

Tablehurst Farm Limited

Tablehurst Farm Cottage

Inspection report

Off London Road
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East Sussex
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Ratings

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

Summary of findings

Overall summary

About the service

Tablehurst Farm Cottage is a residential care home providing accommodation and personal care to up to three people living with a learning disability

The care home accommodates three people in one adapted building. Tablehurst Farm Cottage is situated on a working farm and people who live in the cottage are fully involved in the day to day operations on the farm.

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

The home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the home can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the home receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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; the policies and systems in the home supported this practice.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. One relative told us, "We like that it's a small home. (My relative) is living in a community where most of the people don't have a learning disability which is good for them."

People received kind and compassionate care from a staff team that understood their needs. One family member said, "I can't actually fault it. Since (my relative) has been there they have had such a full life. The last ten years (my relative) has been there have been the best years of their life."

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received.

The registered manager and house manager were well regarded and had a clear vision for the service which was understood by the staff and embedded within their practice. There were effective quality assurance systems that were used to drive service improvements. People, their relatives and staff were asked for their feedback about the home and meetings were held regularly.

Rating at last inspection

The last rating for this service was Good (published 25 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tablehurst Farm Cottage

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

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

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

We gave the home 48 hours' notice of the inspection. This was because it is a small home and we needed to be sure that the provider or registered manager would be available, and that people would be there to speak with us if they chose to.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their home, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and two relatives about their experience of the care provided. We spoke with the registered manager, house manager and house coordinator.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, including policies and procedures, were reviewed.

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 told us they felt safe living at Tablehurst Farm Cottage. One person said, "I feel very safe here." One relative said, "It's a safe secure place. Everyone around the farm and the village knows (my relative)." Another family member said, "(My relative never unsupervised. From the farm house there are clear paths and the carers and people are always together. There's a really good network or people who know and support (my relative))"
- People continued to be protected from abuse. Staff told us that they received safeguarding training to recognise when people may be unsafe. A safeguarding risk assessment highlighted the system of checks to safeguard people from abuse.

Assessing risk, safety monitoring and management

- People and their relatives told us that staff kept them safe and protected them from the risk of harm. One relative said, "We are always impressed by the safety."
- People undertook work and activities in the kitchen and around the farm. Detailed risk assessments had been completed before any new activity which enabled people to take part rather than restrict them. Staff discussed the risks with people before starting any new activity on the farm.
- People were supported to take positive risks in order to develop their skills and independence. For example, one person had been assessed as having a reduced sensitivity to heat. Rather than preventing the person from using the oven, the risk had been assessed by staff who supported the person to use the oven under supervision.
- Staff were aware of their duty to identify and alert senior staff of any potential new risks, such as changes in people's behaviour or well-being.
- Environmental risks had been assessed. Regular fire drills were undertaken, and risks associated with fire were managed well.

Staffing and recruitment

- There were sufficient staff to ensure that people were safe and had the right support. Staff knew people's routines and at what times of the day people required direct support. Relatives told us that they always felt that there were enough staff around to support their loved ones. We observed enough staff to meet the needs of people at the home.
- Checks were made to ensure staff were of good character and suitable for the role. These included obtaining suitable references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable individuals from working with people who use care and support services

- People were not currently involved in the recruitment of new staff, but the house manager confirmed that they would explore people attending initial interviews with new staff members and being involved in the recruitment process.

Using medicines safely

- One person was supported with one prescribed medicine. Staff supported the person with this safely and effectively. The person was able, and encouraged by staff, to administer the medicine themselves, but with observation.
- Staff had correctly recorded the administration of this medicine on Medication Administration Records (MAR). Medicines were stored appropriately. Processes were in place for the ordering, disposing and monitoring of medicines.

Preventing and controlling infection

- Staff ensured that the home was well maintained and remained clean. People were regularly involved in keeping the kitchen and communal areas clean following group meals.
- The house coordinator was the infection control manager for the home and had a detailed schedule of cleaning displayed to ensure that infection control procedures were in place.
- The home had an adjoining boot room to ensure that people's clothing and footwear could be changed prior to entering the cottage. People frequently undertook activities and work on the local farm and this ensured that the home remained clean.

Learning lessons when things go wrong

- Lessons had been learnt by staff in order to improve their practice and support.
- Accidents and incidents reports had been completed and the management team looked at these to drive improvements in the care provided. For example, the house coordinator told us of an incident where one person had displayed heightened anxiety because an electronic device was not working. Although the situation was resolved effectively, the coordinator felt that they could have approached it differently. Staff discussed the situation within a team meeting and put measures in place to be more proactive to prevent and better support any future occurrences.
- The registered manager used outcomes of audits from the provider's quality assurance systems to improve the quality of the service. For example, regular reviews and analysis of ways to support people with who have behaviours that challenge had been completed. Staff sought up-to-date guidance from staff at other services, visiting physicians and community learning disability teams.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs had been considered and assessed. Staff were provided with guidance to help ensure they supported people in accordance with best practice guidance. For example, a Disability Distress Assessment Tool (DisDat) was completed for one person. This is a tool to help staff identify distress in people who have severely limited communication. Staff told us this tool had been effective in providing a consistent approach to supporting the person's wellbeing. One relative said, "They've been well trained for incidents and any conflicts. They cope extremely well with any situation."
- Staff followed guidance and advice from external professionals to ensure people received appropriate support. For example, one person was being supported by speech therapist. Staff had attended this therapy and were using the knowledge and skills gained to support the person.

Staff support: induction, training, skills and experience

- New staff completed an induction programme which included spending time with experienced staff to enable them to understand the needs of people they were supporting.
- Staff had completed mandatory training as well as courses related to people's specific needs. For example, staff were skilled and equipped to support people to manage their anxieties and behaviours. One relative said, "(My relative is strongly built and can occasionally have moments. Staff have learned to diffuse (my relatives) anxieties, although it's a very rare event."
- We observed staff using patient but encouraging approach with one person when discussing starting an activity. The person was reluctant to engage so staff gave them space and time. Staff were then successful when they asked the person later.
- Staff were well supported in their roles and were provided with regular supervisions sessions.

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

- People were supported to have enough to eat and drink and told us that they loved the food they received. One person said, "The food is really, really nice." Relatives told us they were extremely happy with the quality of the food provided to their loved ones. One relative said, "The farm food they eat is very good, dynamic and organic. The diet generally is good and healthy. Its first class." Another relative said, "(My relative) has got a very good appetite. (My relative) is so healthy. (My relative) eats organic meat and vegetables."
- People were encouraged to gain new skills when meals were prepared. One relative told us, "He helps out in the kitchen and can almost prepare a meal if he gets a little bit of guidance. The skills he's got are put to good use. Staff have helped him with these."
- Staff provided effective support when people required additional help with specific nutritional needs or to

maintain a healthy weight. Records showed that staff had supported one person to gradually reduce their weight to a healthy range following advice from their GP.

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 access healthcare services. Their health was monitored closely to ensure that staff responded to any change in health needs and to access regular support.
- People had access to a range of healthcare professionals. They were referred to their GPs and other professionals when additional support was identified as being needed or when they were unwell.
- Staff recognised that some people became anxious prior to attending healthcare appointments and provided additional emotional support to them before attending. Health action plans were in place.

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 checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a good awareness of the issues around consent and of MCA and DoLS.
- People who had been identified as lacking the capacity to making certain decision had their capacity assessed in relation to specific decisions. Staff were proactive in discussing any decisions with people to ensure they understood them and the consequences.
- If people lacked capacity and were constantly supervised DoLS applications had been made. There were effective systems in place to ensure DoLS that had been authorised were monitored and managed appropriately.

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

- People had adequate space to move freely around the home. There was a warm friendly atmosphere within the home.
- Staff supported people to socialise with others in communal areas and there were outside areas for people to spend time with each other. People had private rooms if they wished to spend time alone or receive visitors in private.
- People's rooms and communal areas were personalised with pictures and items that were important to them. Communal areas were decorated with art work that people had completed. One person said, "I love my room. (Staff member) helps me with it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they continued to be treated well by staff. One person said, "They are great." Staff demonstrated a very good knowledge of the people they supported and spoke warmly about them. Relatives spoke positively about the care staff provided. One family member said, "We've never come across a staff member who doesn't have the same positive attitude. They are friendly, relaxed and all have a purpose."
- People were treated with the utmost respect by staff at the home and by staff who worked on the farm. People were spoken to respectfully and made to feel part of the overall farm community like other workers. We observed people having lunch with other workers from the farm who also had a very good knowledge of people and their needs. People were treated like peers and were very happy to be part of the team. One relative told us, "I've never once seen anyone at the home or on the farm treat them any differently. They are treated like everyone else."
- People's diverse needs were respected, and care plans identified people's cultural and spiritual needs. Staff were aware of people's backgrounds.

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

- People had been involved in discussions about their care. People and relatives told us they were involved in the development of people's care plans and that staff liaised with them when there were changes in people's needs.
- People were actively involved in the regular reviews of their care. Staff told us that one person read and understood their own care plans, which were discussed with them at their last review. The person was able to write down any questions they had on a white board during the review.
- People were involved in weekly house meetings that focused on plans for that week and for people to discuss any concerns that they may have. We asked one person about meetings to discuss what they thought, and they said, "I like to talk about stuff. It's nice."

Respecting and promoting people's privacy, dignity and independence

- People were actively encouraged to increase their independence and carry out daily living tasks as much as they were able. For example, some people were encouraged to complete personal care tasks as much as they could or prepare food in the house kitchen. One family member said, "Staff have promoted (my relative) to become more confident and independent."
- People's privacy was respected fully by staff. People were given space and privacy to spend time with relatives. One family member told us, "The privacy aspect is wonderful. When we visit, the staff give us space

to spend with (my relative) around the house."

- People's private information was kept securely, and the provider's confidentiality policy had been updated to include the General Data Protection Regulation (GDPR) guidance. GDPR is relatively new legislation that provides up to date requirements for organisations with day-to-day responsibility for data protection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's needs, preferences and wishes had been assessed to produce detailed and personalised care plans that instructed staff how to meet these needs. People's histories and interests had been incorporated into these care plans. These interests were being supported by staff.
- People's family members told us that staff ensured that routines were maintained. Routines are essential to reduce anxieties and promote wellbeing for people living with autism. One family member said, "They have a timetable that (my relative) likes to stick to. (My relative) needs routine due to their autism."
- People's care plans contained detailed person-centred information on how they wished to be supported. For example, one person sometimes displayed behaviours that challenged. Their care plan was detailed on the specific things that disrupted their routines and what staff could do to support them. Plans highlighted the need to provide as much notice as possible to changes in their routine. Staff had ensured that the person's daily routine was displayed so that they could refer to it when feeling anxious about their routine.
- Another person was largely independent with most personal care tasks, their care plan stated how they should be supported to wear weather appropriate clothing and what support they needed to maintain good oral care.

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 were supported to maintain friendships and family relationships that were important to them. Staff were proactive in supporting these relationships and maintained frequent contact with family members. This was crucial so that transitions between the home and people's family homes went smoothly and did not affect people's wellbeing. People were also supported to visit other homes in the local area to meet new people and socialise.
- People were engaged in activities that they enjoyed and took an active role in the activities and running of the home and farm. For example, people were involved in the helping staff preparing meals and ensuring the home was well maintained. People helped out on the farm, carrying out a number of roles that they enjoyed. For example, one person had been supported to milk cows on the farm that was used at the home and sold at the local farm. The person showed us the stables where they carried this out with great pride.
- People had been assessed before moving to the home to ensure that staff could meet their needs and to determine if they wished to be involved in participating in the home's rural activities and co-operative ethos. We saw two people actively and enthusiastically completing tasks on the adjoining farm and shop. One person was supporting the registered manager with erecting a barn, while another person was completing their own routine while supporting staff in the farm's kitchen. Both people were extremely focussed and dedicated to their activity and showed great pride in their achievements. Staff on the farm spoke very

positively about supporting people to be more independent and encouraging them to try new activities.

- People were supported to follow interests and take part in activities relevant to them. One person received support to visit the local village library as they loved books. People were supported to go swimming and participate in local community projects to learn woodland crafts.
- Staff told us that they would be approaching one person to see whether they would like to try Eurythmy therapy. This is a form of physical movement and therapy designed to improve physical and emotional wellbeing. Staff had identified that the person could often rush through their routines and they believed that Eurythmy would help them relax and encourage them to take their time.
- People participated in art therapy sessions at the service from a visiting professional and their art work was proudly displayed around the service. An exhibition of their artwork had been displayed for the public at a recent Lambing Day event on the farm to show the public their achievements.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to express their views and were given information to help them understand the care they received. Staff provided easy read materials to ensure people understood aspects of their care such as health support and nutrition.
- One person required support to improve their verbal communication and staff had arranged for a speech therapist to assist them with their use of spoken words. Their relative said, "They've arranged speech therapy to help (my relative) with vocabulary over the past 18 months. She also teaches the staff how to help (my relative), so they continue her work. (My relative) enjoys that and is trying to use language more."

Improving care quality in response to complaints or concerns

- Relatives told us that although they had not raised any formal complaints, concerns had and would always be dealt with quickly and professionally. One family member said, "Concerns would be most definitely dealt with. They are very good. Any time we want a meeting they are very accommodating."
- People had an easy read complaints policy to refer to. Staff also told us that they actively encouraged people at weekly house meetings voice any issues so that any could be resolved quickly.
- No formal complaints had been received, but relatives told us that concerns were addressed promptly. One relative said, "Most definitely that concerns would be dealt with. They are very good."
- People had detailed communication care plans and staff demonstrated good knowledge in identifying when people were not happy about something.

End of life care and support

- No one was being supported with end of life care at the time of the inspection.
- The house manager told us that they had previously discussed this area of support with people's relatives although it was decided that no advanced planning was required at that stage.
- Staff had talked about end of life support within staff meetings and had discussed providing support to people about preparing them for loss and bereavement.

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

- The provider's Provider Information Return (PIR) informed us that the home was originally established to, 'create the ethos of a small care community living in a family-type situation and working during the day in the farm and garden as part of the wider farm community'. Our observations found that the management and staff continued to promote an environment for people to live as full and independent lives as possible.
- People and relatives' comments demonstrated that they felt the provider's values of wellness, happiness and kindness were implemented in practice. There was a welcoming, homely and friendly culture and atmosphere within the home.
- One relative said, "I think it's run as it needs to be. There is a light-handed approach which takes it away from a standard residential home and more like a real home." Another relative said, "They are trying to create a nice community environment and do this very well."

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 home manager and registered manager had a candid, open and transparent approach. They demonstrated a willingness to build on the achievements of the service. For example, the manager had plans to increase frequency of people's activities and support reviews. The aim was to ensure that people's outcomes and wishes were discussed more often.
- The manager had a good understanding of their responsibilities under duty of candour and the need for honest and open communication if things went wrong. They explained the importance of keeping relatives informed and of the need to keep in touch.

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

- Staff were clear about their roles and responsibilities. The house co-ordinator and deputy house co-ordinator lived in the home and understood their own requirements in terms of ensuring quality.
- The house manager had been working at the service for approximately five years and began as a volunteer. They were in the process of registering with the CQC as manager with a view of taking over from the registered manager. The current registered manager, who was also the original founder of the home, was planning to step back from this role. The house manager had demonstrated their willingness to continuously improve in their role and had completed their level 5 management qualification in 2019.
- Quality assurance reviews and auditing tools had been completed in line with the CQC's key lines of

enquiry. This helped to ensure that care was consistently being delivered effectively and safely in line with the key lines of enquiry. For example, audits of risk assessments were carried out to ensure that they reflected the changing activities that people carried out.

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

- People and relatives were encouraged to contribute their views on an ongoing basis. One relative said, "They're good at keeping us involved. We are there once a month, but they will inform you of things that have happened in between visits."
- There were processes to gather feedback about the quality of the home from people and their relatives. Family members confirmed that they were sent quality assurance surveys to complete on a regular basis. Feedback from surveys we saw were very positive.
- One relative told us that communication from the staff was excellent. They said, "We have a diary system where we record what he's done at home and the staff complete this when he's at Tablehurst. The communication is excellent, the house coordinator is straight on the phone. As parent's its lovely for us to go off and not worry."

Working in partnership with other agencies

- Staff had developed very good links with the community. The house manager was developing a partnership with a local residential home that supported people with a learning disability. The partner home had provided training for new staff at Tablehurst Farm, while the acting manager had received support from the registered manager.
- The house manager had formed partnerships with the local authority to work on developing quality systems and developing opportunities for further training for staff. The house manager had also registered with local managers' networks to provide additional support and guidance in their role.