all agreed that this happened on a regular basis.

We discussed quality assurance systems with the manager of the home and with the manager in the central office where the staff records are held. The manager of the home said that feedback is given by residents on a day-to-day basis in the home, either verbally or by non-verbal forms of communication etc. Review meetings, residents' meetings, meetings with key workers, visits to the home and discussions with the manager are all opportunities for residents (and/or the residents' relatives) to give comments regarding the quality of the service received. Representatives of the placing authority also have the opportunity to make comments either during review meetings or by contacting the manager directly. The manager at the central office said that she had sent out survey forms to relatives, GP's, care managers and residents living in the company's care homes in July 2009 as part of the company's quality assurance programme. The analysis of completed survey forms is due to start in September. In 2008 the survey form was amended to give the recipient the option of adding their name and to request follow up contact from the company either by telephone or by a meeting. In terms of the Farmhouse survey forms 2 relatives had made suggestions. One was in respect of a resident attending a Methodist chapel and the other was in respect of an Asian resident dining at a particular Asian restaurant on a weekly basis. Both of these suggestions have been implemented.

When talking with a member of staff they confirmed that they had received training in respect of safe working practice topics i.e. manual handling, fire awareness, food hygiene, first aid and infection control procedures. Another member of staff confirmed that some topics are refreshed on an annual basis and some as the certificate expires.

We discussed the new measures being taken to support a resident with a history of absconding. There are door closures on the exit doors in the home that are now operated by a swipe card and the gate outside the property is be fitted with a lock that is opened by using a key pad.

We checked that there was evidence of servicing/inspecting systems and equipment in use in the home. We noted that the fire risk assessment had

been renewed in January 2009. There were valid certificates for the testing of the portable electrical appliances, the fire alarm system and emergency lighting, the fire extinguishers, the electrical installation and the Landlords Gas Safety Record. There was a valid certificate for the Employer's Liability insurance cover.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

| CHOICE OF HOME | |
|-----------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 1 | 2 |
| 2 | 3 |
| 3 | X |
| 4 | 3 |
| 5 | X |

| INDIVIDUAL NEEDS AND CHOICES | |
|-------------------------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 6 | 3 |
| 7 | 3 |
| 8 | X |
| 9 | 3 |
| 10 | X |

| LIFESTYLES | |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 11 | X |
| 12 | 2 |
| 13 | 3 |
| 14 | 3 |
| 15 | 3 |
| 16 | 3 |
| 17 | 1 |

| PERSONAL AND HEALTHCARE SUPPORT | |
|--|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 18 | 3 |
| 19 | 3 |
| 20 | 3 |
| 21 | X |

| CONCERNS AND COMPLAINTS | |
|--------------------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 22 | 3 |
| 23 | 3 |

| ENVIRONMENT | |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 24 | 3 |
| 25 | X |
| 26 | X |
| 27 | X |
| 28 | X |
| 29 | X |
| 30 | 2 |

| STAFFING | |
|--------------------|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 31 | X |
| 32 | 3 |
| 33 | 3 |
| 34 | 3 |
| 35 | 3 |
| 36 | X |

| CONDUCT AND MANAGEMENT OF THE HOME | |
|---|--------------|
| <i>Standard No</i> | <i>Score</i> |
| 37 | 3 |
| 38 | X |
| 39 | 3 |
| 40 | X |
| 41 | X |
| 42 | 3 |
| 43 | X |

NO

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| 1 | YA1 | 4 | During the process of transferring from one of the company's care homes to another a copy of the statement of purpose must be made available to the resident and their representative. This will enable an informed choice to be made about the suitability of the new care home in meeting the needs of the resident. | 01/09/09 |
| 2 | YA1 | 5 | During the process of transferring from one of the company's care homes to another a copy of the service user's guide must be made available to the resident and their representative. This will enable an informed choice to be made about the suitability of the new care home in meeting the needs of the resident. | 01/09/09 |
| 3 | YA12 | 12 | When drawing up a day care programme for the resident that no longer attends a day centre opportunities for activities outside the home must be included. This will enable the | 01/09/09 |

| | | | | |
|---|------|----|--|----------|
| | | | resident to enjoy time in the community. | |
| 4 | YA17 | 16 | A review of the vegetarian menus is needed, implementing the advice of a dietician. This will assure vegetarian residents that the meals are nutritionally balanced. | 01/10/09 |
| 5 | YA17 | 16 | When offering residents choice at mealtimes the choice must be between 2 wholesome and varied dishes, with a check being made that the same meals are not being repeated on a regular basis. This will ensure that residents have choice as well as enjoying a varied and balanced diet. | 01/09/09 |
| 6 | YA17 | 16 | When reviewing the vegetarian menu more traditional Asian dishes are included. This will assure the Asian resident that meals are served that meet his cultural needs. | 01/10/09 |
| 7 | YA24 | 16 | The reason for the floor covering "lifting" in one of the ground floor bedrooms en suite facility must be investigated and remedied. This will enable the resident to use a well maintained facility. | 01/10/09 |
| 8 | YA30 | 16 | A review of the odour control systems in the home is needed and measures put in place to eliminate an odour of urine in the bedrooms. This will assure residents of a pleasant room in which to relax. | 01/09/09 |
| 9 | YA30 | 16 | A review of how toilet paper is made available to residents must take place so that it is there when it is needed. This will enable good standards of personal hygiene to be maintained at all times. | 01/09/09 |

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|--|
| 1 | YA16 | That if a resident has a history of absconding a piece of paper with details of the resident's name and address is placed in one of their pockets. |
| 2 | YA33 | That the practice of members of staff carrying out "partial waking night duties" is reviewed. |
| 3 | YA33 | That the continence nurse is asked to advise on the best way of supporting the resident during the night that has continence problems. |
| 4 | YA33 | That Makaton training is given to all members of staff working in the Farmhouse. |



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