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Palace Farm

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Palace Farm is a residential care home providing personal care for up to three people with learning disabilities or autistic spectrum disorders. At the time of this inspection there were three people living there. The property is a period farmhouse situated on the edge of Chudleigh. The house is set in large gardens and fields, with various buildings offering a range of work and leisure opportunities. Palace Farm is also the providers' family home.

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

Right Support

The service supported people to be independent and they had control over their own lives. People were fully involved in discussions about how they received support.

Staff communicated with people in ways that met their needs, and supported people to make decisions following best practice in decision-making. Staff focused on people's strengths and promoted what they could do, supporting them to achieve their aspirations and goals. They supported people to take part in activities and pursue their interests in their local area.

Staff enabled people to access specialist health and social care support in the community. They supported people with their medicines in a way that achieved the best possible health outcome.

Right Care

People received kind and compassionate care from staff who understood and responded to their individual needs. Staff knew how to protect people from poor care and abuse. They had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. They could take part in activities and pursue interests that were tailored to them, as well as trying new activities that enhanced and enriched their lives. Staff and people cooperated to assess

risks people might face.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. They received good quality care and support because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well. People, and those important to them, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was Good (published 02 March 2020)

Why we inspected

We received concerns in relation to the management of risk; a lack of person-centred care; staff induction and support, and risks related to the environment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We found no evidence during this inspection that people were at risk of harm from these reported concerns. Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for this service is good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Palace Farm on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Palace Farm

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Palace Farm is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Palace Farm is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had 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 providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with two people who lived at Palace Farm and had feedback from two relatives. We spoke with five members of staff, including the operations manager and office manager. We had feedback by email from seven members of staff and five external health professionals.

We reviewed a range of records including three care plans; four staff files and two people's medication records. A variety of records relating to the management of the service were reviewed, including policies and procedures, and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People did not comment on their safety. However, their body language while interacting with staff was relaxed and positive, which indicated they felt safe. One person was working in their garden supported by a member of staff and told us how much they were enjoying this activity. A person's representative commented, "I think the service is safe, particularly during lockdown. The staff who work with [person's name] are consistent, knowledgeable and fully meet their needs."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had access to the provider's policies on safeguarding and whistleblowing. Safeguarding was a regular topic in staff supervision to ensure staff had the opportunity to discuss any concerns.
- Staff knew people very well and could recognise if a person was worried or unhappy. This meant any concerns about people's wellbeing could be identified and followed up.

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

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- There were comprehensive risk assessments in place covering all aspects of the service and support provided. A member of staff said, "We have thorough organisational risk assessments, policies and procedures as well as individual risk assessments, care plans and support plans for each of our residents. We are aware of each of these and they are reviewed, and any changes made are communicated to us." One member of staff told us time constraints meant they did not have time to read the risk assessments, but other staff did not express this view..
- The service worked in partnership with people to understand and manage risks. Information was provided in an accessible format according to their individual communication needs. This meant people could participate meaningfully in assessing risks and developing support plans. It created a positive culture where people could participate safely in a range of activities, such as horse riding and bee keeping, if they chose to.
- Staff were trained to monitor, anticipate and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed.
- Support plans contained clear guidance for staff about how to recognise and manage risks, for example when people were experiencing emotional distress.
- People's support and records were monitored and reviewed frequently. This meant any issues or improvements needed were identified and communicated to staff promptly.

- There were effective systems in place to ensure information about any changes in people's needs was shared across the staff team. One external professional described communication between staff as 'exemplary'.
- People were referred for support from external health professionals when this need was identified. This included occupational therapists and speech and language therapists to develop person centred approaches to communication. The Intensive Assessment and Treatment Team (IATT) supported the development of approaches for working with people experiencing high levels of distress. IATT is an external agency offering specialist support for people with a learning disability, their families and carers.
- Staff managed the safety of the living environment and equipment, through checks and action to minimise risk. This included water, fire and gas safety checks as well as regular environmental checks. A programme of redecoration and ongoing maintenance was in place.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and managers investigated incidents and shared lessons learned.
- Where risks had been identified previously, for example in relation to specific horses, action had been taken to mitigate the risk. The horses had been rehomed and replaced with horses more suited to working with vulnerable people.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA.
- People's independence and choice was promoted. People were supported with communication to facilitate this using a variety of methods according to their individual needs.
- People's capacity had been assessed regarding a range of decisions including the management of finances; medication; diet and nutrition and support with personal care. Decisions had been made appropriately in their best interest and assessments under DoLS completed where required.
- The provider information return (PIR) advised people had been supported to make their own decisions about the Covid 19 vaccine and with testing. They had been given information in a format they could understand. Where people did not have capacity to make this decision for themselves, decisions were made in their best interests, involving their representatives and GP.

Staffing and recruitment

- Staff received the induction, training and ongoing support they needed to be effective in their roles. External professionals were very positive about their knowledge and skills, and how well they knew people. Comments included; "Each time you speak to staff, they give a detailed report of the resident: one gets a detailed 'colour' picture that demonstrates they know the resident so well, almost like members of their own family."
- Overall staff felt there were enough staff to meet people's needs and consistent agency staff. This had been maintained during the pandemic, with the additional support of office staff, who had kept up to date with their training and provided cover when needed.

- There was an established core team of staff, however recruitment was challenging. This had impacted on people's social activities in the community where they required one to one support. Some staff expressed concern about this.
- Systems were in place to ensure staff recruited were suitable to work with vulnerable people.

Using medicines safely

- People were supported by trained and competent staff who followed systems and processes to administer, record and store medicines safely. A member of staff said, "We complete pre and post counts of all medication before administration. Medicines administration records (MAR) are clear and easy to follow. I know what to do in the event of a medication error and how this needs to be reported and what I need to do, as we have clear policies and procedures in place to follow. I receive annual medication training and can ask for help from my colleagues and management if I am unsure of anything and need support."
- Protocols were in place for the administration of 'when required' medicines, which meant staff knew how and when to administer them.
- Medicines administration was monitored regularly. Any errors were analysed, and action taken to minimise the risk of recurrence.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. However, staff did not always wear masks because this triggered anxiety for people. Individual risk assessments were in place with additional measures to ensure their safety.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People's representatives and external professionals were positive about the culture of the service and ethos of the wider management team. Comments included, "The wider management team have a vision that is consistently evolving to meet the needs of all of the residents" and, "The residents express that they like living at the service. They are keen to tell me the activities they have been doing which appear wide ranging including going to church, horse riding, bike riding, gardening on site and attending local walking groups to name a few. Residents have also expressed that they have choices within their homes on a daily basis and what they take part in."
- Overall staff were extremely positive about the culture of the service. One member of staff said, "The positivity, focus on enriching people's lives and enabling is fantastic." The majority told us they felt able to raise concerns with managers, were listened to and felt confident action would be taken.
- An external professional questioned whether the service had been 'overprotective' during the pandemic by restricting people's access to the wider community. The management team acknowledged activities had been largely based at the farm during this period and been creatively developed to provide increased opportunities for people to socialise. Where possible people had been supported to maintain contact with community groups, for example, taking part in virtual church services. The focus now was on supporting people to reintegrate back into the community. This was challenging, as many groups and activities people previously enjoyed no longer existed or had become prohibitively expensive.
- Managers created a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives. They welcomed the feedback given during the inspection and acted on suggestions made.

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 service was clear about staff responsibilities related to the duty of candour, advising; "All staff have duty of candour to be open and honest about practices, all mistakes will be used as an opportunity to learn."
- One person's representative told us, "If there are any problems or changes, I am always informed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective and helped to hold staff to account, keep people safe, protect

people's rights and provide good quality care and support. 'Quality leads' were in place for all aspects of service provision, to keep staff updated and drive improvement.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. People were supported to participate fully in this process. An external professional told us, "They were present and took as active a part as possible in their Care Act assessment meetings and had been involved with preparing their own information for the review beforehand."
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. This included face to face training promoting person centred care and helping people to identify their aspirations and goals.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Policies and procedures were in place covering all aspects of service provision. These were being continuously reviewed, and staff were prompted to keep up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service. They were proactive in ensuring people collaborated in this process, improving care plans to make them more accessible; holding residents' meetings, and using an independent advocacy service to ensure they had a voice.
- Satisfaction surveys were completed by people, relatives, staff and external professionals. The findings were shared with the staff team and action taken where required. For example, there was an extra week's holiday for staff, as a result of feedback from the staff survey.
- Overall, staff felt well supported. There were regular staff meetings where staff could express any concerns or put forward suggestions to improve the service. Resources had been developed in response to staff feedback, to support staff in relation to the menopause. Staff also had access to counselling and there were mental health first aiders at the service.

Continuous learning and improving care; Working in partnership with others

- The service worked effectively with a range of external organisations and professionals to support people and meet their needs. This included health and social care professionals and advocacy services.
- The service was committed to keeping informed about national developments and best practice, for example arranging a staff workshop with ARC (Association for Real Change), an organisation for learning disability and autism providers.
- The PIR (provider information return) stated, "Through working in partnership, we keep the service up to date with best practice and can better support people with their health, well-being and future aspirations to achieve better outcome for people."