

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 ●

Summary of findings

Overall summary

Farthings provide accommodation and personal care for up to six people with learning disabilities. There were three people living at Farthings at the time of the inspection.

At the last Care Quality Commission (CQC) inspection on 9 October 2015, the service was rated as Good. At this inspection the service has been rated as remains Good.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met. Safe recruitment processes were in place.

People received care from staff that had received training and support to carry out their roles. People were supported to have enough to eat and drink to maintain their health and well-being.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences. People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The provider had quality assurance systems in place to review the quality of the service to help drive improvement.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

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 checked 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 unannounced comprehensive inspection took place on 10 October 2017 by one inspector.

Before our inspection, we reviewed the Provider information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also checked the 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 contacted and met the health and social care commissioners who monitor the care and support of people living at Farthings.

During this inspection we spoke with two people using the service and one of their relatives. We spoke with a care manager from social services and also spoke with three members of staff including the provider, the manager and one care staff. We received feedback from healthcare professionals and the training companies used by the provider informing us of their views about the service.

We observed the interactions between people who used the service and staff. We reviewed the care records of three people that used the service and the recruitment records for seven members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People continued to receive safe care.

People were supported by staff that understood their responsibilities to safeguard people from the risk of harm. Staff demonstrated they knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "If I had any concerns I would document them and report to the manager. If I had worries about the manager I would go straight to the safeguarding team at the local authority." The manager had raised safeguarding alerts appropriately and had systems in place to investigate any concerns if required to do so by the local safeguarding authority.

There were enough experienced staff to keep people safe and to meet their needs. Staffing arrangements were flexible to allow for changes to people's plans or to allow for support during people's holidays. People received care from staff that they knew; they supported people to plan and carry out their chosen activities. Managers were on-call at weekends and nights. On the day of inspection there were enough staff to support one person to go to a day centre, another to stay at home and relax and another to have their review with their care managers.

The manager followed safe recruitment and selection processes. The provider had involved people in devising relevant questions to ask at staff interviews to help identify suitable staff. One person told us "I help out at interviews, I always ask them [interviewees] to tell me a joke." Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People's risks were assessed and reviewed regularly, for example for their risk of falls. Risk assessments reflected people's current needs; these were reviewed regularly or as people's needs changed. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as ensuring one person wore their safety equipment to protect themselves from frequent falls.

There were appropriate arrangements in place for the management of medicines. Staff had received training and demonstrated they were knowledgeable about how to safely administer medicines to people. Records showed that people received their medicines at the prescribed times. People were assessed for their ability to manage their own medicines; staff supported people to become independent if they chose to. For example one person had become more independent in testing their blood sugar and administering their insulin under supervision. Staff followed clear guidelines on the doses of insulin to be administered and what to do if the person had a low blood sugar reading. Their care manager told us "Staff have enabled [Name] to be more independent with their diabetes as [Name] self-injects their insulin." People could ask for pain relief; staff provided medicines as required such as Paracetamol and recorded the reasons and the effects.

The provider had processes in place for emergencies. Each person had a personal evacuation plan so that staff and the emergency services could evacuate them in an emergency. There were systems in place to test the fire safety equipment. People had practiced evacuating the home at different times of the day; the last one had taken place in August which had been recorded as 'went well.'" Staff followed the provider's policies in cases of emergencies by calling for urgent medical assistance if people were injured or appeared unwell. Staff had access to senior staff through an on-call system if they had any concerns.

Is the service effective?

Our findings

People continued to receive effective care.

People received care from staff that had the skills and knowledge to meet their needs. All new staff had an induction where they received training in core areas such as health and safety, moving and handling, understanding the mental capacity act and safeguarding of vulnerable adults. One member of staff told us "The training was brilliant, I had never worked in care before, and I have learnt a lot." New staff received close supervision during their first few months and were assessed for their suitability and competency during their probation.

Staff told us they also received additional training to meet people's specific needs, such as the care of people living with epilepsy. Records showed all staff that cared for people with epilepsy had received their training. Staff demonstrated their knowledge and we received feedback from their trainer, who was impressed with staff's skills, they stated "Staff engage well [during training] and are able to identify the different types of epilepsy that the clients they work with experience."

People were cared for by staff that received support and encouragement from the provider to enable them to carry out their roles. One member of staff told us "[The provider] is very supportive." This was reflected in the positive staff attitude and people's outcomes. Another training company used by the service commented on the professionalism of the staff, they stated "It is of note that they [staff] train together as one group, which I believe facilitates interaction and sharing of good practice between them...they are actively involved and their questions are pertinent and from a good knowledge and experience base." Staff were encouraged to study for vocational qualifications.

People were assessed for their risks of not eating and drinking enough to help maintain their health and well-being. People received food and drink that met their individual needs. For example one person required specific foods to help control their diabetes. Staff demonstrated how they ensured the person had foods available to them which were either low or no in sugar and helped support the person to have smaller portions. The person told their care manager "I am proud that I have lost weight." Each person had a weekly planner where they could choose their meals and plan the shopping. Some people were supported to prepare their meals as part of their plan to gain more independence. Staff had received training in food safety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There provider had made suitable DoLS applications to the relevant authorities and were awaiting the assessments or outcomes. The manager and staff understood their roles in assessing people's capacity to make decisions. Staff ensured they received people's consent before delivering care. People also gave their consent to share their care plans and records with health professionals and relatives; staff had prepared easy read documents where people could indicate their approval.

People were supported by staff that were vigilant to people's changes in behaviour and well-being that could indicate a change in their health. Staff followed protocols to manage people's long term conditions such as epilepsy and diabetes and followed healthcare professionals advice, such as instructions from the falls team. The manager contacted people's GP where necessary. Staff also contacted the relevant emergency services where people required immediate medical attention. People were supported to attend planned medical appointments; staff were vigilant at appointments in ensuring that people continued to give their consent to procedures and provided reassurance and guidance. The manager and staff worked well with other agencies. One social care professional told us "The communication is always good [from staff at Farthings] we are always kept well informed of what is going on."

Is the service caring?

Our findings

People continued to receive good care from staff who knew them well. They had developed positive relationships over time as they saw the same staff on a regular basis. People told us they were very happy with the care. One person told us "I like living here, I have lots of friends. At least I have nice carers [staff]." A relative told us "Farthings is brilliant, it's given [Name] a fantastic quality of life."

People were supported to build and maintain relationships with their friends. Two people spoke of their close relationship with a person who used to live at the home with them. They showed recent photos of themselves holding hands with their friend in the nursing home they had moved to. Staff had supported them to see each other every week to maintain their friendship. One member of staff told us "[Name] was the life and soul. We make sure that people that knew her well visit weekly to spend time with each other; they look forward to it."

The community nurses provided feedback about impact of maintaining the relationships between people, they stated "It has been a pleasure to see that they [staff] go out of their way to maintain quality contact even with those who have for various reasons moved on [from Farthings] to other provision, because they see them still as a part of their extended family."

One person had experienced loss when their friend moved out and another friend had died. During this time they had been in a caring role as they provided comfort to their friends. Following this they expressed a wish to do first aid training which had been arranged; they told us "I am excited, [Name of staff] is going to help me." Staff told us "[Name] is very caring; they are interested in helping people."

Staff inherently understood how to treat people with respect. For example one person had packed their lunch to go out, but had eaten at the home instead. They were very happy when staff provided them with their packed lunch as they offered them a plate and cup to eat at the table. People's records also reflected this. For example people's daily notes demonstrated how staff took joy in people's achievements in developing their life skills such as becoming more independent with their daily personal care and dressing. People received care from staff that preserved their dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms.

People's birthdays and special occasions were celebrated. Staff had supported people to plan and buy a present for one of their friends and they all told us how much they had enjoyed the birthday party. Two people told us how much they enjoyed the birthday and showed us photos of their party. People were supported to prepare for family celebrations by making and sending cards or preparing for visits to their family.

During weekly meetings people expressed their views and the provider listened. People discussed their plans for activities and meals; staff helped people to plan and achieve these. One person wanted to buy a flower in memory of their family; staff helped them to budget and plan when and where to buy this. People chose how they wanted to decorate their rooms and furnish them with items to make them individual to

their tastes. One person had just had their room freshly decorated; they told us "I really like it."

People had access to the advocacy service. Staff worked well with people's representatives and advocates in keeping them informed of planned meetings.

People had discussed with each other and staff what it meant to be at the end of life. People had seen family and friends become unwell and die. Staff supported people with their emotional well-being by enabling people to say their goodbyes. Staff had demonstrated to people that, with support from other agencies, people don't always have symptoms such as pain and even when a person is unwell they can maintain their dignity.

People had expressed their own preferences in how they wanted their care to be provided when they were at end of life; this was recorded in their records and reviewed as and when people made their preferences known.

Is the service responsive?

Our findings

People continued to receive care that met their individual needs. One person's relative told us "Since living here, there has been a vast difference in [Name]. They have their independence, they have fantastic quality of life, they've been on holidays, we have no worries, Farthings is more like an extended family."

People's needs were assessed before they used the service to ensure they could be met. The manager created their initial care plans which were updated as their needs changed.

People were involved in creating their care plans and they were very detailed about all aspects of their care. They contained information about people's preferred names, their likes and dislikes and their life histories. Staff told us this enabled them to provide care that met people's preferences. For example staff had recorded the times people preferred to get up in the morning and go to bed at night. One person's record showed they liked to go to bed with a hot water bottle.

Each person's care plan reflected their individual needs. For example one person had a behavioural support plan that guided staff on how to spot the triggers that made the person feel insecure. The plan suggested interventions that included how staff were to conduct themselves with their body language and facial expressions to convey a safe environment. Staff told us "I know when [Name] is getting anxious and know how to diffuse the situation." Records showed and staff told us that the person did not have as many episodes of anxiety anymore.

Staff ensured that people maintained their health and well-being by following plans of care. For example one person had a condition where their fingers were painful. They showed us how they moved their hands; they said "Staff remind me to exercise every day to stop my fingers locking."

Staff had worked with health professionals to help people to become more independent with their health needs. For example one person lived with diabetes; they demonstrated how they measured their own blood sugar levels. They worked out how much insulin to give and checked this with staff and gave their own insulin injection. They recorded what they had done and disposed of their needles safely. They told us "I couldn't do this before; I would collapse every day because my blood sugars were wrong." Staff had supported them to understand their diet and blood sugars and helped them to achieve a level of stability which had directly improved their health and well-being. Their care manager who commissioned their care told us "[Name] has come on in leaps and bounds, their health has improved and their independence, what a difference, [Name] is so happy."

People chose how they spent their time. For example, records showed that on one day a person refused a shower in the morning because they had a headache. They went back to bed and got up an hour later when they felt better, showered and had a good day. On the day of our inspection this person had chosen not to attend the day centre but to watch their favourite films instead. Another person told us they sometimes preferred to stay at home and make cards as the day centre had 'too many people.'

People were supported to make plans for their future. People had chosen where to go on holiday. One person had wanted to go abroad; staff supported them to apply for and receive their passport which enabled them to go to their holiday of choice. They had chosen the staff that accompanied them to provide support on their holidays. They told us "Next year I am planning on going on a cruise."

People led very social lives. There were regular planned meetings with others that used the provider's services. For example people met weekly for lunch at a restaurant and attend the provider's day centre.

People had been supported to understand their finances and budget for what they wanted to do in their lives. For example one person had been supported to budget for an iPad. They showed us photographs of a recent birthday celebration, they told us "It's the best present; I can take photos and selfies, look I'm pulling faces."

People had the opportunity to raise any concerns at weekly meetings or at any time they were receiving support from staff. There was an easy read complaints procedure which had been explained to them at one of the meetings. Although there had not been any complaints, the manager had procedures in place to record and respond to people's concerns. One relative told us they felt confident in raising a complaint, they said "We are able to go to [Name of manager] with any concerns straight away."

Is the service well-led?

Our findings

The service continued to be well led.

The provider is Mrs ML Duggan; a registered person. 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. The provider understood their role; they had reported safeguarding and notifiable incidents to the relevant authorities and CQC. They worked very closely with the home manager; they provided close supervision and additional management oversight to all areas of the service.

The service had an open culture where staff felt comfortable with sharing information; this culture encouraged good communication and learning. One member of staff told us "It's a great place to work, the residents live their lives as they like and the management is very supportive."

The provider supported staff to gain deeper understanding of their roles by ensuring the agenda at the regular meetings included items that related to the regulations. For example staff had discussed Duty of Candour (where providers are required to be open and transparent with people who use services) and safeguarding in the last meetings. Team leaders met regularly to discuss how they were meeting people's needs by understanding people's 'rhythms and routines' and how this fitted with their daily routines.

The provider worked well with other health and social care organisations. The care manager from one commissioning body said "I wish we had some homes like this one in our area." People had been admitted to the hospital for medical treatment and end of life care. The learning disability link nurse from the local hospital told us "The staff and whole organisation is empathetic and supportive. If I had a relative with a learning disability I would use their service."

The provider and manager monitored the service regularly for the quality of the care they provided, for example they carried out audits of care records and medicines. Any issues that had been identified had been resolved through actions carried out promptly by the manager.