

Canterbury Oast Trust Farm House

Inspection report

Highlands Farm
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Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 19 November 2015, and was unannounced. The previous inspection on 29 January 2014 was a follow up inspection to check on breaches found during an inspection on 10 September 2013. The inspection found no breaches in the legal requirements.

Farm House provides accommodation and personal care for up to five people with a learning disability. At the time of the inspection there were five people living at the service and no vacancies. The service is provided in a

detached old farm house and is not suitable for people with poor mobility. It is set in a rural area on the outskirts of Woodchurch village on Highlands Farm, which is a tourist attraction and where the provider has other registered services located. Each person has a single room and there is a communal bathroom, separate shower room, toilet, kitchen/diner, laundry, snug and lounge. There is an enclosed garden and paved seating area.

Summary of findings

The service is run by 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 received their medicines safely and when they should. However we found one shortfall relating to medicine storage.

People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences. They detailed people's skills in relation to tasks and what support they required from staff, in order that their independence was developed. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations. Risks were assessed and staff took steps to keep people safe whilst enabling their independence.

People told us their consent was gained through discussions with staff about their support. People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to

one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively. Some staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Staff rotas were based on people's needs, health appointments and activities.

People were relaxed in staff's company and staff listened and acted on what they said. People were treated with dignity and respect and their privacy was respected. Staff were kind and patient in their approach. Some staff had worked at the service for some considerable time and had built relationships with people and were familiar with their life stories and preferences.

People had a varied diet and were in control of budgeting, planning, shopping, preparation and cooking their meals. Staff encouraged people to eat a varied and healthy diet. People had a varied programme of work based and leisure activities that they had chosen; they regularly accessed the community and staff worked with people to develop their independence in a number of areas.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals if and when required. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The registered manager worked alongside staff and took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People received their medicines they needed at the right times, but one area of medicine storage required improvement.

Risks associated with people's care and support had been assessed and steps were taken to keep people safe whilst enabling their independence.

People were protected by safe recruitment procedures and there were sufficient numbers of staff on duty to meet people's support needs.

Requires improvement



Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act 2005. People were supported to make their own decisions and staff offered people choices in all areas of their life.

People had adequate food and drink and planned their own meals.

People received care and support from a small team of staff who knew people well. People were supported to attend regular health appointments to maintain their health.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive, patient, kind and caring approach.

Staff actively supported people to develop their independence in a number of areas.

Staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff and communicated happily often with good banter.

Good



Is the service responsive?

The service was responsive.

People had a varied programme of activities, which they had chosen and enjoyed. People were not socially isolated and regularly accessed the community.

People received personalised support and their care plans reflected their preferred routines and skills in order to promote and develop their independence.

Good



Summary of findings

The service sought feedback from people and their relatives, which had all been positive. People did not have any concerns, but felt comfortable in speaking to staff if they did.

Is the service well-led?

The service was well-led.

There was an open and positive culture within the service, which focussed on people. Staff were aware of the provider's philosophy and this was followed through into their practice.

There were audits and systems in place to monitor the quality of care people received.

The registered manager worked alongside staff. Issues were resolved as they occurred and the service ran smoothly.

Good



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 November 2015 and was unannounced. The inspection was carried out by one inspector.

Before to the inspection we reviewed the information we held about the provider including previous inspection

reports. We also looked at any notifications we had received from the registered manager. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with four people who used the service, a relative, the registered manager and three members of staff.

We observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed people's records and a variety of documents. These included three people's care plans, risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

Is the service safe?

Our findings

People told us they felt safe living at Farm House. A relative told us they felt their family member was safe living here and was safe out on the farm. Some people told us they handled their own medicines with a little support from staff or staff only checked to ensure they had taken their medicines, other people's medicines were managed by staff. However we found a shortfall in the medicine management.

Most medicines were stored safely. However the storage of controlled drugs did not meet current legislation (Misuse of Drugs (Safe Custody) Regulations). Controlled drugs are required by legislation to be stored in a cupboard made of steel with specific locking and fixings, to ensure medicine safety. The controlled drugs held in the service were not stored in this way, which left a risk in relation to ensuring the storage was safe and secure.

The provider had failed to mitigate risks in relation to people's safe management of medicines. This is a breach of Regulation 12(2)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines safely and when they should. There was a clear medicines policy in place. Staff had received training in medicine administration and had their competency checked annually. Medicines were checked by staff on arrival to ensure sufficient quantities. Medicines records showed that people received their medicines in line with the prescriber's instructions. Risk assessments were in place where medicines were stored in people's bedrooms. Where medicines were prescribed 'as required' or 'as directed' there was guidance in place to help ensure staff handled these consistently and safely. There was a safe procedure in place for medicines to accompany people on visits to families and to return medicines safely to the pharmacist if they were no longer required.

People told us they felt safe and would speak with a staff member if they were unhappy. Staff were patient and there were good interactions between staff and people often with good humour, and people were relaxed in the company of staff. Staff had received training in safeguarding adults; they were able to describe different

types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate.

Risks associated with people's care and support had been assessed and procedures were in place to keep people safe. These enabled people to be as independent as possible and access the community. For example, managing and handling finances, being left unsupervised within the service, self-administration of medicines, managing behaviours and using bath aids. The safe way to support one person getting in and out of the bath had been made really clear with the use of photographs.

There were very few accidents and incidents involving people. The registered manager reviewed any accident and incident reports to ensure that appropriate action had been taken following the event to reduce the risk of further occurrences. Reports were then discussed at team meetings and sent to senior management who monitored for patterns and trends.

Staff knew how to safely evacuate people from the building in the event of an emergency and people had taken part in fire drills. An on call system, outside of office hours, was in operation covered by senior staff and management. Staff told us they felt confident to contact the person on call. The maintenance department were available to respond quickly in the event of an emergency.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks of fire alarms, fire equipment, the boiler and electrical wiring and electrical items. People told us they were happy with their rooms and everything was in working order. Repairs and maintenance were dealt with by the Estates department and staff told us when there was a problem things were fixed fairly quickly. The provider had recently refurbished the bathroom, shower room and laundry and redecorated throughout the house resulting in a fresh and homely environment.

People were protected by robust recruitment procedures. We looked at two recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

Is the service safe?

People had their needs met by sufficient numbers of staff. People felt there were enough staff on duty. People told us that staff responded when they needed them and we saw this to be the case during the inspection. Staff were not rushed in their responses when responding to people's needs. There was a staffing rota, which was based around people's needs, activities and health appointments. There was a minimum of one member of staff on duty during the

day although this may rise to three and one member of staff slept on the premises at night. The staff were supported by the registered manager who worked on shift as well as spending time in the office. At the time of the inspection there were no staff vacancies and the service used existing staff or the provider's bank staff to fill any gaps in the rota, if they were unavailable they occasionally used an outside agency.

Is the service effective?

Our findings

People told us they were “Happy”, “It’s good” and “I like living here” and recent quality assurance surveys indicated that people felt it was ‘good’ living at Farm House. People chatted to staff positively when they were supporting them with their daily routines or when popping into the service during the inspection. Staff were heard offering choices to people during the inspection. For example, what they wanted to do and when.

Care plans contained information about how each person communicated, such as use simple short sentences. We saw this was reflected in staffs practice during the inspection. Staff were patient and acted on what people said. Photographs were used to show people which staff would be on duty.

People’s consent was gained by themselves and staff talking through things. People had signed their care plan as a sign of their agreement with the content after it had been explained to them at a level and pace they understood. People had their choices respected, such as what to eat or drink and how to spend their time. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. The registered manager was aware of their responsibilities regarding DoLS. There were no imposed restrictions and so no DoLS applications were needed.

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included shadowing experienced staff, completing a workbook and attending training courses. The new Care Certificate had been introduced, a new member of staff had recently completed this and their assessor was in the process of

signing their work off. The new Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Staff felt the training they received was very good and plenty adequate for their role and in order to meet people’s needs. There was a rolling programme of training in place so that staff could receive updates to their training and knowledge. Staff training included health and safety, fire safety awareness, emergency first aid, infection control, conflict resolution, Autism and Asperger’s, dementia, Makaton (a sign language) and basic food hygiene.

Four of the six staff team had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Another member of staff had commenced this qualification, with the sixth member of staff just signing up.

Staff told us they had opportunities to discuss their learning and development in regular one to one meetings with their manager, as well as group meetings and an annual appraisal. Staff said they felt very well supported. Records showed all staff received regular one to one meetings. Team meetings were held where staff discussed people’s current needs, good practice guidance and policies and procedures.

People had access to adequate food and drink. Staff told us no one was at risk of poor nutrition or hydration. People were weighed regularly and where one person had been of a low weight, health professionals had been involved and a meal supplement was prescribed. However due to encouragement from staff and a fortified diet these were no longer necessary. People planned, shopped, prepared and cooked their own individual meals each day, some with varying degrees of staff support. Recipe cards were used to aid the variety of meals and staff encouraged a healthy diet. Their main meal was eaten in the evening with a light meal, sandwiches or a packed lunch at lunchtime. During the inspection people made their own drinks when they were in.

People’s health care needs were met. People told us and records confirmed they had access to appointments and

Is the service effective?

check-ups with dentists, doctors, nurse and optician. A chiropodist visited the service regularly. People attended clinics, such as the well-man clinic, as a proactive way of maintaining good health. One person told us if they were not well staff supported them to go to the doctor. We heard during the staff handover how one person had been supported to attend a doctor's appointment the previous day. A medicine had been discontinued due to

improvement, but staff were continuing to monitor the situation. Health appointments were recorded including outcomes and any recommendations to ensure all staff were up to date with people's current health needs. Appropriate referrals were made to health care professionals, such as the community learning disability team, continence nurse and occupational therapist.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked all the staff and they were kind and caring. Recent quality assurance surveys indicated that the way staff supported people was 'good'. During the inspection staff took the time to listen to people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily. We heard staff take the time to compliment one person on their appearance "You look lovely", when they came out of their room ready to go out. In other instances people and staff often shared a joke or used banter when chatting to each other. A relative was complimentary about the staff. Their comments included, "The staff team are motivated and they in turn motivate people living here". "I can see (family member) has grown in confidence since they have been here, they have friends here" and "It's a nice homely environment".

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where and how they spent their time. There were areas where people were able to spend time, such as the garden, the lounge, snug, kitchen/diner and their own room. People were sociable and liked to spend time together particularly at meal times and in the evenings. One person told us "Everybody gets on". The lounge furniture had recently been changed around to create a more inclusive environment for everyone sitting there. Four people had their own mobile phone, which enabled them to stay in regular contact with family and friends, the other person used the house phone. Records showed some people also chose to spend some time alone in their rooms and this was respected. People had keys to their rooms. They told us staff knocked on their door and asked if they could come in before entering. This was also confirmed by a relative. Recent quality assurance surveys indicated that people felt their privacy was respected. Bedrooms were individual and reflected people's hobbies and interests.

People had their independence developed by staff that wanted to empower people to their fullest potential. During the inspection we heard from staff how one person had grown in confidence and was now much more sociable

with other people in the house. They had also undertaken travel training and were now able to travel to London on their own to visit their family, something they had not done previously.

Since the last inspection people were given a budget each week and were planning, shopping, preparing and cooking their own individual meals each day with varying degrees of staff support. Staff had developed a folder of winter and summer recipes cards including pictures to aid variety. Some people wrote their own menu plan and others were assisted by staff. Where necessary staff supported people proactively with trying to make healthy eating decisions. We saw this sometimes took a great deal of patience explaining to one person several times their options and consequences of different purchases within their budget. People had their own cupboard and fridge freezer space to store their food and drinks. Staff had also introduced special small boards with Velcro strips so small pictures could be attached. People took these shopping instead of a list of goods. People helped themselves to their snacks and drinks as they wanted throughout the inspection.

During the inspection one person was on a house day, which meant they cleaned their room, did their laundry, and did other cleaning jobs they were responsible for and their shopping. They were supported by staff that were not rushed; staff chatted and checked the person was working their way through their chores and that they did not need any further support. People had drawn up a rota of communal cleaning tasks and this was rotated as they felt this was fairer.

People were also being supported to take more control over their finances. People went to the bank and drew out their money and two people now managed this cash themselves. Others had been introduced to holding some of their cash with the rest being kept in the office and as their independence developed the amounts would increase.

People's care plans contained some information about their life histories and about their preferences, likes and dislikes. They also contained information about the person's family and the contact arrangements. In addition there were dates and addresses so people, could be reminded to buy or send a birthday card or present. People's care plans detailed people's preferred names and we heard these being used. Staff were knowledgeable about people, their support needs, individual preferences

Is the service caring?

and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people.

Throughout the inspection staff talked about and treated people in a respectful manner. The staff team was small and there were some long standing team members with a

number of years' service, enabling continuity and a consistent approach by staff to support people. Care records were kept individually for each person to ensure confidentiality and held securely.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was displayed within the service, should people need it.

Is the service responsive?

Our findings

People were happy with the care and support they received. People knew about their care plans and had regular review meetings to discuss their aspirations and any concerns. They said family members had attended their review along with their care manager. People had the opportunity to voice any concerns they may have had during their review meeting.

One person had moved into the service since the last inspection. They had moved from another service owned by the provider. Staff had obtained information and the care plan and risk assessments from a previous placement, as well as assessments undertaken by social care professionals involved in their care and support. Following this the person told us were able to 'test drive' the service by spending time, such as for meals and an overnight stay, getting to know people and staff. A relative also told us they looked round before their family member moved in. They said, "(family member) enjoys the outdoors and it suits them here". The care plan was then developed from discussions with the person, their family, observations and the assessments.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care, such as their bath or shower in a personalised way. This included what they could do for themselves and what, if any, support they required from staff.

Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans were kept up to date and reflected the support provided to people during the inspection. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs.

Following a deterioration in one person's health needs staff were working with them and their family to find a more appropriate placement. They had recently visited a suitable

place with their relative. In the interim equipment had been put in place and changes made in order for them to not feel rushed, but to continue with their preferred routines and activities.

People were involved in six monthly review meetings to discuss their care and support. This included the person, their family and staff. Once a year the person's care manager was invited to attend.

People had a programme of varied activities in place, which they had chosen. They attended various interactive work sessions run by the provider, such as the farm, horticulture, art and craft and poulton wood (nature reserve with woodwork and craft). Two people told us how they loved working on the farm and how much they had enjoyed lambing time. Activities within the community included volunteering in the farm shop, attending a daycentre in Folkestone for woodwork, numeracy, literacy and gym and attending a craft centre that made wooden things to sell in the community. Staff were supporting one person to proceed with an application to do volunteer work at a local care home.

People were very familiar with their activity programme. Other leisure activities included horse riding, Zumba, football, wrestling, swimming, going to the hairdresser, disco, visiting friends, watching television and listening to music. Recent outings had included a trip on a boat, truck racing at Brands Hatch, Christmas shopping, Dreamland amusement park, cinema and bowling. Most people enjoyed a weekend camping trip during the summer and a holiday to Centre Parcs in Longleat.

People told us they would speak to the staff if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. There had been no complaints received by the service since 2013. There was a complaints procedure displayed so people knew and understood the process. The registered manager also worked some 'hands on' shifts and the office was central within the house so they were available if people wanted to speak with them.

People had opportunities to provide feedback about the service provided. There were regular residents meetings held and records confirmed that people could discuss any issues and suggest and plan activities they wanted to undertake. People had regular review meetings where they could give feedback about their support and the service

Is the service responsive?

provided. Following the review meeting people, their relatives and care managers were encouraged to complete questionnaires to give their feedback about the service provided. Those held on files in the office had responses of 'good' throughout.

Is the service well-led?

Our findings

There was a registered manager in post who worked three shifts per week, which totalled 18 hours. They were supported by an assistant manager. People knew the registered manager and felt they were approachable and “All right”. Recent quality assurance surveys indicated that people felt the registered manager was easy to see and speak to. There was an open and positive culture within the service, which focussed on people.

Staff felt the registered manager motivated them and the staff team. One staff member said, “(The registered manager) is honest and down to earth”. Staff felt the registered manager listened to their views and ideas. An example of this was a new member of staff suggested staff undertake Makaton training as some people were familiar with a few signs used and this was arranged. Staff worked together as a team to support each other and to provide the best care they could to people.

The provider had a mission statement, which was displayed within the service. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. Staff said that the mission was always on the agenda and discussed. Staff told us that this included promoting people’s independence and supporting people to have the best life possible. Staff felt senior management were approachable, friendly, organised and family orientated.

Staff said they understood their role and responsibilities and felt they were well supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people’s changing needs and any risks or concerns.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, people’s finances and health and safety checks.

Trustees and senior managers visited the service to check on the quality of care provided. People and staff told us that these visitors were approachable and made time to speak with them and listen to what they had to say. A senior manager undertook quality monitoring visits and a report was produced. Senior managers were members of the Kent Integrated Care Alliance who held regular meetings giving support to providers and managers. The registered manager attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive. The provider produced a regular newsletter and ‘in-touch’ magazine to keep people and staff informed about news and events that were happening within the organisation. People could access the provider’s website to see also what was happening. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people’s routines.

During 2014 the provider was awarded a National Care Employer of the year award from the Great British Care Awards scheme. This award seeks to acknowledge and celebrate employers’ commitment to care and how this is achieving success in delivering an excellent service. Employers who are given this award are able to demonstrate considerable acumen and entrepreneurial flair whilst at the same time having a sustained track record of delivering high quality care and managing improvement.

Staff had access to policies and procedures within the office and online. These were reviewed and kept up to date by the provider’s policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to mitigate risks in relation to people's safe management of medicines.

Regulation 12(2)(g)