

Ability Associates Limited

Dalwood FarmHouse

Inspection report

Dalwood Farm
Hindon Road, Dinton
Salisbury
Wiltshire
SP3 5EY

Tel: 01722717922

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15 March 2017
16 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Dalwood Farmhouse is a care home which provides accommodation and personal care for up to three people with learning disabilities. At the time of our inspection three people were living at the home. This inspection took place on 15 March 2017 and was unannounced. We returned the following day to meet with the deputy manager and complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run. The registered manager was on leave at the time of the inspection and the service was being run by the deputy manager.

Following the last inspection in September 2015, the registered manager had not taken action to improve the way risks were managed. Plans to assess and manage the risks people faced did not always contain up to date information or provide guidance to staff on the support that people needed. The plans did not include information on how to safely evacuate people from the building in the event of a fire or other emergency.

The service did not always act in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 registered manager did not have effective systems to assess, monitor and improve the service being provided. The action plan submitted following the last inspection had not been followed and the improvements the registered manager had said they would make had not been completed.

Medicines were safely managed and people who use the service were positive about the care they received. Comments from people included, "I am generally happy here, I have everything I need" and "I am happy living here".

There were systems in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting.

Staff received training suitable to their role and an induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 safe.

Plans to manage risks people faced did not always contain up to date information or provide guidance to staff on the support people needed. This had been identified at the last inspection and the registered manager had not taken action to address the shortfall.

Medicines were managed safely. Staff treated people well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service did not always act in line with the principles of the Mental Capacity Act 2005 when people did not have the capacity to consent to care.

Staff received training to ensure they could meet the needs of the people they supported. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to care packages.

People's health needs were assessed and staff supported people to stay healthy.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff demonstrated respect for people who use the service in the way they interacted with, and spoke about, people.

Staff took account of people's individual needs and supported them to maximise their independence.

Staff provided support in ways that protected people's privacy.

Good ●

Is the service responsive?

The service was responsive.

People had individual support plans, which set out the support they needed and how they would like that support provided.

Staff had a good understanding of people's needs, which enabled people to maintain their skills.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good 

Is the service well-led?

The service was not well-led.

The registered manager had not taken action that was necessary following the last inspection.

The quality assurance systems were not effective and did not ensure there were clear plans to address shortfalls and plan improvements.

Requires Improvement 

Dalwood FarmHouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 March 2017 and was unannounced. We returned on 16 March 2017 to meet with the deputy manager and complete the inspection.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with two of the three people who use the service, the deputy manager, four support workers and a director of the provider company. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for all three people. We also looked at records about the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection in September 2015 we identified that the service was not meeting Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks were not being assessed and kept under review effectively. The registered manager wrote to us to set out the action they would take to address shortfalls in risk management following the inspection. The registered manager said this work would be completed by 8 December 2015. At this inspection we found that action had not been taken to improve the way risks were assessed and managed.

Risk assessments and management plans still did not always contain up to date information or provide guidance to staff on the support people needed. One person had a set of risk assessments which stated they were due for review by November 2016. There was no record that the assessments had been reviewed. The deputy manager confirmed that the risk assessments had not been reviewed by the due date and said they were not aware of any changes to the person's needs, but would take action to complete the review as a matter of urgency.

Before the inspection we had been contacted by Dorset and Wiltshire Fire and Rescue Service, who raised concerns about the lack of fire risk assessments, the fire alarm system in place, suitability of fire doors, arrangements for evacuating the building in the case of an emergency and staff fire safety training. The fire service had written to the provider with details of remedial action that needed to be completed by 30 March 2017.

The deputy manager told us they had been informed of the need to take action in relation to the fire alarm, which had been completed, but was not aware of the other actions that were needed. The deputy manager said the registered manager was out of the country until after 30 March 2017 and had not left instructions to address the other issues raised by the fire service. The deputy manager said they had not seen a copy of the letter issued by the fire service with details of the remedial actions that were needed.

The deputy manager told us there were no individual evacuation plans in place for people who use the service. One of the people who live at Dalwood Farmhouse needs the support of two members of staff and a hoist to transfer them from their bed to a wheelchair. There were no plans in place about how staff would provide this support in the event that the building needed to be evacuated. Due to the layout of the building, the deputy manager confirmed it was not possible to evacuate this person in their bed, as it would not fit along the corridor. Other people who used the service could at times become distressed and show challenging behaviour. There was no information about the support they would need to evacuate the building in the event of an emergency or how they might react to an emergency situation and the need to leave the building.

The deputy manager told us staff had not completed fire safety training, but they had done some sessions on how to use a fire extinguisher. The deputy manager was not aware when further fire safety training would take place.

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

People who lived at Dalwood Farmhouse told us they felt safe and staff were kind to them. Comments includes, "I am generally happy here, I have everything I need" and "I am happy living here".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report any concerns and were confident the provider would act on these. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Medicine administration records had been completed, which gave details of the medicines people had been supported to take. Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take the medicines. Records demonstrated staff had followed these procedures and received authorisation from a manager before administering these medicines. There was a record of medicines received into the home and returned to the pharmacist.

At the last inspection we found effective recruitment procedures had ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. The deputy manager reported that no new staff had been employed since the last inspection.

Sufficient staff were available to support people. People told us they had a member of staff available to them to support them with activities throughout the day. Staff were also confident there were enough of them to be able to provide the care and support people needed. Staffing rotas reflected the levels of staffing needed to support people with planned activities.

Is the service effective?

Our findings

The service did not always act in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made DoLS applications for all three people who live in the service. People's support plans included mental capacity assessments specific to some decisions being made. However, a support worker told us one person was given a vitamin tablet every evening, which they were told was a painkiller. The support worker told us this was done to reduce the number of painkillers the person took. The deputy manager confirmed the person was supported to take a vitamin tablet each evening. The deputy manager said the person would ask for their 'tablet', but they were not sure whether the person knew it was a vitamin and not a painkiller. The deputy manager said this had previously been documented in the person's support plan, although they were unable to find details of it during the inspection. Mental capacity assessments and best interest decision making processes were in place for other people where they did not have capacity to consent to the support provided. However, the lack of a best interest decision making process for this person did not demonstrate that the service always followed the principles of the Mental Capacity Act 2005.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us there had been significant improvements in the training that was available to them. The deputy manager said there was a new training provider and face to face training courses had replaced video courses that were previously being used. Staff told us they preferred the face to face training, as it enabled them to discuss the issues and apply them to the situations they faced when supporting people. The deputy manager told us two staff were in the process of completing a national diploma, relevant to their role, and all other staff had achieved the award. Staff we spoke with confirmed they either had the award or were in the process of completing it. We were not able to view any training records or certificates, as the deputy manager reported they would only be available when the registered manager returned to the country.

People told us staff understood their needs and provided the support they needed. People said they were able to do the things they chose to and staff respected the choices they made. During the inspection we observed staff supporting people to make decisions about the activities they took part in and planning what they would like to eat. Staff asked questions in different ways to ensure people understood the decisions that were being made and the options open to them. Staff demonstrated a good understanding of people's communication style and specific needs.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. These supervision sessions were recorded and there were scheduled regular one to one meetings for staff throughout the year. Staff said they received good support and were able to raise concerns outside of the formal supervision process.

We observed people being supported to choose and eat lunch during the visit. Staff supported people to make choices about their food. Staff said they had a good stock of food available if people did not like the meal that was planned. Staff provided support to eat for people who needed it. They ensured food and drinks were at the right consistency for people's specific needs. Support plans contained detailed information about one person's specific nutrition and swallowing needs and staff demonstrated a good understanding of those needs. These plans had been developed with input from the Speech and Language Therapist.

People were able to see health professionals where necessary, such as their GP, community nurse or occupational therapist. People's support plans described the support they needed to manage their health needs. One person who had regular appointments with the community nurse had detailed information about their treatment plan and staff demonstrated a good understanding of their condition. Staff were aware of changes in the person's health and had worked closely with the community nurses to enable the person to stay at home, rather than receive care in a different setting.

Is the service caring?

Our findings

At the last inspection in September 2015 we found that people received support in a caring way from staff who treated them well. We found that these standards had been maintained during this inspection.

People told us they were well treated by staff who were kind. Comments included, "I like staff, they treat me well" and "I enjoy living here". Throughout the two days of the inspection we observed staff interacting with people in a way that was friendly and respectful. Staff spent time planning activities with people, deciding how they would travel and where to stop along the way. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a strong relationship with people in their interactions and in the way they spoke about people with us.

People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in. We saw that people and those close to them had been involved in developing their support plans, expressing how and when they wanted support with their personal care. This information was used to ensure people received support in their preferred way. The service had information about local advocacy services and had made sure advocacy was available to people. This ensured people were able to discuss issues or important decisions with people outside the service.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's personal care needs with them and ensured that support was provided in private. Staff said they would ensure people had privacy when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. We observed staff putting this into practice.

Is the service responsive?

Our findings

At the last inspection in September 2015 we found that the service was responsive to people's needs. We found that these standards had been maintained during this inspection.

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person told us they enjoyed looking after some of the animals on the farm, including the horses. Another person said they also enjoyed jobs on the farm, including clearing rubbish. This person told us they enjoyed going out to a local pub to socialise and placing a bet on the horse racing. During the visit we observed people taking part in a range of activities both in and out of the home. These included looking after animals on the farm and taking part in household tasks such as shopping, cleaning and preparing to go out for the day.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback in these reviews.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One person said, "I would speak to staff if I had any problems". The deputy manager told us the service had a complaints procedure, which was provided to people when they moved in and was displayed in the home. We saw that copies of the complaints procedure were available in people's files. Staff were aware of the complaints procedure and how they would address any issues people raised in line with them. The deputy manager reported there had been no complaints in the last year.

Is the service well-led?

Our findings

The service had a registered manager who was also the director of the provider company. Following the last inspection in September, the registered manager sent us an action plan of the work they would do to address a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action plan stated the action would be completed by 8 December 2015. During this inspection we found that the registered manager had not completed the actions they said they would and the service was still not meeting the requirements of the regulations.

The registered manager was not available during the inspection. We met with the deputy manager to discuss the management of the service. The deputy manager said they had regular contact with the registered manager, who was available in the service each week. The deputy manager said they were responsible for most of the day to day tasks in the service.

The deputy manager said the service had a monthly service review, which was used to assess the quality of the service being provided. The deputy manager said they had previously completed these reviews, but had stopped as they had too much other work to do. The deputy manager was not sure whether this work had been completed, but reported that it had been passed on to the registered manager. We inspected the quality assurance files and saw that no monthly service reviews had been completed since the last inspection in September 2015. The deputy manager told us that any reviews that had been completed would be stored in this file. The lack of quality assurance systems had not ensured the provider had met their legal requirements to assess, monitor and improve the quality of the service being provided.

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

Staff said the registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a quality service.

During the inspection we were unable to find details of satisfaction surveys completed by the service. Following the visit we spoke with the registered manager by phone, who confirmed satisfaction questionnaires were sent out regularly asking people, their relatives, staff and professionals their views of the service. The registered manager said information from these surveys was used to help involve people in decision making about the way the service operated.

There was regular communication with staff, which was used to keep them up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

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 11 HSCA RA Regulations 2014 Need for consent The registered manager had not ensured the service followed the principles of the Mental Capacity Act 2005 when people were not able to consent to their care. Regulation 11 (3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not have effective systems to assess, monitor and improve the quality of the service being provided. Regulation 17 (2) (a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager had not taken action to ensure shortfalls in the risk assessment and management systems were improved. Regulation 12 (2) (a).

The enforcement action we took:

We have served a warning notice on the registered provider.