

Tablehurst Farm Limited

# Tablehurst Farm Cottage

## Inspection report

Off London Road  
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East Sussex  
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### Ratings

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

# Summary of findings

## Overall summary

This unannounced inspection took place on 13 October 2016. This residential care home is registered to provide accommodation and personal care for up to three people. At the time of our inspection there were three people with a learning disability at the home. Tablehurst farm cottage is situated on a working farm and people who live in the cottage are also fully involved in the day to day operations on the farm.

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.

People felt safe in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required to keep them safe and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job. People had risk assessments in place which identified and managed people's known risks. There were appropriate procedures in place to administer medicines.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People had their healthcare needs managed in a way that was appropriate for each person and people's nutritional needs were supported and managed with each person.

People received support from staff that treated them well and prioritised their needs. People were relaxed and comfortable around staff and staff understood the need to respect people's confidentiality. People were supported to maintain good relationships with people that were important to them.

Care plans were written in a person centred manner and focussed on empowering people. People were encouraged to make their own personal choices and to be in control of their own lives. Care plans detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People at the home spoke positively about the management team and the culture within the home focussed upon supporting people to be independent. Systems were in place for the home to receive and act on feedback.

## 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.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the

home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted people's independence in a supportive and collaborative way.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home and their relatives knew how to raise a concern or make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in post who had the skills and knowledge to manage the service competently.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Staff worked together as a team to ensure people's needs were met in a person centred way.

# Tablehurst Farm Cottage

## **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 13 October 2016 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with three people who lived at the home, received written feedback from one relative, we spoke with two members of care staff, the team leader and the registered manager.

We looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, meeting minutes and arrangements for managing complaints.

## Is the service safe?

### Our findings

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said "There's always someone [a member of staff] around if I need them." Care staff told us that there was enough staff available to meet people's needs. People told us how they were supported by staff in the morning before they went to work and again when they returned home.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff was able to explain the safeguarding procedures that were in place and understood how they could report any concerns. We saw that there had not been any recent safeguarding referrals but the team leader confirmed their understanding and confidence to do so if the need arose.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person said, "I feel safe here, it is great." Care staff were able to explain the measures that were in place to support their needs, particularly around managing behaviours. Staff understood the varying risks for each person, and took appropriate action. For example, there were clear guidelines for staff about recognising the individual signs of a person becoming anxious and the various techniques that were in place to divert and distract people. Staff understood people's risk assessments and ensured people's care was in accordance with them. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed, and staff raised their concerns with the management team and action was taken to meet people's needs and keep people safe.

People were protected from receiving care from staff that were unsuitable to work in the care sector. Staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who lived at the home, and staff employment histories were checked with previous employers.

There were appropriate arrangements in place for the management of medicines. No one currently using the service was prescribed regular medication; however the provider had the systems and processes in place if someone did require medicines.

## Is the service effective?

### Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. The team leader told us that staff continue to shadow and be supervised until they are confident and competent to look after each person, no matter how long this takes. Staff completed a set of mandatory training courses which included health and safety, first aid and safeguarding adults.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with changes in people's needs or routines. Staff meetings also took place which was also used as a group supervision session due to the small numbers of staff who worked on the service.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions about their daily activities. We observed that staff discussed actions, activities and decisions with people to ensure their understanding and the consequence of their actions. Staff ensured they received people's consent to support them with their personal care.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person needed support to maintain their weight. Staff provided support and encouragement for people to follow the advice and guidance from the GP. Staff ensured that people were encouraged to eat and drink regularly. One person told us how they were supported in the kitchen to bake chocolate brownies and that they could make them on their own now". It was clear through talking to staff and people that people were encouraged and supported to be as independent as possible.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. People were supported to attend GP and other healthcare appointments and make decisions about attending

health screening.



## Is the service caring?

### Our findings

People told us that the staff were kind and treated them well. One person said, "I like all the staff" One relative told us "I have trust and confidence in the staff supporting my relative." Staff demonstrated a good knowledge and understanding about the people they cared for. They knew how to support people's needs and anxieties and were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they had friendly and professional relationships together.

Staff were knowledgeable about the issues that caused people anxiety and distress and adapted their communication methods to help resolve any tension. Staff were patient, reassuring and helped people in a way that was specific to them. We observed that staff took time to understand the cause of people's anxiety and offered reassurance throughout. There was a calm, relaxed and positive atmosphere throughout the home which focussed on people's individual needs.

People were relaxed and comfortable around staff. Staff were engaging and encouraging and provided a person centred approach. Staff spoke proudly about the progress and self-development people made whilst living at the home. We saw that staff praised people throughout their daily activities and ensured that people were able to make choices about what they did.

Staff understood the need to respect people's confidentiality and understood they should not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was recorded in confidential documents or discussed at staff handovers which were conducted in private. Staff respected people's privacy and worked with people to ensure their needs were met in the way they preferred. Staff knocked on people's bedroom's doors and waited until people responded before entering.

Care plans included people's preferences and choices about how they wanted their care to be given and we saw that this was respected. People had been involved in deciding on the care and support they required and this was documented in people's care plan. One relative told us "I was fully involved in supporting with the care plan; we are always consulted and kept up to date." People were given opportunities to make their own choices, for example with regards to daily activities, outings and food options. One person's care plan stated "I take pride in my appearance and want to wear my smartest clothing when I am going out." Care staff told us that this was really important to the person and it was clear that the person was supported with their wishes.

We observed that the care staff provided personalised care which supported people's individual requirements. Staff were encouraging and attentive but showed boundaries and professionalism when required. For example, if people were invading other people's personal space or were behaving in an unacceptable manner which upset or distressed other people, staff intervened using taught techniques to redirect people to different activities or areas of the home. It was clear in people's care plans how people expressed their anxieties and how to redirect and support people at these times.

Staff demonstrated their understanding of decisions that may require support from an independent advocate which could include decisions around handling their money or moving house. No-one currently required the support of independent advocacy services because their relatives were always involved at the person's request to support with bigger decisions.

People were supported to maintain relationships with people that were important to them. Relatives and friends were able to visit people at the home if they wished. Some people went on planned overnight stays with their relatives on a regular basis. One person told us "I'm going home next weekend; I'm looking forward to it." Another person was supported through technology to 'skype' their family members on a weekly basis.

## Is the service responsive?

### Our findings

People were assessed before they received care to determine if the service could meet their needs and that the person wanted to be involved in the day to day activities on the working farm. There had been no new people using the service for a number of years.

Initial care plans were produced in conjunction with people's social care managers, staff and the person receiving care. People's needs were continually assessed and care plans were updated as people's needs changed.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. For example, information about people's past history, where they had previously lived and what interested them, featured in the care plans that staff used to guide them when providing person centred care, and staff used this information to have meaningful conversations with people. For example, we heard staff talking to one person about when they would next see their family.

People living in the home had profiles which detailed a summary of key information about each person and how they liked to be supported. We saw that one person had their own routine in the morning and to support them to not overuse their toiletries they were put into smaller containers; this enabled the person to continue to be independent in this area. People were able to choose if they spent time in their bedrooms or in communal areas and staff respected this but encouraged people to participate in social activities if they wished.

People were supported to participate in activities they enjoyed and that had a positive impact on their quality of life. For example, people were supported to complete their own laundry, shopping and other daily living tasks, and staff offered person centred support as necessary. People were also encouraged to participate in social activities such as swimming and horse riding and visiting the library.

People were involved in planning their care and setting goals for themselves. It was clear when people had reviews of the service they received that goals were identified in a person centred way and there was evidence that people had achieved their goals. For example, one person requested to work in a café and we saw this person had the opportunity to do that. Another person wanted to try horse riding and we saw that this was now a regular activity for them.

People said they knew how to complain and felt confident that their concerns would be listened to. One person told us "I would tell [staff member] or my [relative] if I wasn't happy." There was a complaints policy and procedure in place and the provider was in the processes of developing an easy read document which people using the service would benefit from.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. They understood their responsibilities which included notifying the commission of incidents or changes to the service.

The registered manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The registered manager ensured that staff had clear communication with all their staff. One relative said "The manager ensures that Tablehurst provides a proper home, rather than just a service."

The culture within the home focused upon encouraging people to live fulfilled and independent lives. Staff were committed to providing a high standard of personalised support and staff were focussed on the outcomes for the people who lived at the home. Staff worked well together and as a team, and they ensured that each person's needs were met. Staff clearly enjoyed their work and enjoyed working with the people that lived there.

People who used the service and relatives told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided. One relative said they would "strongly recommend the service to other families."

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had easy read surveys that they could express their views and add their own comments. People had provided positive feedback about the kindness of staff and the care they had provided.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to provide supervision, training and learning from situations.

The service was continually monitored by the registered manager and staff for it's' effectiveness in keeping people safe and progression towards independence. Where issues had been identified the registered manager had taken action to improve the service. The registered manager was in the processes of developing more robust auditing tools which would ensure that there was continuous development within the service.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and were in the process of being updated to provide the most recent guidance to staff.