

Mr Brian Jack

Duckyls Farm Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Duckyls Farm Centre is a residential care home providing personal care and accommodation for up to 10 people with learning disabilities and autism. There were nine people living at the home on the day of our inspection. The home was a large adapted farmhouse building that combined a self-contained flat and main building over two floors.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Each person had their own en-suite rooms, which were personalised to meet their needs and preferences. The home had extensive communal and shared space for which people could undertake individual activities as well group ones. The home was complimented with extensive grounds, that comprised of farm areas and fields that people were supported to use. People took an active role in activities and tasks on the farm. One person recalled excitedly about their work and involvement with the animals on the farm. One relative said, "The management have increased the activities inclusive of mental and physical demands."

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people. The service recorded when staff restrained people, and staff learned from those incidents and how they might be avoided or reduced.

Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making.

Right care

People received kind and compassionate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. One professional said, "I have always found the manager and her team really helpful. They work in a person-centred way supporting the resident I have placed there to make choices and be as independent as possible ensuring their interests, faith and care needs are met holistically with dignity and respect."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

This was a planned focused inspection based on the previous rating. We carried out an announced comprehensive inspection of this service on 7 and 9 May 2019. Breaches of legal requirements were found.

Following the last inspection in May 2019, we imposed conditions on the provider's registration. CQC imposed the conditions due to repeated and significant concerns about the quality and safety of care by the provider. The conditions meant that the provider was required to send to the CQC information regarding the homes restraint policy and training. The provider was also required to send CQC monthly information about incidents and accidents, safeguarding referrals, Mental Capacity Assessments and information about lessons learnt. We used this information to help us review and monitor the service and actions to improve, and to inform our inspections. We undertook this focused inspection to check they had followed their action plan, to confirm they now met legal requirements and continued to meet the requirements imposed on their Registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Duckyls Farm Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Duckyls Farm Centre

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Duckyls Farm Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Duckyls Farm Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The current manager had been in post since 2019. Their proposed registration with CQC has been delayed due to events beyond their control.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the monthly reports sent to us by the manager as part of the conditions on the provider's registration. We contacted two local authorities to obtain their feedback. We received feedback from two professionals who work with staff at the home. We used all this information to plan our inspection.

During the inspection

We spoke three people who used the service and contacted three relatives about their experience of the care provided. We spoke to four members of staff including the manager and three support workers. We reviewed a range of records. This included four people's care records and two 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 service, 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

At our last inspection the provider had failed to ensure people were protected from potential abuse placed them at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. At the last inspection the provider had not consistently made local authorities aware of some incidents in line with their safeguarding and restraint policies. At this inspection improvements had been made and appropriate notifications had been completed when potential abuse had been suspected.
- The manager was clear about their responsibilities under safeguarding and knowledgeable about local authority thresholds for reporting incidents.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. People looked comfortable around staff and at ease when being supported. One person told us, "Yes they do make me feel safe. They look after me well."
- The manager had completed a full review of the actions highlighted in the last inspection around the area of restraint. Policies had been updated and all staff had completed restraint training. Guidance was in place and staff were clear about the strategies needed to support distressed individuals. One staff member said, "We've had PBS training to keep yourself and others safe. Some aggressive behaviours so it teaches you how to react. Over the years we've had a few incidents. Most residents been here a long time and incidents have become less and less. They know what's going on and maintain a routine. It gives them a sense of what their role is."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well for people's safety. At the last inspection, some risks had not been considered in relation to supporting a person living with epilepsy. Appropriate risk assessments were now in place to support the person. A review of their needs had taken place and appropriate referrals were made for further professional support.
- Some people had risk associated with complex needs and there was guidance in place for staff to support them with these risks. For example, risks had been identified for one person whose heightened anxieties potentially put themselves and others at risk. Guidance supported staff on prevention strategies and

identifying warning signs, with restraint or restrictions being a last resort measure. One relative said, "Yes, I've always believed my (loved one) is safe at Duckyls Farm Centre. The staff have and are always conscientious about her and the other residents."

- Risks to people were regularly reviewed to reflect any changes in need. One staff member said, "They were out of date before but (the manager), during staff meetings and our 1:1s gets our feedback of what we think, how service users react. That's been good."

Learning lessons when things go wrong

- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Since the last inspection, the manager has made consistent improvements to the management of safety incidents and concerns when things went wrong. The manager had worked well with staff to ensure they were clear and consistent with their responsibilities to report and record incidents. One staff member said, "Yes its improved. Previously two or three inspections ago, we got out of the habit of it. Something (the managers) arrival has brought it in. It can flag any health and safety issues as well."
- Records highlighted occasions where people's anxieties had affected themselves and others. Staff had recorded any learning from the incident where needed. For example, staff had identified that in the future they needed to anticipate the needs of one person's access to a piece of furniture to avoid an escalation of their anxieties.
- Since the last inspection, a condition on the provider's registration required that information on incidents had to be sent monthly to the CQC. These showed that incidents were being appropriately identified and escalated.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- We observed sufficient numbers of staff throughout the inspection. Staff were flexible in their approach should people want to go out and complete activities and appointments. One staff member said, "It's been managed well. If something's happening like an appointment, (the manager) will see that in advance and put someone extra on." Another staff member said, "There's always enough staff. Sometimes I've been called to cover if there's a problem, I like to help."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were receiving their medicines safely.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff who administered medicines were fully trained and assessed.
- Medicine audits were completed to ensure that the administration and management of medicines was undertaken safely and correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Measures were in place to support people to see their friends and family safely. The service encouraged visits from family and friends and took precautions and measures in line with current government policy. One relative said, "The home has managed very well during the pandemic and strictly controlled who has access to the home and grounds."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, people's right to consent to care and treatment remained at risk, as the provider did not always identify, record or complete actions in a timely way. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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 service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager had made proactive and consistent improvements in working within the principles of the MCA. They had identified and completed actions where people's right to consent to care and treatment had been highlighted.
- Capacity assessments had been completed, while best interest decisions had been taken with family members and relevant professionals, when a person had lacked capacity to make a decision about their care.
- Staff had completed further MCA training following the last inspection and spoke confidently about seeking consent from those they supported. One staff member said, "You can't just assume that someone will want this or that. We ask them their opinion and gauge their reaction. We let them take the lead."
- The manager acknowledged the shortfalls highlighted in past inspections with managing the formal processes in relation to the MCA and had taken active steps to address these since they became manager of

the home. One professional said, "I think (the manager) has been a good addition to the service as she is bringing relatively fresh eyes and knowledge of other settings; this has been beneficial for the people who live there as things (certain behaviours for example) are not just 'accepted' but considered and appropriate referrals/changes are made."

Staff support: induction, training, skills and experience

- People were supported by trained and skilled staff who understood their needs and provided effective care.
- Training staff received met the needs of those people living at the service, for example, supporting people with autism and positive behaviour support. One staff member said, "We've had training on Autism. (The manager) went out of her way to track the training down. It was really helpful. It gives a broader outlook on autism rather than the specifics you're dealing with. No autistic person is the same and has varied abilities and gifts."
- Staff spoke positively of the training and learning they received and had access to. One staff member said, "Yes I had all sorts of training from safeguarding to first aid to fire safety. It's very complete training."
- New staff received a thorough induction and ongoing refresher training when they started at the service. Staff received ongoing supervisions to discuss their development and other work-related matters.

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

- People's needs had been assessed prior to coming to the home. Care plans and risk assessments had been developed and were regularly reviewed.
- Staff used nationally recognised tools were used in response to people's individual needs. For example, when reviewing and recording incidents where people had shown heightened anxieties, staff had completed ABC (Antecedent Behaviour Consequence) charts. These are a way of collecting information to help determine the reasons behind someone's behaviour. These can be used to identify patterns of behaviour and subsequently develop effective support for that person.
- People's support plans had considered any protected characteristics, such as their religion, race, disability and sexual orientation which had been explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.

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

- People were supported to eat and drink enough and were encouraged to maintain healthy diets. One relative said, "(The person) seems to have a good and balanced diet at Duckyls and they have regular 'weigh ins' to keep an eye on it."
- People had control and choice over what they ate. One staff member said, "We offer choices in terms of food, if they don't like something, we give them something different. One resident is vegetarian, so we provide vegetarian options." The person said, "The food is very nice. I'm vegetarian and take vitamin tablets. They offer me different vegetable things." Another staff member said, "We have a few residents who will favour more unhealthy stuff, but we keep the menu varied but also try to make it as attractive to them as possible. It's satisfying when they're eating it."
- We observed people eating at different times and enjoying their food. People's routines varied and staff supported people to eat when they wished.
- Some people required additional support to eat their food safely. Referrals had been made to SaLT (Speech and Language Therapists) and these assessments were used by staff to ensure that people received modified diets which allowed them to eat safely. One professional said, "Staff were asked to record eating and drinking issues involving a gentleman there. They were able to do this well."

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

- The home was very spacious and tidy. People had access to open communal rooms which had been decorated and furnished according to their interests. The home was located on a working farm and people had access to an outside courtyard and the farm. The home and the grounds allowed people to walk around freely. Most people had rooms within the main building although one person lived in a separate flat adjacent to the main building.
- At the previous inspection, some redecoration had been completed and more improvements had been planned. Due to unforeseen circumstances beyond staff control, some redecoration had yet to be completed. The manager confirmed that some redecoration was planned and this would be looked at with the prospective new provider.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had developed positive working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as the GPs, local authority, CLDT, (Community Learning Disability Teams) and SaLT to meet people's needs. Staff worked proactively to follow the guidance provided by professionals. One relative said, "Staff always inform us of any changes with (the persons) care."
- One professional said, ""I've found the staff team to be engaged and at times questioning about the sort of support people may need and making appropriate referrals to the CLDT. I have had questions from (the manager) about people who have not necessarily been open to me regarding their well-being, concerning best ways to communicate difficult news; I felt this was sensitive and considerate."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, the manager had made a number of significant improvements to quality assurance systems and improved oversight of the home. Reviews of people's care and support were regularly completed while audits of areas such as, health and safety, medicines and MCA were undertaken to ensure safe care and compliance with regulations.
- The manager acknowledged that quality assurance systems had not previously been effective in addressing past shortfalls. Completion of monthly reports on MCA, accidents monitoring and safeguarding issues, as required by the conditions imposed after the last inspection, had supported the manager to embed regular monitoring at the home. The manager had also been supported by their consultant to review quality monitoring processes.
- The manager had faced challenges in implementing these improvements. Due to unforeseen circumstances beyond their control, provider governance and support has not been available to the manager for a significant period since the last inspection. Despite this, people, staff, relatives and professionals we spoke to stated that the manager had improved many areas of support. One relative said, "I have noticed improvements with regard to the current manager."
- Staff told us the manager had introduced a number of positive changes to the home that required a greater involvement from them, such as, gaining a more focussed understanding of MCA issues and establishing a formal communication system between staff.
- The manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

At our last inspection, the provider did not fully understand their responsibilities in relation to their

registration with the Care Quality Commission. The failure to notify CQC is a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, the provider had not notified the CQC of two incidents of alleged abuse that they had been made aware of. At this inspection we found that potential safeguarding incidents had been identified by staff and appropriately escalated.
- The manager was clear about their regulatory responsibilities and had continued to work with local authorities and the CQC to ensure that legal requirements were met. The home was in the process of being acquired by a new provider and the manager had worked with consultants from the provider to support them with governance of the home.
- Staff described an increased focus and awareness since the last inspection on their own responsibilities to escalate concerns to the manager. All current staff had undergone safeguarding training. One staff member said, "It's (safeguarding) a constant reminder for me. It's so it doesn't become habitual. We work as a team and we work in pairs and remind each other about things."

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

- Staff encouraged people to be involved in the development of the service. Meetings were held with staff to seek their feedback while people had keyworker meetings to review their support and determine what outcomes they wanted to achieve. One staff member said, "She's brings me in reviews as I'm key worker for two residents."
- Staff told us that the manager was proactive in seeking their feedback on how to improve support. Many staff had worked at the home for a long time and felt the manager valued their opinions and knowledge of people's needs. One staff member said, "I've got fantastic support from them (management). Their feedback to me is great. They've asked me feedback on the running of the service, and this is one of the best places I've worked for. The team spirit in this company is excellent." One professional said, "(The manager) appears to work well with other members of staff at Duckyls and I feel like they have a low staff turnover in part due to the careful management from the team there."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a relaxed and informal atmosphere around the home. People looked happy and staff were observed providing a person-centred approach. The culture of staff and the home was to promote a flexible and person-centred approach to support. One professional commented, "Staff willingness to make sure individuals do what they want in terms of their own interests, regardless of time of day. An example of this is one of the people who lives there prefers to go to a church service in the evening. Frequent drop offs and pick-ups are spoken about 'after hours' and making sure people get into town for work/volunteering/meals seems to genuinely happen."
- People, staff and relatives spoke highly of the managers patient and inclusive approach. One staff member said, "It's fantastic, I love it. The residents are amazing, but I've also got the best manager that I've had. And colleagues. It's a very close team and we help each other."
- Staff acknowledged the manager's need to make improvements, and strengthen their roles, since the last inspection in areas such as training, staff awareness and practice with regards to safeguarding and MCA. Staff told us that the manager had implemented these well. One staff member said, "She's slowly built it in the routine and been very patient with us. It's been standard for her and she's still very patient."

Continuous learning and improving care; Working in partnership with others

- The manager had worked closely with local authorities and CQC since the last inspection to ensure compliance and to continuously improve. Links with other local homes and attendance at management forums had ensured the manager was able to access information and support from other professionals and home managers.
- Staff had developed positive working relationships with a range of health and social care professionals. Staff had formed good links with professionals in areas such as CLDT, SaLT, local authorities who funded people's care and GP's.
- Professionals we spoke to were complimentary about staff's approach to the people at the home and maintaining contact with specialists to enhance peoples care and support. One professional said, "I am always kept updated with any change in need, appointments and involvement from the local Learning Disability Team/health Services. They ensure family are involved throughout and support visits home either by using the home transport or by supporting on public transport." Another professional said, "People who work there seemed, and still seem, committed to the people they support and asked questions around recommendations made and followed them closely."