

Farmhill Meadows

Inspection report

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Our findings

Overall summary

We carried out this announced inspection on 24 May 2022. The inspection was led by a Care Quality Commission, (CQC), inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

About the service

Farmhill Meadows is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Farmhill Meadows can support up to four people and there were four people using the service at the time of our inspection.

The home is in a residential area on the outskirts of Douglas. Each person had their own bedroom and shared two bathrooms. People shared the lounge and kitchen / dining room.

People's experience of using this service and what we found

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Our key findings

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice. People, and their relatives where appropriate, were involved in agreeing the support plans and goals. People received person-centred support and made choices and decisions about what they wanted to do. However, due to the small staff team, activities in the community were sometimes limited as there was only one member of staff on duty.

Relatives said people were safe living at Farmhill Meadows. Risks were assessed and guidelines were in place to manage these risks, however, one person's support guidelines needed to be reviewed to ensure they were reflective of their current needs. Incidents were recorded and reviewed to reduce the risk of a reoccurrence. People received their medicines as prescribed, however we have made recommendations for improving the management of medicines.

We have also made recommendations for improvements in the quality assurance process. The service manager did not have full oversight of the quality of the care at Farmhill Meadows. They rarely visited the service, although we were told they were available to contact if needed. Additional support had not been provided for the staff team when they did not have a Senior Residential Support Worker (SRSW) for a period of eight months prior to February 2022.

Staff knew people and their needs well. They clearly explained how they supported people to maintain their privacy and dignity. Staff supported people to be involved in their own care and to make day to day choices. Staff were positive about working at the home.

Staff had received the training they needed for their roles. We were not able to check staff recruitment at this inspection as the recruitment files were not available. Staff said they felt well supported by the SRSW and communication within the team was good through daily handovers. Formal supervisions and staff meetings had been re-started by the SRSW since they joined the home in February 2022.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, formal capacity assessments and best interest decisions were not recorded; the policies and systems in the service did not always support this practice.

People were supported to maintain their health and wellbeing. People's nutritional needs were being met. People's communication needs had been assessed and the staff knew how people communicated with them.

We found areas where the service could make improvements. CQC recommends that the service:

- Implement current guidance for the management of medicines. This includes robust checking of staff knowledge and recording stock balances between medicines cycles.
- Take action to review medicines audit procedures and timescales to comply with best practice guidance.
- Review staffing levels and staff availability to ensure the rota is fully covered and activities are able to take place.
- Take action to review the provider's oversight of the service through checks made at service manager level of the organisation.
- Improve the availability and timeliness of portable appliance testing.
- Take action to review any restrictive practices in place which could deprive a person of their liberty. This review should be undertaken with full consideration of best practice guidance in the Isle of Man in relation to assessing mental capacity.

We have also identified areas we have escalated to the IOMDHSC.

- Ensure actions from fire risk assessments are completed in a timely manner.
- Recruitment records need to be accessible and audited to ensure robust, safe recruitment procedures are being followed.
- Review the need to undertake a Legionella risk assessment in social care settings, having regard to The Health and Social Care Act 2008: Code of Practice about the prevention and control of infections and related guidance.

The inspection

Service and service type

Farmhill Meadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Both were looked at during this inspection.

Farmhill Meadows had a Senior Residential Support Worker (SRSW) who managed the home. They were not yet registered with the Inspection and Registration Unit of the IOMDHSC. It is a requirement of the IOMDHSC that all Manx Care services and managers are registered.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information we asked providers to send to us for our inspections with key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the SRSW. We used all this information to plan our inspection.

During the inspection

We observed the support provided throughout our inspection as not everyone living at the home was able to communicate with us. We looked at the environment of the home, with people's permission.

We spoke with one member of staff. We reviewed a range of records, including two people's care records and medication records. A variety of records relating to the management of the service, including quality assurance, complaints and incident reports were reviewed.

After the inspection

We spoke with the SRSW by telephone. We contacted two relatives for their feedback about the care and support provided by Farmhill Meadows.

You can find information about how we carry out our inspections on our website:
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Is the service safe?

We found that this service was not always safe in accordance with CQC's inspection framework.

Using medicines safely

People received their medicines as prescribed. However, we identified a number of improvements were needed to support the safe management of medicines.

Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed. However, the competency assessment did not check the staff knowledge of what to do in the event of an issue when administering medicines, for example if a tablet was dropped or a person refused their medicines.

Medicines administration records (MARs) were fully completed. Guidance was not in place for medicines administered 'when required' (PRN) or homely remedies. This guidance is important to identify how the person would indicate, either verbally or non-verbally, that they needed the PRN or homely remedy medicine to be administered.

It was not possible to check whether the medicines stock levels were correct as the number of tablets carried forward from one month to the next were not recorded. Therefore, it was not known how many of each medicine was in stock at the start of the medicines cycle. Stock counts for the homely remedies used, for example paracetamol, were not kept.

Bottled liquid medicines had not been dated on opening. Therefore, it would not be known when the medicine would be out of date. One liquid medicine was a PRN medicine and therefore was not routinely used. It was not possible to identify if this medicine was still within the manufacturer's instructions for the length of time of storing after opening.

The provider's medicines policy was up to date and gave clear guidance in the areas identified above. The service needed to ensure the policy was consistently followed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

Risks people may face were identified and guidelines were in place to manage these risks. Some risk assessments needed reviewing to ensure they were up to date and reflective of people's current needs. The SRSW and support worker were aware of this and planned to review the files.

One person was at risk of skin integrity issues. Advice had been sought, and followed, from an occupational therapist. However, there was no risk assessment or supporting guidance to ensure the person's skin integrity was regularly checked and they re-positioned or moved around the

home regularly. We discussed this with the SRSW who said they would ensure guidance was written.

An external fire risk assessment had been completed in July 2021. There were no records of the actions identified, with a one-month timescale for completion, having been completed. Following the inspection, the SRSW chased these actions and was told they had been completed in July 2021.

Incidents and accidents were recorded electronically. All reports were reviewed by the SRSW to check any actions to reduce the likelihood of a reoccurrence had been taken.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. However, portable appliance testing (PAT) (or equivalent) had not been carried out since 2019. PAT checks ensure electrical appliances are safe to use. The provider's estates department were responsible for arranging the PAT tests.

A formal risk assessment for Legionella disease was not completed. Legionella bacteria live in water systems. Annual tests for Legionella bacteria were carried out by an external company. Weekly water temperature checks were made.

Personal emergency evacuation plans (PEEPS) were in place for each person and were easily accessible in the case of an emergency.

Staffing and recruitment

There was a small staff team at Farmhill Meadows. The SRSW said that it was planned for there to be two staff on duty for at least part of each day so people could be supported to go out. However, this didn't always happen. A relative said, "There's only one staff on shift so [Name] can't go out. There's the odd extra staff on during day to do things like the shopping."

Due to the small nature of the staff team it could be an issue covering when staff were sick or on annual leave. The SRSW was hoping to be allocated another member of staff after the latest round of recruitment for the provider.

At the time of our inspection, individual staff recruitment files were not available for us to view. We therefore could not determine if safe recruitment practices had been followed.

Systems and processes to safeguard people from the risk of abuse

Relatives thought people were safe living at Farmhill Meadows, with one saying, "Oh yes [Name's] safe; they're happy there."

Staff had completed training in safeguarding vulnerable people. They knew the signs of potential abuse and how to report this. Staff were confident the SRSW would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

Preventing and controlling infection

Farmhill Meadows was clean throughout. We observed support workers using the appropriate personal protective equipment (PPE).

Staff had completed training in infection control. An annual infection prevention and control self-audit had been completed in April 2022, with a high level of compliance.

We were assured that the provider's infection prevention and control policy was up to date. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

We found this service was effective in accordance with CQC's inspection framework.

Ensuring consent to care and treatment in line with law and guidance

As far as possible, people should be enabled to 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 Manx legislation. Best practice in care homes, and some hospitals, is for example, through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

People's capacity had been externally assessed for having the COVID-19 vaccination. We found no evidence of any further capacity assessments or best interest decisions being made on people's behalf. For example, a gate was closed at the top of the stairs at night for safety. However, there was no evidence in place as to why this safety measure was in people's best interests.

We observed members of staff offering people day to day choices and options about their care and support throughout the inspection.

Staff support: induction, training, skills and experience

Staff received the training to carry out their roles. Face to face training had been more limited during the COVID-19 pandemic. Course dates were now becoming available for staff to book onto. On-line training courses had continued to be available.

Support workers said they felt well supported by the SRSW. There was a small staff team who communicated regularly with each other and the SRSW at daily handovers. Formal supervision meetings had been re-introduced when the SRSW started at the home. A support worker said, "I feel able to raise things and have my say."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

People had lived at Farmhill Meadows for several years. Annual person-centred reviews were held with the person and their family, where appropriate. These agreed the support people needed and identified the goals the person wanted to achieve in the coming twelve months.

Supporting people to eat and drink enough to maintain a balanced diet

People's nutritional needs were assessed, and they were supported to maintain a balanced diet. People were involved planning the menus and doing the food shopping.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

People were supported to maintain their health and wellbeing. People's health needs had been identified and care plans provided guidance for staff for meeting these needs.

Staff supported people to arrange and attend medical appointments when needed. Records of each appointment were made on an electronic system, which all staff could access. Referrals to medical professionals and specialist services, for example occupational therapy, were made appropriately.

Adapting service, design, decoration to meet people's needs

Two bedrooms at Farmhill Meadows were on the ground floor and were accessible for people with mobility needs. People with bedrooms on the first floor had to be able to access the stairs. Where possible, people moved from upstairs to a downstairs room of their mobility declined. If a downstairs room was not available referrals would be made to occupational therapists for a review and to assess if Farmhill Meadows was still able to meet the person's needs.

People had decorated their own rooms with their personal belongings and photographs.

Is the service caring?

We found this service was caring in accordance with CQC's inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity

Staff knew people and their individual needs well. Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had.

A profile had been written for each person which gave a brief summary of their support needs, likes, dislikes and how they communicated. This gave a good overview of people's needs for any relief staff working at Farmhill Meadows.

People's cultural needs were identified. Staff supported people to have access to their local community.

Supporting people to express their views and be involved in making decisions about their care

Regular residents' meetings were held, and people were encouraged to discuss what they would like to have on the menu and activities they wanted to do.

Person centred plans were regularly reviewed with people and their family where appropriate. People were encouraged and supported to participate in the reviews.

Respecting and promoting people's privacy, dignity and independence

Staff explained how they prompted and encouraged people to maintain their independence and be involved in their own care. Support plans identified what people were able to do for themselves and where they needed support from the staff.

The support staff explained how they respected people's privacy and dignity whilst providing support.

Is the service responsive?

We found this service was not always responsive in accordance with CQC's inspection framework.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

People had some activities planned through the week, including going out and activities within the house. One person went to a day centre three times a week. There were two staff on duty most days until 3pm. However, when there was only one member of staff on duty it was not possible to go out altogether. All four people could go out for a drive with one member of staff, but they would not be able to access any community facilities when out as two staff were needed to support people with their mobility.

During the COVID-19 pandemic, Manx Care withdrew the day services provision. We were told it was difficult to find activities people wanted to take part in. People liked a drive out followed by a drink, but this was dependant on the weather and if there were sufficient staff on duty to support people. A relative said, "Things have been going downhill slowly over last year. There're issues with the amount of activities [Name] can do; they spend a lot of time wandering round the house as they're not stimulated."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. One person's support plan needed to be reviewed to ensure they reflected their current needs, although a person-centred plan review had been held in March 2022.

We discussed with the SRSW how some support plans could be combined so all relevant information about an area of support was in one place. They said they would review the support plans accordingly.

Staff knew people, and the support each person needed. Staff were allocated as key workers for named people. The keyworkers were responsible for ensuring the support plans were updated if there were any changes needed.

Annual person-centred reviews were held with the person and their family, where appropriate. These agreed the support people needed and identified the goals the person wanted to achieve in the coming twelve months.

Support plans included a personal intervention plan which detailed possible triggers for people being upset or distressed and how staff should support them at this time. Staff we spoke with were able to describe how they would support people if they were upset or distressed.

Meeting people's communication needs

Best practice guidance (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

People's communication needs had been assessed and were identified in their support plans. Staff knew people, and how they communicated, well. People had a communication passport

which would be made available to other health professionals in the event a person was admitted to hospital. This provided brief details of people's communication and support needs.

Improving care quality in response to complaints or concerns

The provider had a formal complaints policy in place. There had not been any formal complaints in the last 12 months. Concerns were dealt with informally directly between people, their families, the support staff and SRSW.

End of life care and support

At the time of our inspection no one was receiving end of life care. Support staff had discussed, and recorded, people's end of life wishes where people or their relatives had wanted to do so.

Is the service well-led?

We found this service was not always well led in accordance with CQC's inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Support workers said they enjoyed working at Farmhill Meadows and said they were well supported by the SRSW. The SRSW had re-introduced regular staff meetings since they moved to Farmhill Meadows. This provided an opportunity for the team to discuss people's support needs and contribute their ideas or raise their concerns.

People and their families, where appropriate, were involved in discussing and agreeing people's support plans. Goals were agreed at the person-centred planning meetings and people were supported to achieve these goals. Relatives said staff kept them up to date following any medical appointments. However, they also said they had not met or regularly spoken with the SRSW since they moved to Farmhill Meadows in February 2022. One relative said, "I usually do the contact with the home."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The quality assurance system did not always follow best practice guidance. Regular checks were made of people's finances and of the fire and emergency systems. However other audits, for example infection control were only completed on an annual basis. An annual medicines audit was completed; however, this did not check stock quantities. Regular medicines checks were not made at the home.

The service manager for Farmhill Meadows rarely visited the home. They did not make any checks or audits at the home. This meant the service manager had little oversight of the quality of the support provided at the home.

Farmhill Meadows had been without a SRSW for eight months prior to February 2022. During this time the support workers arranged the rotas, re-ordered medicines and ensured people received the support they needed. We were told they had not received any additional support during this period, from a SRSW from other of the provider's homes or the service manager. We were told that the service manager was available by telephone if required.

Working in partnership with others

The home worked with families and a range of medical and social care professionals to agree and meet people's support needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

The SRSW knew the types of incidents they needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.