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# Little Eastbrook Farm

## Inspection report

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Date of inspection visit:  
25 November 2018

Date of publication:  
19 December 2018

## 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 an announced comprehensive inspection on 25 November 2018. The provider was given 48 hours' notice because the location was a small care home for adults who may be out during the day; we therefore needed to be sure that someone would be in.

Little Eastbrook Farm provides care and accommodation for up to three people. On the day of our inspection there was one person living at the service. The home provides residential care for people with a learning disability. The service was run as a 'family run home' with people living and sharing all aspects of family life. For example, sharing living space. The PIR (Provider Information Record) states; "We currently provide a one to one service, and (X- the person who lives in the service) are considered as part of the family."

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager, who was also the registered provider, 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.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, discharge if needed, people's independence and links with their community.

The service has now improved to Good in Effective.

At the last comprehensive inspection on the 27 May 2016, the service was rated Good overall. However, it was rated Requires improvement in Effective. We followed this inspection up with a focussed inspection to look at the improvements they had made. At the follow up inspection in August 2017 we found the staff had a good understanding of the Mental Capacity Act 2005, but some records needed improving to ensure all decision making was recorded. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

People were not able to fully verbalise all their views therefore they were not able to tell us about all their experience of living there. We spent time with people seeing how they spent their day and observing the interactions between people and the staff supporting them. However, when asked if they were happy living in Little Eastbrook Farm said 'Yes' and they 'didn't want to move out.'

People remained safe at the service. People were protected from abuse as staff understood what action they needed to take if they suspected anyone was being abused, mistreated or neglected. Staff, who had worked at the service for many years, had been recruited safely and had completed checks with the Disclosure and Barring Service (DBS).

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Staff assessed and understood risks associated with people's care and current lifestyle. Risks were managed effectively to keep people safe whilst maintaining people's rights and independence.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. Staff had completed training in medicines and had contact with the local pharmacist to ensure best practice.

People were supported by staff who had completed training to meet their needs effectively. 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.

People's health was monitored by the staff and they had access to a variety of healthcare professionals. The registered manager worked closely with external health and social care professionals to help ensure a coordinated approach to people's care.

People's legal rights were upheld and consent to care was sought. Care records held detailed information on how people liked their needs to be met; considering people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People were treated with kindness and compassion by the staff who valued them as individuals. The registered manager, joint provider and the staff member had built strong relationships with people who lived there. Staff respected people's privacy.

People, or their representatives, were involved in decisions about the care and support people received. The service remained responsive to people's individual needs and provided personalised care and support.

People's communication needs were known by staff. People could make choices about their day to day lives. The registered manager supported people daily and knew when people were happy or had any concerns. Staff knew people well and used this to gauge how people were feeling.

The service continued to be well led. The registered manager and joint provider monitored the service daily using systems which enabled them to identify good practices and areas of improvement.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the registered manager and joint provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the ongoing quality and safety of the care people were receiving.

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.

### Is the service effective?

Good ●

The service has improved to Good.

The provider was acting in accordance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) codes of practice to ensure people were not deprived of their liberty without lawful authority.

Records had improved to ensure all decision making was documented as required.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Little Eastbrook Farm

## 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.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was undertaken by one inspector on 25 November 2018 and was announced. This was because this is a small home and we wanted to ensure that they would be in when we inspected.

Before the inspection we reviewed information, we held about the service. We reviewed notifications of incidents the registered manager had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We also reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

People living at Little Eastbrook Farm were not able to tell us full information about their experiences of the services. Therefore, during our inspection, we spent time with people observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at the service.

We spoke to the registered manager, joint provider and one staff member. We also looked at records relating to people's care and the running of the home. These included one person's care and support plans and records relating to medicine administration and finance records. We also looked at quality monitoring of the service.

# Is the service safe?

## Our findings

The service continued to provide safe care. People were not able to fully express themselves verbally. However, we observed people appeared to be happy, relaxed and comfortable with the staff that were supporting them. Staff agreed they thought people were safe. People when asked said they felt safe living in the service.

People were protected from abuse as staff had completed training and understood what action to take if they suspected someone was being abused, mistreated or neglected. Staff knew how to contact the local authority safeguarding team should they have to make an alert.

People had sufficient numbers of staff to support them. We saw staff supporting people, meet their needs and spend time socialising with them. Staff who had been at the service for many years confirmed, and records showed, they had been recruited safely to help ensure they were suitable to work with vulnerable adults.

People had the risks associated with their care assessed, monitored and managed by staff to ensure their safety. The PIR (Provider Information Record) states; "We carry out risks assessments yearly or if any major changes occur." This helped ensure people received the care and support needed to keep them safe with minimum risk to themselves. Staff were aware of people's individual needs and the strategies in place helped staff support people appropriately.

People's finances were kept safe. People had appointees to manage their money where needed, including family members. The provider audited any incidents which occurred and acted to minimise further risks to people. The provider learnt from incidents and used them to improve practice.

People received their medicines safely. Staff had completed training and confirmed they understood the importance of the safe administration and management of medicines. People's prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked and people had individual personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of a fire to keep people safe. People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a good knowledge of the individuals they supported, which meant they could effectively meet their needs.

People were supported by staff who had completed training to meet their needs effectively. No new staff had started working at the service since the last inspection due to only one person now residing there. Staff felt supported and kept up to date with current good practice models and guidance for caring for people.

People's care files held how people were able to communicate their needs. Staff understood people well as they had worked with them for many years.

People were supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People had their weight monitored due to age and associated health problems with aging. Advice had been sought from the GP on people's weight and health. Their advice was clearly documented, followed by the staff and suitable food choices provided.

People were encouraged to remain fit and healthy, for example people were supported to go out for walks. People's health was monitored to help ensure they were seen by appropriate healthcare professionals so their ongoing health and wellbeing was assured. People's care records detailed which external healthcare professionals were involved in their care.

The provider and staff understood about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make all decisions for themselves. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were mostly able to give their consent to the care they received. Staff were heard to verbally ask people for their consent prior to supporting them, for example with personal care. Staff waited until people had responded before proceeding.

## Is the service caring?

### Our findings

People were provided care by staff who valued them. People appeared relaxed and comfortable with the staff. There was a happy and relaxed atmosphere in the service. When asked one person said they were happy and added; "I like living here."

People were supported by staff who were both kind and caring and we observed and heard staff treating people with patience and compassion. People were seen chatting with staff and the conversations were positive. Staff were attentive to people's needs and understood when people needed reassurance and guidance. The PIR added "All staff and clients are treated with respect and dignity and as one of the family." We observed this to be the case throughout the inspection.

Staff showed concern for people's wellbeing. People with any health conditions had clear information recorded about how this was being managed. This assisted staff in caring and meeting people's needs.

People had decisions about their care made with their involvement if possible or their relatives. People's needs were reviewed and where needed, updated regularly with staff who knew people well attending these reviews.

People's independence was respected. For example, staff encouraged people to participate in everyday household tasks. People were supported by staff at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. Staff understood people's individual needs and how to meet those needs.

## Is the service responsive?

### Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. People's care plans held detailed information about their social and medical history. The plans were personalised and documented how they needed and preferred care and support to be delivered. The PIR stated; "Care needs are monitored and are amended as and when required. GP is informed regularly."

People's care records took account of their wishes and preferences as well as any cultural, religious and spiritual needs. Staff monitored and responded to any changes in people's needs. We observed staff offering and encouraging people to make choices.

People received personalised care. People's care plans contained information to assist staff to provide care and gave information on people's likes and dislikes. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people due to working with them for many years. Staff told us how they responded to people and supported them in different situations. People's communication needs were effectively assessed and met by staff.

The providers worked alongside people each day and they knew people well, worked closely with them and monitored any changes in behaviour. They would then try and find out what was wrong and address this.

People took part in a wide range of social activities and did activities of their choice. This included involvement in every day family things, including shopping, visiting garden centres and going out for lunch. Staff said people were offered opportunities to go out daily. However due to their age people tended to go out less now.

People's family/friends were encouraged to visit. Staff recognised the importance of people's relationships with their family and friends and promoted and supported these contacts when appropriate.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life. This would help ensure people's wishes were respected. This information was completed with the person concerned and their family.

## Is the service well-led?

### Our findings

The service remains well-led. There was a registered manager in post, who was also one of the joint providers. 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 lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. Relative's, in a card sent to the service recorded; "Thank you for all you do for X (person who lives in the home), I do know she is in the best home she could be."

The registered manager was well known to the staff and respected by them. The registered manager was open and transparent and was very committed to the service and the staff, but mostly to the people who lived there. People benefited from a registered manager who worked with external agencies in an open and transparent way which fostered positive relationships.

Staff spoke fondly of the people they cared for and stated they were happy working for the provider but mostly with the people they supported. The provider monitored the quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service where systems and process were in place to check the environment and care planning. These helped to promptly highlight when improvements were required. For example, the registered manager was looking at further plans to enable the person who lived in the service to move to a downstairs bedroom as they became older and frailer.

The registered provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.