

# Welmede Housing Association Limited

# Church Farm Bungalow

## 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

Church Farm Bungalow provides accommodation, care and support for a maximum of 12 adults who have a learning disability, some of whom may also have physical disabilities and/or sensory impairments. There were 10 people living at the home at the time of our inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 11 September 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People were safe and were protected from avoidable harm. Staff were aware of the risks people faced and followed agreed guidelines to reduce these risks. Health and safety and fire safety were carried out regularly checks to ensure the home was safe and well maintained. Accidents and incidents were recorded and reviewed to any necessary remedial actions had been taken. People received their medicines safely and as prescribed.

Staff were always available when people needed them. People were protected from abuse because staff understood their roles in protecting people and knew how to raise concerns if they witnessed abuse or poor practice. People were protected by the provider's recruitment procedures. The provider carried out appropriate checks on staff before they were employed.

Staff had the training and support they needed to carry out their roles. All staff attended an induction when they started work and had access to ongoing training. The provider encouraged and supported staff to attend achieve further qualifications relevant to their roles.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and how people communicated their decisions. People who lacked capacity received appropriate support when decisions that affected them were made. The provider ensured that all relevant people were consulted to ensure decisions were made in people's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe,

People were able to make choices about the food they ate and were supported to maintain a healthy diet. Staff ensured that individual support guidelines around diet and nutrition were followed. People were supported to maintain good health and to obtain treatment when they needed it. Staff had developed good

working relationships with health and social care professionals and involved these professionals in people's care where necessary. Each person had a health action plan which detailed their health needs and the support they needed.

Staff were kind, caring and compassionate. People had positive relationships with the staff who supported them. Relatives told us that staff knew their family members well and provided care and support that enhanced their family members' lives. Staff treated people with respect and maintained their dignity. They respected people's individual rights and promoted their independence. People were supported to make choices about their care and to maintain relationships with their friends and families. People who wished to remain at the home towards the end of their lives were supported to do so. Staff had worked closely with healthcare professionals to ensure people received high quality care when they had life-limiting conditions.

People received care that was personalised to their individual needs. Support plans reflected people's needs, preferences and ambitions. People's needs were kept under review and their support plans updated if their needs changed. Staff understood people's individual communication needs, which was important in ensuring people received the care and support they needed. People had opportunities to take part in activities they enjoyed and were supported to access their local community.

The provider adopted a proactive approach to seeking people's views and listening to relatives and other stakeholders. People were encouraged to speak up if they were dissatisfied and the provider responded positively to feedback. There were appropriate procedures for managing complaints.

People and staff benefited from strong leadership provided by the registered manager. Relatives told us the service was well run and that communication from the home was good. Staff said the registered manager had had a positive effect on the home since taking up their post. They told us they received good support from the registered manager and their colleagues. There was a strong team ethos and individual staff spoke positively about the work they did.

The provider's quality monitoring systems were effective in ensuring people received good quality care and support. Key aspects of the service were audited regularly and quality monitoring reports shared with the provider's senior leadership team. The standard of record-keeping was good. Staff had established effective links with health and social care professionals to ensure people received the care they needed.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

People were protected from avoidable risks.

There were enough staff to meet people's needs and keep them safe.

People would continue to receive care in the event of an emergency.

Staff understood their roles in keeping people safe.

People were protected by the provider's recruitment procedures.

Medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good.

Staff had access to the training, supervision and support they needed to carry out their roles.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People were supported to eat food they enjoyed whilst maintaining a healthy diet.

Staff worked closely with other professionals to ensure people's healthcare needs were met.

### Is the service caring?

Good ●

The service remains Good.

Staff were kind, caring and compassionate.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

People with life-limiting conditions received the care they needed to stay at home towards the end of their lives.

### **Is the service responsive?**

The service remains Good.

People received individualised care that reflected their wishes, needs and preferences.

People had access to activities they enjoyed.

People were involved in their local community.

People were encouraged to give their views about the service and the provider responded well to feedback.

**Good** ●

### **Is the service well-led?**

The service remains Good.

The registered manager provided good leadership for the service.

Regular quality monitoring checks ensured people received safe and effective care and support.

Staff worked co-operatively with other professionals to provide the care people needed.

Records were well organised and up to date.

**Good** ●

# Church Farm Bungalow

## 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.

The inspection took place on 25 October 2017 and was unannounced. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who lived at the service. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with the registered manager and four members of staff. We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We checked records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we spoke with two relatives and a social care professional by telephone to hear their views about the care and support people received.

# Is the service safe?

## Our findings

People were safe living at the home and were protected from avoidable harm. Relatives were confident staff kept their family members safe by understanding the risks they faced and providing good care. One relative said of their family member, "She is well protected." The relative said their family member was at risk of pressure ulcers due to their limited mobility but their skin had remained unaffected by pressure damage because of the good care they received.

Staff were aware of the risks people faced and followed the guidelines that had been developed to reduce these risks. The PIR explained the provider's philosophy of supporting people to stay safe whilst taking manageable risks that promoted their independence. The PIR stated, "With ordinary life come risks. We support people to manage the risks involved in exercising control over their own lives through offering guidance or best interest process. We take sensible precautions to reduce the risk of harm."

People told us they felt safe at the home and said staff were available when they needed them. The rota was planned to ensure there were always sufficient staff on duty to provide the care people needed. During our inspection we saw that there were enough staff available to meet people's needs and that people did not have to wait for care. Relatives and a social care professional told us there were always enough staff available to meet people's needs when they visited and they had no concerns about people's safety at the home.

Staff carried out regular health and safety checks to ensure the home was safe and well maintained. These checks addressed gas, electrical and fire safety. Fire drills took place regularly and there was an up to date fire risk assessment in place. Emergency procedures had been developed and these were known by staff. Any equipment used in the delivery of people's care, such as hoists and wheelchairs, was serviced regularly. The provider had developed a business continuity plan to ensure that people would continue to receive their care in the event of an emergency. There was a missing person protocol for each person which contained information to be passed to the police should someone go missing.

The provider had a commitment to ensure people were protected from avoidable harm. Staff recorded any accidents or incidents that occurred in detail, including any factors that may have contributed to the event. Accident and incident records were reviewed by the registered manager and the provider's Regional Operations Manager to ensure action had been taken to minimise the likelihood of the event recurring. One member of staff told us, "Safety is a high priority here. We have high standards and there is a lot of training. I'm happy with that because I like to work to high standards."

People were protected from abuse because staff attended safeguarding training and understood their roles in protecting people. Staff knew how to raise concerns if they witnessed abuse or poor practice and told us they had been given information about whistle-blowing. The registered manager said staff were always asked at their one-to-one supervisions whether they had any concerns about poor practice or the care people received. This was confirmed by the records we checked. Where incidents had occurred in which people's behaviour affected the safety or well-being of others at the home, the provider had submitted

notifications to CQC and the local authority as necessary.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form detailing their employment history and qualifications and attend a face-to-face interview prior to being offered a position. The provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People received their medicines safely and as prescribed. Staff had attended training in the safe management of medicines and their competency was assessed before they were authorised to administer medicines. Each person had an individual medicines profile and there were protocols in place for 'as required' medicines. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines. Medicines audits were carried out regularly to ensure that medicines were being managed safely.

## Is the service effective?

### Our findings

People were supported by staff who had the training and support they needed to carry out their roles. All staff attended an induction when they started work, which included shadowing established staff and an introduction to the provider's working policies and procedures. Staff also attended core training during their induction, including first aid, health and safety, infection control, food safety, fire safety and moving and handling. The provider arranged additional training where necessary to ensure staff had the skills they needed to provide people's care. For example staff had attended training in understanding autism, epilepsy, dementia and enteral feeding. Staff practice was observed and their competency assessed before they were signed off as competent for their roles.

Staff told us the training they had attended had equipped them well for their roles. They said the provider encouraged them to attend further training where necessary and to achieve qualifications relevant to the work they did. One member of staff told us, "I had an induction when I started and the training is ongoing. They have put me forward for QCF [Quality Care Framework] and I've done the Care Certificate." The Care Certificate is a nationally recognised set of standards that care staff should demonstrate in their daily working lives. Another member of staff described the provider's training as "Very good" and told us, "We have all the training we need and there are opportunities for training in many other areas if you are interested. I've just been on a really good course about autism, I learned an awful lot." A third member of staff said, "The practical training was very good. They talked about particular scenarios and they gave us the opportunity to ask lots of questions." Staff met regularly with the registered manager for supervision which gave them an opportunity to discuss their performance and seek advice. One member of staff described these supervision sessions as, "Very useful. Things don't get a chance to linger."

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's rights under the MCA were respected. Staff had attended training in the MCA and DoLS and understood the importance of gaining people's consent to their care on a day-to-day basis. The provider had developed a 'decision making agreement' tool to ensure people received appropriate support when decisions that affected them were made. The tool recorded the decision being considered and set out how staff should involve the person in the decision making process. If people lacked the capacity to make an informed decision, the tool identified people who should be consulted to ensure decisions were made in

the person's best interests. A relative told us the home had consulted them when a best interests decision was being considered in relation to medical treatment. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to eat food they enjoyed whilst maintaining a healthy diet. The home employed a cook who knew people's dietary needs and preferences well. The cook told us the home's menu was designed to promote healthy eating while ensuring people had opportunities to enjoy their favourite meals. The cook said, "I know exactly what they like and what they don't like. We always offer them alternatives. We promote a healthy diet; fresh fruit and veg every day." People's weight was monitored regularly to ensure they maintained a healthy body mass index (BMI).

Some people had individual needs related to diet and nutrition. For example one person received the majority of their nutrition via an enteral feeding tube and another person required a gluten free diet. Staff were aware of the people's individual support guidelines around diet and nutrition and ensured these were adhered to. Some people were at risk of choking due to swallowing difficulties. Guidance from a speech and language therapist regarding the texture of food and fluids had been implemented by staff to protect people from this risk.

People were supported to maintain good health and to obtain treatment when they needed it. Care records demonstrated that staff arranged medical appointments for people if they became unwell. For example one person had been visited by their GP when they developed a chest infection. The home had established links with healthcare professionals to ensure people had access to specialist advice and support. For example one person had regular neurology appointments to monitor their epilepsy and another person had been referred to Moorfields eye hospital when their sight deteriorated. If people developed needs that required nursing input, district nurses visited the home to provide the care they needed. A health action plan had been developed for each person which detailed the medicines they took and any needs they had in relation to communication, mobility, diet and personal care. Each person also had a care passport that contained information for medical staff in the event of a hospital admission.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us staff were friendly and said they got on well with them. Relatives told us staff were kind and compassionate towards their family members. They said their family members enjoyed living at the home and had good relationships with staff and their house-mates. One relative told us, "The staff are incredible, they are so good. I'm delighted she is there. I cannot speak highly enough of it. It's very much her home, it's where her friends are."

Relatives told us that staff knew their family members well and provided high quality care that enhanced their family members' lives. One relative said, "The care is very good. So many of them have worked there for years and they know her very well. She has a very good quality of life there. I give it full marks."

Staff spoke positively about their work and the people they supported. They had developed positive relationships with the people they cared for and had a commitment to providing high quality care. One member of staff told us, "We try to give them the best quality of life we can, everyone strives to do that." Another member of staff said, "In this job, you've got to have compassion. All the staff here really care about the residents." A third member of staff told us, "We take good care of the residents. They are very well looked after."

Staff treated people with respect and maintained their dignity. They ensured personal care was provided in private and that people could have time to themselves when they wanted it. Staff understood the importance of respecting people's individual rights and choices. One member of staff told us, "They are respected as individuals." Another member of staff said, "You need to put yourself in their shoes to understand how they experience things." Staff respected the fact that whilst Church Farm Bungalow was their workplace, it was also people's home. One member of staff told us, "It was a very clear message when I started; this is their home and we are visitors in it."

Staff encouraged people to be independent and to make choices about their care and support. For example people were encouraged and supported by staff to manage their own laundry and to make drinks and snacks when they wanted them. Relatives told us staff promoted their family members' independence and that the environment in which people lived enabled them to exercise independence. One relative said, "She uses a wheelchair but it's very accessible for her. She's got her independence."

People were supported to maintain relationships with their friends and families. Relatives told us they were invited to events at the home and could visit their family members whenever they wished. Staff supported two people to visit their families regularly. One relative said, "They bring her to me once a month. The staff come with her and we all go out for lunch together." Relatives said staff communicated regularly with them and kept them up to date with events affecting their family member. One relative told us, "We are on very good terms with the staff. I have close contact with them."

Staff had provided care for people who wished to remain at home towards the end of their lives rather than receive treatment in hospital or move to a hospice. Staff had worked with healthcare professionals to enable

people with life-limiting conditions to remain at home according to their wishes. One member of staff said of a person, "It was a great honour to be able to care for her at home. We had input from district nurses and McMillan so we could meet all her needs."

## Is the service responsive?

### Our findings

People received care that was personalised to their individual needs. People's needs had been assessed before they moved into the home to ensure staff could provide the care they required. Each person had a care plan that was drawn up from their initial assessment. These were personalised and had been developed in a way that made them accessible to people.

Where needs were identified through the assessment process, care plans had been developed which detailed the support people required and how they preferred their care to be provided. For example care plans had been developed to address people's needs in relation to communication, nutrition, mobility. Care plans also recorded people's preferred routines and how they liked to spend their time, which meant staff had the information they needed to engage with people about their interests. People's needs were kept under review and their care and support plans updated if their needs changed.

Some people were not able to express themselves verbally and used alternative communication methods to make their needs and wishes known. Staff knew people's individual communication needs well, which was important in ensuring people received the care and support they needed. A communication profile had been developed for each person which recorded how they made their needs and wishes known. This profile was especially valuable for people who did not communicate verbally as it provided guidance for staff about how people gave consent to their care or indicated that they did not give consent. A member of staff told us, "They can't always tell you verbally but we can read their emotions because we know them so well."

Staff understood the importance of treating people as individuals and respecting their rights and wishes. Keyworkers had worked with people to identify goals they wished to achieve and the support they needed to do this. One member of staff told us, "It's very person-centred care, that is something I really like here. There is a focus on individuality." Staff were vigilant and noticed any changes in people's needs because they knew them well. One member of staff told us, "Staff are always acutely aware of any changes." Another member of staff said, "You get to know people as individuals so notice any subtle changes." The registered manager told us most staff had "A fantastic knowledge of people because they have known them so long."

We asked relatives whether their family members had opportunities to take part in activities they enjoyed. One relative told us, "That's another thing they are very good at. She has been taught to paint, which is something she had never done before. And they taught her to knit. They have a musician who comes in and she leads the singing. She enjoys the aromatherapy. She used to go to the day centre two days a week until she decided to stop. That was her choice, she made her own decision."

People were supported to access their local community and regularly used cafés, shops and restaurants. Some people chose to go out for lunch and shopping on the day of our inspection. A musician visited during the afternoon and people clearly enjoyed this activity. Several people joined in with singing and one person enjoyed dancing with a member of staff. The home had two vehicles to facilitate activities and outings and the registered manager told us they planned to increase the availability of activities within the home and in the community.

There were appropriate procedures for managing complaints. People were encouraged to speak up if they were dissatisfied and we saw evidence that the provider had responded positively to feedback. People met regularly with their keyworkers to review the support they received. Staff who acted as keyworkers told us it was part of their role to advocate for people if the service they received did not meet their needs and preferences.

The provider adopted a proactive approach to seeking feedback and listening to relatives and other stakeholders. The registered manager had written to relatives when they took up their post and invited them to contact them if they had any concerns about the care their family member received. Stakeholders such as professionals with an involvement in the home were also invited to give their views about the quality of care people received.

## Is the service well-led?

### Our findings

Relatives told us the home was well managed. They said the registered manager was available if they wished to speak with them and the communication from the home was good. One relative told us, "It's very well run indeed. The communication is very good, they keep me informed."

Staff told us the registered manager had had a positive effect on the home since taking up their post in August 2017. They said the registered manager had brought experience and positivity to their role, which had benefited people and staff. One member of staff told us, "She knows her job very well. She is very experienced. She is very open. You can go and talk to her anytime, which I think is really important. She trusts us, she gives us responsibility but always keeps an overall eye on things. I feel we are well led." Another member of staff said of the registered manager, "She is very experienced, she knows what she's doing. People feel in safe hands. She is relaxed and fair to everybody but you know she is in charge. She tends to know everything that's going on, which to me is the sign of a good manager." A third member of staff told us, "She's really on the ball. She's very positive. She is upbeat. She has changed things for the better, she really wants to make a difference."

Staff said they felt well supported by the registered manager and their colleagues. They spoke positively about their work and felt part of a strong team that met people's needs well. One member of staff told us, "I enjoy working here, I always look forward to coming in." Another member of staff said, "For me it's a good team. We are like a family." A third member of staff told us, "There is a good team spirit, that's why I enjoy working here so much. If you have a good team, the home comes together nicely. We all know the needs of the residents." Team meetings took place regularly and staff told us these were useful. They said the registered manager encouraged staff to speak up if they had any concerns about the support people received. One member of staff commented of team meetings, "They are good. I think everyone feels able to raise any issues they have. The manager is straightforward and approachable." There was a plan for each shift which ensured that a nominated member of staff had responsibility for providing all aspects of people's care.

Staff told us the registered manager had focussed on improving the range of structured activities available to people. They said the registered manager encouraged them to think creatively about how the support people received to engage in activities could be improved. One member of staff told us, "She's introducing a lot more arts and crafts. She has brought in new ideas. She has involved the staff in it. There are more things planned. She has already put some plans into action. It feels more organised, it's good." Another member of staff said, "She has good ideas. She has put some plans into action already." A member of staff who acted as a keyworker for a person said, "I wanted to do some changes for my resident and she encouraged me. I suggested some activities and she said 'Why don't you give it a go?'"

People and their relatives were encouraged to give their views about the home. Residents meetings were held regularly and the provider distributed satisfaction surveys annually to relatives and professionals who had an involvement with the home. The most recent satisfaction surveys provided positive feedback about the approach of staff and their knowledge of people's individual needs. A professional stated that staff

'appeared dedicated and caring' and that people were supported by "A well informed and caring team." Relatives commented that their family members were safe at the home, that they were made welcome when they visited and that their they received an appropriate response to any queries they had.

There was an established system of quality monitoring that ensured people received good quality care and support. The registered manager submitted monthly quality monitoring reports to the provider's senior leadership. We saw that these monthly reports included medicines, financial and health and safety audits. The reports also monitored any complaints received, safeguarding alerts and CQC notifications. In addition to the registered manager's checks, managers deployed at other care services operated by the provider also carried out monthly quality audits. The registered manager told us that quality monitoring information could be accessed remotely by senior managers which enabled them to maintain oversight of the management of the home.

The standard of record-keeping was good. Staff maintained accurate records for each person, which were person-centred and provided important information about the care people received. The registered manager and staff had established effective links with health and social care professionals to ensure people received the care they needed. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary. The registered manager told us they received good support from the provider's Regional Operations Manager and attended service managers meetings each month. The registered manager told us these meetings were a source of peer support and ensured the provider's staff teams adopted best practice in the support they provided.