

Canterbury Oast Trust Farm House

Inspection report

Highlands Farm
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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

We inspected the service on 5 and 6 June 2018. The inspection was unannounced. Farm House provides accommodation and personal care for up to five people with a learning disability. The service is a detached old farm house 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. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Each person has a single room and there is a communal bathroom, separate shower room, toilet, kitchen/diner, laundry and lounge. There is an enclosed garden and paved seating area.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the 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.

At this inspection we found the service remained Good.

People told us they felt safe living at Farm House and staff helped them when they needed support. A relative told us "This place is fantastic for [my loved one]. They love it here"

The service had a registered manager in post. 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.

The provider took appropriate action to manage accidents and safeguarding incidents. Staff members were prepared to report any suspected abuse and knew about the procedure for this. Staff were recruited safely and medicines were stored and administered in a timely manner.

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 needs were assessed before moving to the service and staff had the right skills and training to support people. People were encouraged to eat healthy and balanced diets.

People received a service which was caring. People were treated with dignity and respect by staff who were compassionate and caring. Staff treated people's private information confidentially. People were able to make decisions about how their care was provided, and were involved in reviews along with family

members.

People received care that was personalised to their individual preferences. Staff knew people's needs and personalities well. When people or their families had complaints or concerns they were encouraged to raise them. Management saw complaints to be an opportunity to improve the service.

The registered provider, Canterbury Oast Trust had a set of core values and the registered manager aligned those values with this service. The registered manager made sure these values were embedded into the culture of the service.

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 Safe

Is the service effective?

Good ●

The service remains Effective

Is the service caring?

Good ●

The service remains Caring

Is the service responsive?

Good ●

The service remains Responsive

Is the service well-led?

Good ●

The service remains Well Led

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 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.

This comprehensive inspection took place on 5 June 2018 and was unannounced. It was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and other information we had about Farm House including statutory notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a safeguarding incident or a serious injury.

Throughout the inspection we met and spoke with two of the people who lived at the home and two relatives. We spoke to two support workers, the assistant manager along with the registered manager. We reviewed two people's care records, looked at two staff files and reviewed records relating to the management of medicines, complaints, training and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

The service remains safe. One person told us, "I feel safe here at Farm House". Another person said, "The staff make me feel safe and look after me".

The provider took appropriate action to manage safeguarding incidents. Staff members were prepared to report any suspected abuse and knew about the procedure for this. One staff member said, "Protecting people is very important, I report any concerns straightaway." Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

There were systems in place to manage risks at the service. There were individualised and general risk assessments in place as well as a continuity plan, to provide staff with important guidance on action to take in the event of an emergency. Incidents and accidents were managed in line with the service's policy. 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 them for patterns and trends.

People received their medicines safely and when they should. People at Farm House were very independent but staff would check to ensure they had taken them. For example, one person, who could self medicate decided that they no longer wanted to keep their medicines in his room. Staff supported them by keeping their medicines in the office in a locked cupboard and supporting them when needed. Risk assessments were in place where people handled their own medicines and for when people were offsite at other services or visiting family. There was a clear medicines policy and staff had received the appropriate training. Where medicines were prescribed 'as required' or 'as directed' there was guidance in place to ensure staff handled these consistently and safely.

There were enough staff at Farm House. People had a keyworker. A keyworker is somebody that coordinates a persons care, communicating their progress to family members, carers and any other services that maybe involved. Staff worked part-time and rotas were drawn up once a month. The assistant manager said, "We have enough staff here to cover any additional appointments when people might need to be supported". Rotas were organised based upon the support needed. The registered manager told us that, where possible, they used staff that knew the residents well when additional hours for support was needed. They added that on very rare occasions, they would use bank staff or agency to cover any shortfalls. The registered manager said, "I would rather cover a shift than ask an agency."

The home was situated on a working farm and residents were sometimes in the fields with the animals. As a result, staff and residents followed Farm House's infection control policy closely to reduce the risk of infection. Residents were advised not to come into house with mud or manure on their shoes, so left them

outside. Hand washing was discussed at the most recent resident meeting. Guidelines on how to effectively wash hands was displayed in the bathroom.

Staff had access to gloves and aprons for cleaning. Cleaning was organised on two rotas, one for staff and one for residents. People were encouraged to take part in the cleaning of their own home.

The registered manager took steps to learn and improve the service when things went wrong. Staff knew how to report incidents and near misses. The registered manager reviewed these reports to look for patterns or trends. Action was taken to reduce the likelihood of future incidents. Where themes were identified outcomes were shared with staff during staff meetings to help improve the service.

Is the service effective?

Our findings

People told us that staff looked after them well. Farm House was a small service which meant staff always found time to share information throughout the day or during handovers. Staff communicated well which was evidenced in daily notes and minutes of staff meetings.

People's needs were assessed and their care was planned to ensure their needs were met. The registered manager would meet them in their current environment seeking information from care providers and relatives. It was recognised that a period of time spent at Farm House, for example joining an evening meal to get to know current residents, helped to see if the placement would be suitable. The registered manager said, "They would come for a drink or evening meal. All the guys here could meet them and give their input."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Farm House had recently rolled out online training to help staff keep up to date with key areas. New staff received an induction and all staff received continued support in the form of training, supervision and appraisals. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively.

Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. For example, one member of staff told us that breakfast times could at times be challenging for a person but they were able to control the situation by ensuring a member of staff was at hand to assist when that person's anxiety levels were higher. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. 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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection, no DoLS applications had been needed.

Farm House is situated onsite alongside other services belonging to Canterbury Oast Trust. This enabled managers and staff to share experiences and best practice to ensure the care remained effective whilst maintaining good networks. Regular training events were arranged onsite to help facilitate this. The Registered manager was also aware of the various forums arranged by local authorities such as Kent County Council. These forums provided networking opportunities for all care providers, their managers and external agencies that work closely with adults in social care.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see.

People were supported and encouraged to eat a healthy and nutritious diet. People were involved in planning the menus, buying food and preparing meals. Each person had a shopping day where they would go independently or sometimes with support to the local supermarket to buy their weekly food. During the inspection, one person was preparing their own meal. People decided at a residents meeting that on Tuesday's one person would cook a healthy meal for everyone to enjoy. Also, people decided to run a "slim club" where prizes would be given monthly to the person who met their weight loss target.

People's bedrooms were personalised with their own possessions, photographs and pictures. One person said, " I like my bedroom. I like watching TV and I like to keep my pictures of my family on the side". They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people to use. The building was well maintained. Lounge and dining areas were suitable for people to take part in social and daily living activities. There was a relaxed and friendly atmosphere at the service.

Is the service caring?

Our findings

There were positive relationships between people living at Farm House, relatives and members of staff. A relative told us, "The staff are all lovely, best place on earth for [loved one]. From the people that support him daily on the farm to the staff at the house. They are all great." During the inspection we observed staff talking to people in a kind, caring manner and both people and staff were relaxed.

Staff knew about people's background, their preferences, likes and dislikes. Staff could tell us confidently about what made people more or less anxious in different situations. We observed somebody getting ready to go out for an activity in the morning and were very relaxed, chatty and polite, saying "good morning". Staff told us that the bus timetables had altered recently which meant that normal journeys to and from the supermarket, for example, had changed. Staff recognised that this may increase people's anxieties. People were getting ready to use the bus for the first time since the changes during the second day of the inspection. It was clear that the right support had been given to ensure behaviour was managed to a positive outcome.

People were treated with dignity and respect. A relative told us, "They always make sure they treat [loved one] right. I have no concerns whatsoever." We saw staff knocking on doors and waiting for a response before entering peoples' bedrooms which ensured privacy was adhered to.

One person returned from a shopping trip and staff could not find the change from his shopping. We heard the staff member say, "Is it ok if I have a look in your bag? Do you think you might have left it on the till? Maybe you were in a rush to get your things together?" It was done in a caring and respectful manner.

People were involved in making decisions about the care and support they received. One person told us, "I meet with my keyworker and they ask me what I want to do." Relatives were also involved in care planning. One relative told us that, "staff keep them involved and ask their views".

We saw in residents meeting minutes discussions around supporting people with their choice of destination for a holiday. Some wanted to go to Bognor Regis and others wanted a caravan holiday. This demonstrated a person centred approach when supporting people with choices, and helped to promote independence with making decisions. One person said, "I'd like to go to Bognor because it will be fun."

Is the service responsive?

Our findings

People continued to receive care responsive to their needs. One person said, "We are looked after. I try to do most things on my own but they [staff] are there if needed." One relative said, "[love one] loves it here. They are an active person and need daily activities. She loves the farm and the shop". Another said, "They always let me know if their (health) needs change."

Most people had lived at the service for many years and were involved if new people were thinking about moving into the service. People's needs were identified and then any new prospective person was invited to spend a few hours at the service. The assistant manager said, "A new person will come for a visit. A drink first, then maybe dinner. All the guys will be here so they can meet the person and get their input."

Staff were able to demonstrate a good understanding of the people they supported. One staff member told us "I follow the care plans and guidance, and ask if I need to know more or need help". In people's care plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they could and could not do for themselves, what they need help with and how to support them.

Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Behaviour support care plans detailed what people may do, why they might do it, warning signs and triggers and how best to support them. For example, one member of staff told us that "people need supporting at certain times of the day and that they know how to deal with certain situations because they follow their behaviour support plan". Care plans were also in place which detailed people's health care needs and involvement of any health care professionals. People had review meetings every six months to discuss their care and care plans were updated accordingly where needed.

People were supported to take part in a range of activities available to them. Farm House offered lots of activities and opportunities for people to learn social skills and enjoy independence. "One person said, "I love working in the shop." Another person said, "I like going to Poulton Wood to do the woodwork."

Feedback, including complaints, was welcomed. A relative said, "They are very responsive to any concerns and listen to what you say." The registered manager told us that comments were used to help develop and improve the service. People at Farm House knew how to complain if they needed to. They knew who the registered manager was. Easy read formatting of the residents complaints procedure helped people to speak to the right person if they needed to.

At the time of our inspection, no one was being supported at the end of their life. Some people had made the decision that they did not want to discuss end of life at that time. The assistant manager told us they would re-visit end of life care at the next review.

Is the service well-led?

Our findings

The service continued to be well-led. One person told us, "Oh yes, the registered manager is good, she's the boss!" A relative told us, "They're good at communicating with me, and if [loved one] needs something or need to discuss anything they will always call me."

There was a registered manager in post. 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.

Records showed the registered manager had informed us about events which occurred in the service, such as when there were safeguarding concerns. They had also displayed the quality ratings we gave at our last inspection on their website and in the hall way area of the building in easy read format so that people living at Farm House could read what we said at the last inspection. This meant members of the public knew how well the service was meeting people's needs.

There continued to be arrangements in place to learn, improve, innovate and ensure sustainability. The registered manager worked with staff, overseeing practice and offered coaching and extra training where necessary. The Quality Manager of Canterbury Oast Trust had oversight of all services onsite. They held regular meetings with the registered manager completed regular audits on the service to ensure people at Farm House were receiving safe and effective care. For example, Quality Assurance questionnaires were sent out to parents, relatives and advocates. One parent raised a concern around a person's dislike of some fruit and vegetables. The relative was contacted and reassured that they were being supported at meal preparation times.

The registered provider, Canterbury Oast Trust had a set of core values and the manager aligned those values with this service. The registered manager made sure these values were embedded into the culture of the service. They told us, "I like to watch staff and see them treating people well. I observed people from the service last weekend during an activity and it was so nice to see how well they are looked after." Staff told us they felt trusted and spoke highly of management. Another staff member told us, "I feel valued."

People, their relatives and staff were involved in developing the service. Survey's were sent out prior to reviews so that people and their relatives could raise any issues. These survey's concluded that there were very few concerns but the registered manager held regular resident meetings where service developments and improvements were discussed. These were minuted and actioned upon.

There were systems in place to monitor and assess the service which were used to drive improvement. When areas of improvement were identified the registered manager communicated actions needed to staff in an open and transparent manner. Staff told us they were encouraged to improve people's experiences of the service and felt supported to do so.

The registered manager had developed close working relationships with healthcare professionals for the benefit of the people living at the service. This included care managers, local GPs and other health professionals.