Place Farm House Residential Home Ltd

Place Farm House

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

We carried out this unannounced inspection of Place Farm House on 19 September 2017. We previously carried out a focussed inspection at Place Farm House on 3 November 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. We found that the service was providing good care. The overall rating for Place Farm House is 'good'.

Place Farm House provides accommodation for up to twenty older people, some of whom are living with dementia and who may need support with their personal care needs. On the day of our inspection, there were 19 people living at the service. The service is a large property situated in Patcham, East Sussex. It has a large communal lounge, dining conservatory and gardens.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it.

People were supported to maintain good health and had access to health care services. Accidents and incidents were recorded and analysed and people told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People felt staff were skilled to meet their needs and provide effective care. Additionally, people enjoyed taking part in meaningful and appropriate activities in the service.

People were encouraged to express their views. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs continued to be met and they reported that they had a good choice of food and drink.

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful

attitude of a consistent staff team and this was observed throughout the inspection.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. People and staff found the management team approachable and professional.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and 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?

Good

The service was safe.

Medicines were managed and administered safely.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

People and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

Place Farm House

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 19 September 2017 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people.

We previously carried out a focussed inspection at Place Farm House on 3 November 2016. We found areas of practice that needed improvement. This was because we identified concerns in relation to the management of medicines.

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. We looked at other information we held about the service including previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining room. We spoke with 10 people, five visitors, three care staff, the cook, a member of housekeeping staff and the registered manager. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, six staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for some people living at the service. This is where we

check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the focussed inspection on 3 November 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation the management of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines. Improvements had been made and the provider was now meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found concerns in the way the service managed medication, which had placed people at risk. Not all staff had received the required medication training, and the medication administration records (MAR) that we looked at contained gaps and omissions. At this inspection, we saw that improvements had been made. Care staff were all trained in the administration of medicines. An electronic medication recording system had been introduced, and a member of staff described how they completed the medication administration records (MAR). We saw these were accurate and there were systems in place to alert staff when a record had not been completed. Regular auditing of medicine procedures had taken place, which ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We saw a member of staff administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There were individual PRN protocols to show why people had been prescribed these medicines however, most people were aware when they needed these. When PRN medicine was given this was recorded in the medicine administration record (MAR).

People said they felt safe and staff made them feel secure. One person told us, "I feel safe. When I lived in my bungalow, I had to cook, clean, pay bills and see to the garden. Here I am happy and have no worries". Another person said, "If I didn't feel safe, I would go and find a member of staff and tell them. They will help if you need anything". Everybody we spoke with said that they had no concern regarding safety.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was shared at staff handover meetings, and analysed to look for any trends or patterns.

Staff were recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or adults. Staff had obtained proof of identity, employment references and employment histories.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told agency staff were rarely used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "I am safe because there are lots of staff around me". A member of staff added, "We have enough time to support the residents. Staffing levels match people's needs in my opinion".

Robust risk assessments were in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, manage their skin integrity, and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People said staff were skilled to meet their needs and provided effective care. One person told us, "I think that they [staff] are well trained. I know they have special training sessions in the conservatory because I have seen [staff members] instructing them". A relative said, "I come in every day, staff are well trained".

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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People received consistent support from specialised healthcare professionals when required, such as GP's and community nurses. Access was also provided to more specialist services, such as chiropodists and speech and language therapists (SALT) if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. A relative told us, "You can ask to see a GP. My [relative] needed her ears syringing, so they made an appointment and I took her".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. One member of staff told us, "We have had training in dementia, it has been useful working with the dementia team who have come in". Staff we spoke with all confirmed that they received regular supervision meetings throughout the year and said they felt very well supported by the management team. Staff had a planned annual appraisal. One member of staff told us, "I have regular supervisions with a senior every couple of months".

People's nutritional needs were met. From examining food records and menus we saw that in line with

people's needs and preferences, a variety of nutritious food and drink was provided and people could have snacks at any time. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The cook confirmed that there were no restrictions on the amount or type of food they could order. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "We have a good choice of menu". Another person said, "We have a cooked breakfast every Sunday". A relative added, "My [relative] was losing weight at home, but their weight has improved considerably here".

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People felt staff were consistently kind and caring. One person told us, "Staff are wonderful, kind and caring". Another person said, "Care is personal, they even check on you during the night". A relative added, "You could not ask for better more caring staff".

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of the staff team, which was observed throughout the inspection. One person told us, "I always think that I matter and they will always listen to me". Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "It is important to get out on the floor and spend time with residents, so you get to know them".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. A relative told us, "Their [staff] vigilance for their safety and wellbeing is very reassuring. [My relative] can still do what they want to do". A visitor said, "My friend has complete freedom within these four walls". A member of staff added, "I always offer choice to people, even if I think I know what they want".

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space. The provider included specific questions and scenarios in their recruitment and interview processes to be confident they were employing staff who would be able to uphold compassionate and respectful standards of behaviour at the service. A member of staff told us, "I always knock on people's doors before entering and, if offering personal care, I make sure the door is shut and the curtains are drawn".

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "We want people to be able to do as much as possible for themselves". People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they were encouraged and able to continue to do things for themselves. One person said, "The Staff will do anything for you, but they

encourage you to be independent. They wash the parts I can't reach".

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "I would have no problem approaching either [registered manager or deputy manager] at any time. They listen and act on any issues you bring up". A relative said, "They do get involved with the outside community, entertainers come in, church services take place, communion is distributed, there is a garden party arranged in the summer and schools send in choirs at Christmas".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which recorded the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. People confirmed that they or their relatives had been involved in the formation of the initial care plans. We saw further evidence that people and their relatives were subsequently asked if they would like to be involved in any care plan reviews. Care plans were stored electronically, and people and relatives had online access to them to see the current details and have information around care that had been delivered. One relative told us, "I know [my relative] is safe, because I can go online any time during the day and monitor her wellbeing. I can find out what she has been doing during the day, meals, medication etcetera". Another relative said, "The entire plan is online and you can follow progress and activity each day".

The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. For example, one care plan told us that a person should be encouraged to eat and we saw staff do this. Another care plan explained how a person enjoyed spending most of their time in their room and that staff should support this, but check in regularly to ensure the person was alright. A further care plan gave details of a person's life history, and how this affected one of their preferences around food. Care plans were reviewed regularly and updated as and when required to ensure staff had the most up to date guidance to provide person centred care and meet people's preferences in the way their care was delivered. A member of staff told us, "I talk to the residents and take time to read their care notes. Relatives are good to talk to as well, so you get to know the residents and their different ways". Another member of staff said, "All staff know the residents well. Time with residents' families is encouraged".

The provision of meaningful and appropriate activities was good and staff undertook activities with people. Activities on offer included singing, films, arts and crafts, chair exercises and themed events, such as reminiscence sessions and visits from external entertainers. One person told us, "I enjoy the activities, especially the exercise man on a Thursday". Another person said, "I love the singing and dancing". Meetings with people were held to gather their ideas, personal choices and preferences on how to spend their leisure time. The service also supported people to maintain their hobbies and interests, for example one person had expressed a wish to visit a local National Trust site and the service had organised this to take place regularly. One person told us, "They have an excellent library. I borrow a book and enjoy reading". Another person said, "I am making squares for a blanket". A member of staff added, "We go out of our way to try to get something if the resident wants it. If they're happy, we are happy".

People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were happy with the way the service was managed and stated that the management team was approachable and professional. One person told us, "The manager and deputy are excellent". Another person said, "[registered manager] is always approachable and [deputy manager] is lovely". A relative added, "Now we are used to the new regime, I think everything has improved".

The service had a registered manager. 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.

People looked happy and relaxed throughout our time in the service. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. When asked why the service was well led, one member of staff told us, "I have no issues with the management. The manager has an open door policy and listens to us". Another member of staff said, "There is a really good team culture, I think it shows in the care that is given. I wake up and look forward to going to work. The service is well run".

The manager showed passion and knowledge of the people who lived at the service, and took pride in the way the service was run and their vision for the future. They told us, "I think we've got a really good team. There has been a change in culture around using technology to improve care and we have promoted a positive culture. We have a family orientated ethos towards care and we provide a homely atmosphere. We do that really well". A member of staff said, "It's just like being at home. It just flows. Everyone works as a team. Everyone is very welcoming and supportive".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff continually looked to improve and had liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG), in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.