

Mrs Sandra Christine Gold and Ronald Herbert
Gold

Little Eastbrook Farm

Inspection report

Little Eastbrook Farm
Burlescombe
Tiverton
Devon
EX16 7JT

Tel: 01823672373

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 2 July 2017. The inspection was announced and we gave two days notice to the home. This was because this is a small home for two people and we wanted to ensure that they would be in when we inspected.

At the last inspection in April 2016 we asked the provider to take action to ensure they were meeting the requirements of the Mental Capacity Act 2005 (MCA) and also Deprivation of Liberty Safeguards (DoLS). This was because the people living at the home had complex needs and may have been at risks of having their liberty deprived unlawfully. The provider had sent us an action plan telling us they would be meeting these requirements by July 2016. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Little Eastbrook Farm on our website at www.cqc.org.uk. At this inspection we found that applications had been made to the local authority for DoLS authorisations.

Little Eastbrook Farm is a small rural care home. The care home offers accommodation and personal care for up to three people with learning disabilities. People living at the home share the accommodation with the providers and their family. At the time of our inspection there were two people living at Little Eastbrook Farm. The providers are Mr and Mrs Gold and as such the service does not require a registered manager. However, Mrs Gold acts as the manager for the service and is supported by her husband, daughter and sister to provide the care at the home.

Staff understood the principles of the MCA and told us healthcare professionals and family members were sometimes involved in decision making when someone lacked capacity to make a specific decision. This was not always recorded. However, the staff discussed where they had consulted with others about what to do in someone's best interest. We have made a recommendation about recording capacity assessments and best interest decisions.

We found that people were happy living at the home. They had a balanced diet and said they enjoyed their meals. Relatives were satisfied with the care being provided.

There was a good relationship with the local GP medical centre and people were referred appropriately for health care needs.

Staff had training to enable them to have updated skills in providing care and support for the people living at the home. They had recognised they needed updates in medicines management and safeguarding adults at risk. This was being organised.

One room on the ground floor had been adapted so that one person could move into this because of an increased level of need. All suitable equipment had been purchased. We advised the provider contact the

fire authority about the use of this room, which they did the day after the inspection. The fire authority visited the home on 18 July 2017 and advised on safety issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Staff had a good understanding of the Mental Capacity Act 2005, but some records needed improving to ensure all decision making was recorded

Health care needs were met and appropriate referrals made to the GP

People enjoyed their meals and had enough to eat and drink.

Staff received training and supervision and understood the needs of the people living at the home

Requires Improvement 

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 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.

We undertook an announced focused inspection of Little Eastbrook Farm on 2 July 2017. The provider was given 48 hours' notice because the location was a small care home for people with learning disabilities and needed to be sure that someone would be in. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in April 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting some legal requirements."

The inspection was undertaken by one adult social care inspection manager.

Before the inspection we reviewed information such as the provider action plan and notifications.

At the inspection we met and spoke to both of the people using the service, the providers and a member of staff. We also looked at the Mental Capacity Act 2005 policy, two care records, training records and the menus.

We asked for information and received information about the service from two GPs and the local authority. We also spoke to two relatives by telephone to gain their views of the service.

Is the service effective?

Our findings

Most areas of the service were effective.

At the previous inspection we made a requirement regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) . The provider sent us an action plan stating they would meet the regulation by July 2016. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Since the previous inspection, the provider had produced their own Mental Capacity Act policy, which they had amended from the local authority up to date guidance.

Staff understood that they needed to ensure that people's wishes were met and that they needed to be involved as much as they could with decision making. They described how to ensure best interest decisions were made, but had not recorded this or people's capacity to make certain decisions. We saw the staff asking the people who lived at the home what they wanted to do during the afternoon we visited, such as watching the television, having a snack or playing a lego game in the kitchen. The staff also gave an example where one person had a condition that needed daily treatment, which they were sometimes reluctant to receive. The staff said they would try and gently persuade the person to have their treatment, but would not make them have it. If they kept refusing they would go to the GP for advice. Staff asked one person if the inspector could see their bedroom, which the person refused and staff did not try and persuade them otherwise. These examples showed that the staff did understand the principles of the MCA. People were not able to talk to us in detail about their experiences of living at the home, but we could see they seemed relaxed and comfortable in their home with the care staff.

We recommend that the service consider the Mental Capacity Act 2005- code of practice to ensure they are following good record keeping with relation to best interest decisions and mental capacity assessments.

At the previous inspection, the provider had not submitted applications to the local authority for DoLS. This was completed in May 2016 but the provider was still waiting for formal assessment by the local authority. The provider said neither person living at the home tried to leave and no restrictive practices were in place.

Records showed staff received training in infection control, medicines, food hygiene, the Mental Capacity Act and health and safety. Updates were required in safeguarding adults and medicines management and they

were arranging this. Staff received regular supervision from the provider. We saw in the supervision notes of one care worker for June 2017 there was detail about the needs of the person who was discharged from hospital and their ongoing situation.

People we spoke to enjoyed the meals provided. The provider explained that once a week they would all sit around the kitchen table and decide what they would like for the week. Menus were kept, which showed that there was a variety of meals provided. On the day of the inspection, people had salad, new potatoes and ham. Food was cut small to prevent the risk of choking. People had enough to drink and were offered a variety of drinks throughout the inspection. One person had a recent stay in hospital and the provider said 'needed building up their strength ' and ensured they had nutritional supplements.

Healthcare needs were well met. The chiropodist visited every six weeks. People visited their GP once a year for their annual health check. One GP wrote to us and said 'I have always been happy with the care their residents have received. The staff have always referred appropriately and in a timely way'. The other GP also confirmed they had no cause for concern and that the staff took people to the surgery when appropriate. They added that the people who lived at the home always looked happy in their interaction with their care worker. One person had a serious injury earlier in the year. Staff had referred them to the GP the day after the incident, as on the day of the incident it was not apparent there was an injury. The person was admitted to hospital and returned to the home with an increased level of need. Staff had been proactive in ensuring the right equipment was ready at the home for them; such as a new pressure relieving bed, a wheelchair and also a ground floor bedroom. Some of the care records had not been updated about this new need. The provider said they would ensure this was completed.

The home is a family run home, and the providers also live on site and share the space with the people living at the home. The provider had adapted a room off the kitchen on the ground floor into a bedroom. This had been adapted to ensure it met someone's specific current needs. We asked the provider to contact the fire authority for advice about the use of this room. They did this the next day and the fire officer arranged a visit and has advised on safety issues.