

Easterbrook Farm Limited

# Easterbrook Farm

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 18 and 25 July 2017 and was unannounced on the first day.

The home provides accommodation and personal care for up to 12 adults who have a diagnosis of learning disability and/or autism. At the time of our inspection 12 people were living at Easterbrook Farm, all of whom had lived there for a number of years.

The home is situated in a rural setting close to the village of Exbourne. Accommodation is centred around a courtyard, with bedrooms located in three separate buildings called the Farmhouse, the Granary and the Shippen. The Shippen provides accommodation for one person, four people live in the Farmhouse and seven people live in the Granary. Each building has its own lounge, kitchen and dining area, but meals are served in the farmhouse. The main office is located in the granary.

The home had a manager who had registered with the Care Quality Commission (CQC) in January 2017. A registered manager is a person who has registered with the CQC 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 service was previously inspected in May 2015 when the service was rated as good overall. However the safety of the service was rated as requiring improvement. This was because some aspects of medicine administration were not carried out safely and staff had not always been recruited safely. . At this inspection we found that improvements had been made and medicines were now administered safely. Systems had been put in place to ensure staff were recruited safely.

People and their relatives were very positive about the home and said they were safe and very well cared for at Easterbrook Farm. People were happy and laughing with staff, who knew them well. Comments included "...they are brilliant." and "The most important metric is [person's] view of how he feels at Easterbrook. Without exception, every time we ask him how he feels and whether he is happy at Easterbrook his reply is very positive."

The manager had been appointed in the last year and had registered with the CQC in 2017. They spent time working alongside staff. People and staff were very complimentary about the registered manager and how they were improving the service. Resident meetings, staff meetings and surveys were undertaken and provided people and staff with a means to make suggestions. Each person had a personalised complaints procedure using communication methods which were adapted to their needs. Complaints were managed in line with the provider's complaints policy. There had been no complaints in the last year.

There were sufficient staff to support people safely, although a new member of staff had been scheduled to

undertake a night duty when they had not completed their induction. The registered manager assessed the risks associated with this and revised the rota so that this did not occur.

Staff worked with people in a calm and unrushed manner and knew people well. People were supported to do a range of activities both inside and outside the home, which included working on the farm. People were supported to be as independent as possible and undertake meaningful activities which they clearly enjoyed. Staff understood people's individual communication skills, abilities and preferences and ensured they took these into account when providing care.

People's health was monitored and, where necessary, staff ensured that health professionals were contacted for advice and support. People were supported to attend appointments with the GP, their dentist and other health professionals.

People were provided with a healthy balanced diet with food of their choice. People were involved in growing vegetables and salads which were incorporated into meals. A relative commented "The food at Easterbrook is of a very high standard."

Staff were recruited safely as checks were carried out before they started working at the home. Staff completed an induction to ensure they were competent to work with people. Staff also received refresher training and were supported to undertake nationally recognised qualifications in care. Staff administered, stored and managed people's medicines safely. Staff had regular meetings with the registered manager and senior staff to discuss their work and ways to improve and develop.

Staff were aware of how to protect people from the risk of abuse and knew how to report concerns to the relevant authorities. The registered manager understood their responsibilities to ensure vulnerable adults were protected. Where issues had arisen, the registered manager had taken action to keep people safe.

The registered manager and staff worked within the requirements of the Mental Capacity Act 2005. Applications for Deprivation of Liberty Safeguard authorisations had been made. The registered manager had also applied for and had renewed authorisations in a timely way.

There were quality assurance and governance systems in place to monitor the quality and safety of the home. Checks and audits were carried out by the registered manager and staff. As the provider had stepped down from the day to day management of the home, they had developed a new quality assurance system which they planned to use to monitor the quality and safety of the home on a monthly basis.

Easterbrook Farm was well maintained, clean and had comfortable communal areas. People had personalised their rooms by decorating them in a colour of their choice. People had also chosen what furniture, ornaments and pictures to have in their room. Relatives and friends were welcomed to the home and could visit when they wanted. An annual party to which family and friends were invited occurred during the inspection and had been a great success.

Checks were carried out to ensure that the home and the equipment used were safe. Contingency plans for staff to follow in the event of a catastrophic event, such as fire or flood affecting the home were in place.

After the inspection, we received some concerns about the care and treatment of people at Easterbrook Farm. We asked the provider to respond to the concerns and take action about some issues. We also shared the information with the local authority safeguarding team, who undertook an investigation. Following their investigation, they asked the provider to review their hand-over arrangements between shifts. The provider

took appropriate actions including increasing staffing levels at hand-over periods.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at the home.

## 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 was safe.

Medicines were administered, stored and recorded safely.

People were supported to be as independent as possible. Risks to people had been identified and there was guidance about how staff could reduce the risks.

People were protected from the risks of abuse by staff and the registered manager who understood their responsibilities in relation to safeguarding vulnerable adults

There were sufficient staff to keep people safe and enable them to undertake activities of their choice both in and outside the farm.

### Is the service effective?

Requires Improvement ●

The service was mostly effective.

Staff were provided with an induction when they first joined and refresher training as required. A new member of staff was due to undertake a night duty. After discussion, the registered manager agreed this was not appropriate and arranged alternative staff to work.

People were supported by staff who had the necessary skills and knowledge.

People were supported to maintain a healthy, balanced diet, with food of their choice.

Staff understood their responsibilities in terms of legislation. Where people's liberty was restricted, staff had ensured they worked within the Mental Capacity Act 2005.

People were supported to access health services.

### Is the service caring?

Good ●

The service remains good.

**Is the service responsive?****Good** ●

The service remains good.

**Is the service well-led?****Good** ●

The service remains good.

# Easterbrook 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.

This inspection took place on 18 and 25 July 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete 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. The provider had completed this in April 2017.

At the time of this inspection, 12 people were living at Easterbrook Farm. We met all the people living in the home and spoke with eight of them about their experiences. However, some other people were not able to comment specifically about their care experiences, so we spent time observing them and their interactions with staff. After the inspection, we contacted relatives of all the people living at the farm and received feedback from seven families.

We spoke with six staff working at the home on the days of our inspection, as well as the registered manager and the provider. We also spoke with a volunteer who regularly visited the home.

We looked at a sample of records relating to the running of the home and to the care of people. This included four people's care records, including risk assessments, care plans and four medicine administration records. We reviewed two staff records. We were shown policies and procedures and quality monitoring audits which related to the running of the service.

After the inspection we contacted three health and social care professionals. We also contacted GPs and

district nurses at a local GP surgery, staff in a community learning disability team and a dental team who have worked with people living in the home. We received three responses.



# Is the service safe?

## Our findings

At the last inspection in 2015, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's medicines were not always stored and administered safely. At this inspection, we found the provider had taken action to ensure that medicine administration and storage was now safe.

Medicines were stored, administered and recorded safely. Staff had undergone training to administer medicines and this was refreshed each year. The registered manager said that when they had been first appointed, they had completed checks on all staff administering medicines as they recognised the importance of ensuring that people were kept safe.

Medicine administration record sheets (MARS) showed people received their medicines as prescribed. There were two medicine cabinets, one in the Farmhouse and one in the Granary. Both medicine cabinets were secured to walls and kept locked. Stocks of medicines were checked when they were delivered and regular audits of medicines were undertaken. People had had their medicines explained to them and were able to describe why they took them. Staff said, and people confirmed, that medicines were usually administered to people in the privacy of their own bedroom. Staff signed that the person had taken their medicine after it had been administered. There were protocols in place for administering homely remedies.

A relative said "Whenever [person] comes home, staff make sure that his medicines are handed over in a box and we sign for them." Another relative described how one person had "very complex medical needs and is extremely well cared for."

People said they felt safe and happy living at the Farm. Comments included "I like it here." and "All brilliant now." Relatives also described how they felt people were safe. For example "We are happy that [person] is in a safe and secure environment and that measures are in place to assure that safety" and "We are extremely happy with the care our [family member] receives at Easterbrook Farm which is located in a very safe environment. Safety there is paramount."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had been trained in how to recognise abuse and what actions to take if they thought abuse may have occurred. Staff were able to describe what they would do if they had safeguarding concerns. This included reporting any concerns to the registered manager, the local authority and the CQC.

The registered manager had taken action where safeguarding issues had been identified and worked with the local authority as well as health professionals to reduce the risks.

Risks to people's personal safety had been identified. Plans had been put in place to reduce those risks while ensuring that people were supported to be as independent as possible. For example, one person lived with a long term condition which required medicines if an episode occurred. The person wore a personal

alarm at night which alerted staff if there was a problem so they could take action. During the day, the person carried the medicines with them so that even if they were some way from the house, staff could help them to take the medicine. The person was able to describe what the medicines were for and why they carried them with them during the day. They said this allowed them to be able to work anywhere on the farm and still feel safe.

Risks had also been assessed to ensure people and staff were kept safe when working on the farm. For example there were risk assessments on how to work with the ponies and machinery such as grass cutters.

We had found at the last inspection, care records had a very large number of risk assessments, some of which did not reflect individual people's actual risk. For example, in one of the care plans, staff had identified that the person was at risk of falls when going to a music session and when going to a disco. We had discussed this with the provider at the time who had agreed that the person was at no greater risk than any other member of the public. They had agreed to review the risk assessments to ensure that they focussed on people's actual needs rather than every possible concern that any person might be at risk of. We found that some care records still described generic risks rather than risks to the individual. However the registered manager said they had started to review the care plans to make sure they were individualised. They showed us some care plans where this had already taken place. These plans were more focussed on people's actual risks and needs rather than generic risks. The registered manager said they were planning to review all care plans.

There were sufficient staff to ensure people were supported safely and were able to undertake activities of their choice. Staffing levels were assessed and adjusted to meet people's needs. For example one person required more one to one support and therefore additional staffing had been used to enable this to happen. The registered manager said they took account of what activities people wanted to do on a particular day and planned staffing levels to support this. They described, and records confirmed, that usually there was a senior care worker plus three to five care workers on each day. Additionally a member of the management team, a cook and a horticulture manager was on duty during the day. On the first day of inspection additional staff were on duty as an open day was being prepared which was due to take place on the following weekend. People said there were enough staff to support them to do what they wanted. At night there were two sleep-in staff, one who slept in the Granary and one who slept in the Farmhouse. The registered manager said staff had walkie-talkies to communicate between the two buildings at night if needed.

A relative commented that they found there were sufficient staff adding "Plus they have recently obtained additional funding to provide some more one to one care."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. These included plans in the event of fire.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For example, one person had been hurt by accidentally breaking a window. Staff had taken immediate action to support the person to hospital.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

The registered manager had identified that there was a risk with other windows in the home. They had used an external consultant to provide advice on how to improve the safety of all windows. This had included

using a film to cover certain windows which were not fitted with safety glass.

There were regular audits and maintenance of the home and equipment used to support people. There were also regular checks of equipment used on the farm, such as mowers. The home was well maintained, clean and hygienic. The Food Standards Agency had given the home the highest food hygiene rating of 5 at its last inspection in December 2014. Staff understood the importance of keeping people safe, particularly as they were working with animals and in a horticultural setting. For example, staff reminded people of the need to wash their hands after working with animals or in the garden.

## Is the service effective?

### Our findings

New staff were supported to complete an induction programme. They said that this included working alongside other staff, reading care plans, doing online training and receiving supervision from the registered manager to check on their progress. However, a new member of staff said they were undertaking a night shift in the Granary on the first night of inspection. We asked them what training they had completed and whether they had read everyone's care plans. They said they had only read three of the 12 care plans and had not yet completed all their training. The new member of staff did not have all the training necessary to ensure they would be able to carry out a night shift effectively and safely.

We discussed our concerns with the registered manager. The registered manager reviewed the risks and agreed that it was not appropriate for the staff member to be working a night shift whilst on their induction. They said although there would be another member of staff on duty, they had decided that the new member of staff would not do night shifts until they had completed their induction. They arranged for an alternative member of staff to cover the shift. By the second day, they had discussed the issue with the provider and agreed that in future no new staff would carry out night duty until they had fully completed their induction.

The induction of new staff was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction.

Staff said they had the training and skills they needed to meet people's needs. Comments included: "I am up to date with all my training" and "I have been supported to do the training including safeguarding adults, mental capacity and medicine administration." Training records confirmed that this was the case.

A relative said "Very experienced and caring core team of staff and any new staff are quickly trained and supported to deliver a high quality service."

A health professional commented "I have been impressed by the conduct and professionalism of staff and had no cause for any concerns and have felt that they have behaved towards the individual with respect/dignity."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Records showed that supervisions were carried out regularly and enabled staff to discuss any training needs or concerns they had. One member of staff said, "The [registered manager] gives me supervision". Staff described how they were supported by the registered manager and other members of the team. Comments included "[Registered manager] and [staff member] have been very supportive" and "[Registered manager] has been extremely good, straight talker and deals with staff fairly."

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 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

At this inspection, we found staff had an understanding of the MCA. People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005.

The registered manager ensured where someone lacked capacity to make a specific decision, a mental capacity assessment was carried out. Best interest meetings had been held to discuss how to support one person who needed dental treatment. Staff had supported the person with the decision making process. They had done this by spending time in the days before, showing pictures of what would happen when the person went to the dentist and explaining the process of having an anaesthetic. This meant the person had been helped to make their mind up and allowed the dentist to make a best interest decision with the person's involvement.

A relative said that their family member had had their capacity to make a particular decision assessed and they had been involved. They said "Yes, we have a close working relationship with Easterbrook."

A health professional commented "I have personally witnessed staff on a number of occasions attending with clients advocating and supporting them within their consultation in a sensitive way. One such consultation involved an issue of capacity which I felt that the individual carer grasped and understood well."

Although people were free to move in between buildings on the farm, the registered manager had identified a number of people who they believed were being deprived of their liberty as they would not be able to leave the farm on their own. They had made DoLS applications to the supervisory body. Where DoLS had been authorised, the registered manager ensured that they submitted applications for renewal at the appropriate time.

People's dietary needs and preferences were documented and known by the kitchen and care staff. People were involved in selecting menus at meetings which were held each week. People had access to the kitchens and were able to help themselves to drinks and snacks when they wanted. People were encouraged to have regular drinks so they remained hydrated. People were involved in growing fruit and vegetables as well as cooking these as part of their meals. Food was freshly prepared each day and if people did not like a particular dish they could have alternatives. We observed people eating lunch on both inspection days, which they clearly enjoyed. A relative commented that their family member "...often says the meal was so nice [person] had seconds, so the residents can have more if needed."

Staff sat with people to eat their meals as meals were seen as an opportunity for social interactions. People had discussions about what they had been doing during the day. For example on the second day, most people had been involved in dismantling the marquees which had been used for a summer party. People were keen to share what they had done at the party and how well it had gone. Throughout both lunchtimes, we observed people chatting sociably and enjoying their food. People said they really "liked the food." A

relative commented "...the food at Easterbrook is exceptional. They grow their own vegetables etc. and the menus are very healthy".

Some people were able to cook for themselves with some support, which they were encouraged to do. Healthy eating was encouraged, for example people were encouraged to understand how much of different foods to eat. One person said that although they liked cakes and biscuits, they knew it was unhealthy to eat too many. People's weight was monitored and people were provided with guidance on how to eat and drink healthily. A relative commented "They have excellent quality food with a well-balanced diet and appropriate portion sizes." Another relative said "The food at Easterbrook is of a very high standard. [Person] has learnt about healthy eating and the importance of exercise. [Person] is no longer overweight and enjoys exercising."

People had access to health and social care professionals. Records confirmed people had appointments with their GP and dentist. People were also supported to see a chiropodist every six weeks.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

People were also referred appropriately to health specialists such as a speech and language therapist and a clinical psychologist where concerns were identified. Where necessary, guidance provided by these health professionals was recorded and followed to reduce the risks. A health professional commented "The staff are good at following the guidance I have given them and are developing skills in using Makaton. For example, they now have 'sign of the day' displayed which staff are using to learn the signs." Makaton is a type of signing for people who have little or no verbal communication. The health professional also commented "Staff are always around when I come to do an assessment and are very knowledgeable about people's needs. They are very supportive."

Adaptations to the environment of the farm had been made to meet the needs of people who lived there. All the buildings were comfortably furnished and well-maintained. A new dining area was being developed which would provide a light and spacious room for people to eat in the main farmhouse. There were spaces for people to use, both indoors and outdoors.

## Is the service caring?

### Our findings

People were happy and relaxed with staff, often laughing and joking about what they were doing. Staff knew people very well and spoke knowledgeably about them and their families. On the first day of inspection, people and staff were preparing for their annual party which family and friends were invited to. Staff involved everyone in the preparations which they were all excited about. One person described how they were in charge of car parking while other people helped to shop for food. When we returned on the second day, people described how the party had gone really well and how much they had all enjoyed it. Over 100 people had attended this annual event and there were really positive comments about it. One person said "It was really great"; while another commented "All my family came and it was lovely." People were really proud to have been able to take relatives and friends around the farm and show them what they had been doing in recent months.

People were treated with kindness and compassion in their day-to-day care. Staff listened to people and spent time encouraging them to be as independent as possible. For example, one person hugged a member of staff and said "...they are brilliant." Another person commented "[Member of staff] is really good they come with me to drama."

Relatives described how they felt their family member was really happy at Easterbrook Farm. Comments included "[Person] enjoys coming home, but is always keen to return to the farm and his friends."; "My [relative] looks upon the staff as extended family. [Person] is very happy at Easterbrook."; "I feel privileged that my [family member] lives in such a friendly, caring and healthy environment."; "There are some members of staff that have been working at Easterbrook since it first opened so the residents feel very settled and it has a very homely atmosphere." and "The most important metric is [person's] view of how he feels at Easterbrook. Without exception, every time we ask him how he feels and whether he is happy at Easterbrook his reply is very positive."

People's privacy and dignity was respected and promoted. For example one member of staff described how sometimes one person liked to spend time on their own and staff supported them with this. A relative commented "Staff do respect an individual's dignity and privacy, e.g. if [person chooses not to come out of their room, they give [person] the time and space [person] needs before encouraging [person] to leave to eat a meal, for instance."

The farm was spacious and allowed people to spend time on their own if they wished. Each person had their own bedroom, all of which had either an en-suite or private bathroom. There were also communal areas including a lounge, kitchen and dining areas in each building. There was an attractive courtyard in the middle of the buildings as well as gardens, horticultural areas and poly-tunnels.

People's bedrooms were personalised. One person described how they liked their room painted pink as they had chosen the colour. People had their own belongings and furniture with them and each room had been decorated with personal items and pictures.

People's relatives and friends were welcomed to the home and encouraged to visit at times that suited them. For example one relative said "We are always invited to lunch when we visit." Another relative

commented "We can always visit when we want, as can other family members." One relative who lived some distance away said "I will sometimes Skype and try to make sure it is at a time when [person] will be around as they are often out and about."

Staff knew people's individual communication skills, abilities and preferences. There were a number of ways used to make sure people were able to communicate about what they wanted to do and how they felt. Some people did not have verbal communication skills, so staff communicated with them in other ways. For example some people used sign language to communicate. Staff had undertaken training to develop their skills. Each week a 'sign of the week' was put up so that staff and people could practice using them. This had helped improve communications between people as well as with staff. People's views were sought through care reviews and regular weekly meetings. Paper copies of care plans were held in the main office. People were aware of these records and were happy to show us their folder and describe their contents. People clearly knew what was in the care record and talked about how they had been involved in writing them. Staff described how people sat down each Sunday and planned what they wanted to do in the following week. For example, one person enjoyed working in the poly-tunnels; another person was less keen on horticulture but really enjoyed going to a drama group. People were observed undertaking activities of their choice on both days of inspection. One person spent time developing a kitchen garden with a member of staff. They proudly showed this to us and explained what other improvements they were going to make which included planting herbs.

One relative commented "We are invited to attend meetings about [person's] care and staff take account of our opinions. We cannot think of an instance where we suggested changes, but would hope that they would at least consider our suggestions before making any changes. As they know our [relative] better than we do, having spent so much recent time with [person], we would respect their views. If there was anything we strongly disagreed with and if we thought it was not in [person's] best interest we would make our thoughts known."



## Is the service responsive?

### Our findings

Care, treatment and support plans were personalised. The registered manager explained that work was being undertaken to change the format of the care plans and showed us examples of what had been done so far.

Care plans were personalised and detailed daily routines, likes and dislikes specific to each person. In order to support people with their care plans, staff had included some information in easy read format and included pictures to help with the person's understanding. Care plans provided detailed information about what each person enjoyed. For example, one person's care record described how they had enjoyed playing music, helping in the kitchen, playing bowls, walking and all outside activities. A family member commented "They have recently supported [person] to go bowling, which he very much enjoys and is good at." The care record described how the person liked to buy DVDs and CDs and going to car boot sales. The person confirmed that they did this from time to time. The person also enjoyed helping staff with maintenance tasks with the support of staff. This demonstrated that staff encouraged people to get involved in tasks where they could gain a sense of responsibility. We observed one person helping a member of staff to carry out checks on the lawn mower prior to cutting the grass.

Relatives were also involved in developing people's care, support and treatment plans. For example, one person and their family members had contributed information about the person's life prior to arriving at Easterbrook. A relative commented "We are kept up to date with our [family member's] work and activities verbally by our phone calls weekly to [person], visits and the newsletter. With consent from [person] we are told about health problems and consulted regarding any important decisions that have to be made. We have been invited to meetings relating to [person] and the staff do listen to and have implemented changes we have suggested." Another said "We have an annual review with the social worker." They also commented that staff took into account their opinion when making changes to their relative's care.

People were encouraged to do activities both as a group and individually. Each person had a dedicated key worker who supported them to do activities they enjoyed. Key workers supported people with one to one activities and had been chosen to ensure they were compatible and had common interests. For example, one care worker described how much they enjoyed supporting a person at a drama group which they regularly attended. Another person really enjoyed dancing and a care worker described how "[person] dances in the centre of the group and they all copy [person]." They explained this was really important to the person who did not have any verbal communication, adding "[person] gets more out of it than anyone – loves it."

Where people required support with their personal care they were able to make choices and be as independent as possible. One person required some support when washing their hair, although staff recognised that the person was able to manage to wash and dry themselves.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. For example, one person had a long term condition which required regular

check-ups. Staff supported the person to attend these appointments and also followed advice from the specialist. A relative commented "My [family member] is taken to see the doctor when needed and has regular dental check-ups and sees a chiropodist at regular intervals."

Staff had recognised that the home provided care to people of various ages and dispositions. This was taken into account when planning activities, so that people could join in if they chose, but were encouraged not to be isolated.

People were encouraged to raise concerns they might have. There was a complaints process and people said they knew how to complain. The registered manager had worked with each person to develop a personalised complaint procedure. For example, one person showed us a folder containing photos of them looking sad. Symbols and pictures were used to describe who the person could talk to if they had a concern or a complaint. This included how they could take the complaint further if they were not happy with how it was dealt with. The person was able to explain what the steps were and what the expected result would be, with a photo of them smiling. The registered manager said they had developed this for each person as they had different communication needs.

People said they had not had to complain; one person hugged the registered manager whilst smiling and said "All brilliant now." A relative commented about a complaint they had made saying "Yes, it was dealt with very well and my concerns were dealt with efficiently and quickly."

## Is the service well-led?

### Our findings

The manager had been recruited in the last year and had registered with the CQC in January 2017. They had previous experience of working in care and understood their role. They had taken over the post of registered manager from the provider. The provider explained that they wanted to reduce their day to day involvement with the service although they would continue to with a governance role of monitoring the safety and quality of the service provided. They had worked alongside the registered manager during their induction to ensure that the hand over was effective and did not put the care of people at risk. The provider said he had "confidence" in the registered manager.

The registered manager was extremely well liked by people and their relatives. Comments from people living at Easterbrook Farm included "She is really good." and "I like her."

Relatives also praised the registered manager saying "The new manager is a delight to deal with and talk to, and we have established a very good rapport in pursuing [person's] best interests." and "The manager we have found to be very friendly and accommodating. [Person] is very fond of her. We regularly have chats with her to get an update on [person]. We are very pleased with the way all the staff work in partnership with us." The service had a positive culture that was person-centred, open, inclusive and empowering. People and their relatives were encouraged to get involved in providing feedback and ideas of how they found the care at Easterbrook Farm. There were meetings held with people living at the farm each week, where they were able to raise issues and concerns. A relative described how they were involved in the service, saying "We also have bi-annual Parent Forums (before the Summer & Xmas Parties) where we can discuss concerns (if any) with other parents and with the registered manager who is invited to attend." Another relative commented "We know the manager and all the senior staff and can see a marked improvement in morale of the staff team since [registered manager] was appointed, as staff views are considered, e.g. the number of days in which 'housemates' do their shopping and housework have reduced to free up a day for other activities."

People were involved in the recruitment of new staff. For example on the first day of inspection, the manager, a member of staff and a person living at the home were interviewing a candidate for a care worker role. The registered manager involved the person in asking the candidate questions, making sure they were able to contribute fully to the process. After the interview, the person said they had "enjoyed" interviewing the candidate and provided feedback to the registered manager about whether they thought the candidate was suitable to work at the home.

The registered manager worked alongside staff which gave them an insight into the values and behaviours towards people. Staff meetings were regularly held; minutes of these showed that not only was information communicated to staff, but also staff were able to make suggestions of how the service could be improved. Staff received regular supervision and were also supported by the registered manager and other senior staff to improve the care given.

Staff described how the registered manager worked with them to make improvements to the service. Comments included "[Registered manager is really good]" describing improvements that had been made to

the service. This included care plans becoming "More meaningful"; Staff becoming more "Empowered" and "Innovation being encouraged." The staff member described an example of how groups were being set up so that people and staff could get more involved in areas of interest. The groups that were being set up included photography, walking on Dartmoor, healthy living, horticulture, animal care, woodland and wildlife. People had chosen which groups they wanted to join and what they hoped and planned to achieve by being involved. It was planned that each person would record their progress in achieving these outcomes in a personal file.

There was a governance system which monitored the quality of service being delivered and the running of the home. The registered manager undertook checks and audits, which included checks of care records. Other quality assurance checks were undertaken by designated staff. These included audits on the home, fixtures and fittings and the equipment used. For example regular checks were undertaken of water temperature and quality, building maintenance and fire systems. Other health and safety audits and checks relating to farm equipment were also undertaken to ensure that these items were safe. Staff also completed daily checks of refrigerator and freezers to ensure were within safe temperatures.

Annual surveys were used to get feedback from people living at the farm. Questionnaires had been individualised to ensure that people who were unable to read or write were able to make their views known. The most recent survey had been completed in March 2017 and actions to address areas where improvement could be made had been developed.

As the provider had stepped down from a day to day role, they, together with the registered manager, had developed a quality assurance audit which the provider would complete each month. The audit would cover the key lines of enquiry for each of the CQC inspection domains (Safe, Effective, Caring, Responsive and Well Led). As part of this process they had agreed that an action plan for each domain would be maintained and reviewed at each visit.

The home had made links with the local community including local organisations, environmental groups as well as groups that provided activities for people living at Easterbrook. A regular newsletter was produced highlighting what had been happening at the home. This was sent to families and friends of people so they were kept up to date.

People benefited from staff who understood and were confident about using the whistleblowing procedure.