

# Easterbrook Farm Limited

# Easterbrook Farm

## Inspection report

Easterbrook Farm, Exbourne, Okehampton,  
Devon EX20 3QY  
Tel: 01837 851674  
Website: [www.easterbrookfarm.co.uk](http://www.easterbrookfarm.co.uk)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 27 May and 2 June 2015 and was unannounced. The service had been previously inspected in December 2013 and found compliant.

Easterbrook Farm provides accommodation with personal care for up to 12 people over the age of 18 who have a diagnosis of a learning disability and/or autistic spectrum disorder. The home is located on a farm with several accommodation buildings including the original farmhouse where four people live, a unit called the Granary where seven people live and a third unit called

the Shippen where one person lives. The main office is located in the Granary building. All the people living at Easterbrook Farm had done so for over a year and some had lived there for four or more years.

The previous registered manager had left in July 2014. At the time of the inspection in June 2015, the Care Quality Commission (CQC) was in the process of de-registering the registered manager. This was because the registered manager had not de-registered themselves voluntarily despite requests by both the provider and the CQC.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers and nominated individuals, they are

# Summary of findings

‘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 nominated individual said they were in the process of making arrangements for a new registered manager. In the interim, they had taken an active role in the day to day management and were supported in this by a deputy manager who had taken on additional responsibilities.

The service provided to people living at Easterbrook Farm was delivered by sufficient knowledgeable staff, who had been trained to support people with learning disabilities. Many of the staff had supported the people living there for many years and showed an in-depth knowledge of people’s needs and aspirations. Staff were supported to undertake training to support them in their role, including nationally recognised qualifications. Staff received regular supervision and appraisal.

Staff recruitment processes were not always safe as references were not always fully checked.

People said they liked living at Easterbrook Farm and found the staff kind. They were offered a wide choice of activities both on the farm and in the community and chose what they wanted to do each day. These activities included helping with horticulture and animals, swimming, attending drama workshops and music sessions, going to the pub and going away for weekends to music festivals. People had dedicated staff time where two people would be supported by a member of staff to do an activity of their choice. Staff communicated with people using a range of methods including the use of simple sign language and pictures to aid understanding.

People’s needs and risks were assessed and care plans were developed to support them to be as independent as possible. Daily notes reflected the care described in the care plan. Where concerns about a person were identified, staff discussed how they could best address them. Changes were then written up in care plans and in the staff communications book, which staff signed to say they had read. Staff were aware of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguard requirements and took them into account when working with people.

Most medicines were stored, administered and recorded safely, although medicines which required to be kept refrigerated were stored in a locked food refrigerator, rather than in a dedicated medicines refrigerator. Staff said they would contact the pharmacy to arrange alternative chilled storage facilities specifically for medicines.

Although there were audits undertaken to ensure the safety and quality of the home, some audits did not identify some issues. These included checks which had been undertaken of new staff files and checks on the administration of medicines. However senior staff said they would review these checks and ensure that these areas were addressed.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were supported to have a healthy balanced diet which they were involved in growing, shopping for and preparing.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not completely safe.

People were at risk of abuse as staff had not always been recruited safely.

Most medicines were stored and recorded using safe systems and practices. However we found medicines which needed to be kept cool were stored in a refrigerator which also contained food. Staff did not always administer medicines safely.

There were sufficient staff to support people at all times of the day and night, both in the home and when they went out.

Risk and needs assessments had been carried out and care plans developed to meet people's needs. Where changes to a person's needs were identified, staff reviewed the assessments and plans, modifying them where necessary.

**Requires Improvement**



### Is the service effective?

The service was effective.

Staff were trained and knowledgeable about the people they worked with.

The service had applied for a Deprivation of Liberty Safeguards authorisation for one person as they recognised that they lacked capacity and needed to be restricted in some areas of their life. However, the staff worked to ensure that any restrictions were kept to a minimum and were in the person's best interests.

Staff communicated with people using a variety of verbal and non-verbal communication methods with some people including picture boards.

People's consent was gained before staff supported them and took into account the person's preferences.

Health and social care professionals were involved in supporting staff to provide care for people.

People were supported to have a healthy balanced diet which they helped to choose and prepare.

**Good**



### Is the service caring?

The service was caring.

People were proud to show us their Person Centred Plan (PCP) which they had developed with the help of staff. They described how they had been helped by staff to achieve ambitions and goals they had set themselves.

**Good**



# Summary of findings

Staff knew the people well and recognised and responded to their moods, working with people flexibly to ensure they were able to meet their needs and wants. People were clearly happy and friendly with staff, eating meals together and talking in a relaxed way about things they had done and were going to do.

People living at Easterbrook Farm said they liked the staff and they were caring. Staff were observed supporting people with kindness and patience.

Family and friends were encouraged to visit and staff supported people to maintain contact with their relatives in between visits. People, relatives and staff all said they were looking forward to the annual summer party which they said was really enjoyable.

## Is the service responsive?

The service was responsive.

People had risk and needs assessments in place and care plans had been developed to address these needs. Assessments and care plans were reviewed regularly and amended when a new concern was identified.

Daily notes showed that staff delivered care according to the plans.

People were able to take part in activities both on their own and as a group. Activities were chosen by people according to their preferences and people were supported to undertake activities both within the home and in the community. Staff looked at innovative ways to support people to become more independent.

People were aware of how to make a complaint. Although complaints had not always been addressed in a timely manner in the last year, action had been taken to address these concerns and ensure that complaints were responded to and resolved within reasonable timescales.

Good



## Is the service well-led?

The service was well led.

Although the registered manager had left in July 2014, the nominated individual had taken on more day to day responsibility for the care provided working with senior staff to ensure that care was delivered according to the vision and values described by the provider. The nominated individual had informed the CQC of the changes to management arranging for a replacement registered manager.

People and their relatives were consulted about the service and improvement plans put in place to address concerns.

There was good communication at all levels between staff and staff were kept informed of changes to people's care through a communication log and staff hand over meetings.

Good



# Summary of findings

The nominated individual and staff actively engaged with the local community to build relationships. This included working with local groups to put on shows, selling produce grown and made on the farm to the community and getting involved in nature conservation projects with nature charities.

# 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 27 May and 2 June 2015 and was unannounced.

The inspection team comprised of one inspector.

Before the inspection, we reviewed information we held on our systems. This included previous inspection reports and the statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to Care Quality Commission in August 2014.

During the two days of inspection, we met all twelve people using the service. We talked with the nominated individual (NI) and five staff, including care and administrative staff.

After the inspection we talked with four relatives and six health and social care professionals who worked with people at Easterbrook farm

We looked at care records which related to two people's individual care including their person centred plan and also reviewed five people's medicine records.

We looked at two records of staff, one of whom had started working at the home in the last twelve months.

We reviewed records which related to the running of the home, including staff rotas, supervision and training records and quality monitoring audits.

# Is the service safe?

## Our findings

People said they felt safe and happy at Easterbrook Farm. Relatives described the staff as “fantastic” and “all staff are wonderful”. Another relative said the home gave them “peace of mind” as their son was safe there.

However, people were not always protected from abuse and harm at Easterbrook Farm as staff recruitment procedures were not robust. For example the references for a recently recruited member of staff were not adequate. We discussed this with the nominated individual who said they would review their procedures and ensure that in future references were fully checked. Disclosure Barring Service (DBS) checks had been undertaken before staff were allowed to work at the farm. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People’s medicines were not always stored or administered appropriately. None of the people at Easterbrook managed their own oral medicines, although records showed that some people did administer their own creams. People’s oral medicine was stored in securely locked cabinets and administered by staff who were trained in medicine administration. However, medicines which needed to be stored in refrigerated conditions were stored in plastic cartons in a locked refrigerator which was also used to store food. We discussed this with a senior member of staff who said that the pharmacy had promised to supply a dedicated medicine refrigerator and they would contact them again to get this delivered as soon as possible. Following the inspection, the provider confirmed that a dedicated medicines refrigerator had been installed and was now in use.

We were also told by a senior member of staff that staff would routinely decant medicines for more than one person into individual pots and then deliver them to people. This was not safe as medicines for each person should always be dispensed one at a time to avoid any risk of a ‘mix-up’. The senior member of staff said they would alter practice and ensure that in future this practice did not occur.

We discussed with senior staff, a support plan which had been drawn up by a health professional for one person who needed to have medicine administered nasally in certain

circumstances. Staff said they were unclear about how to administer the medicine by this method. We subsequently spoke with the health professional who said they had advised staff at the time of writing the plan to ensure that they received training to support them in this practice, which had not happened. This meant that the person was at risk of not receiving medicine safely in the event that staff were unable to administer the medicine orally.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person, who needed to carry medicine with them on their person in case of need, was supported by staff to ensure that they had this available when they were away from the home. There were systems in place to record when medicines were administered and records showed that these were adhered to by staff. There were also systems in place to audit the stocks of medicines and these had been completed accurately.

Staff were able to describe the types of abuse and how to safeguard people from them. Staff had received training in safeguarding vulnerable adults and were able to explain how they would put this into practice to support people, if necessary. There was evidence that where a safeguarding concern had been identified, appropriate actions had taken place to address the concern.

People’s needs had been assessed and, where risks were identified, there were care plans in place which addressed these. However, the 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. When we discussed this with the person, they said they did not consider themselves to be at any particular risk of falls and were able to walk by themselves around the farm independently. We subsequently discussed this with the nominated individual, who agreed that the person was not at any greater risk of falling than a member of the public. They agreed to review risk assessments and care plans to ensure that they focussed on people’s actual needs rather than every possible concern that any person might be at risk of.

## Is the service safe?

There was evidence that people's needs had been assessed and staffing levels had been established to support their needs. Staff described how, when one person had been unwell, staffing had been altered to ensure that they were checked on regularly at night.

The rota showed there were sufficient staff on duty to enable people to undertake group activities of their choice. People also described having a specified day when they, together with one other person could go out with a member of staff to do something of their choosing. A member of staff described taking two people out who chose to go for a walk on Dartmoor during the second week of inspection. They said that the two people they worked with were paired together with each other and with the worker as they all enjoyed each other's company and had similar interests.

There were sufficient staff who were trained to support people both on the farm and when going out. In addition to care workers, there were two horticulture staff who were also working in a care worker role with people when they helped on the farm. There was also a chef who supported people to help in the kitchen preparing meals for the people living on the farm. These staff were all qualified in their specialist areas and were also all working towards a diploma in health and social care level 2 to support them in their caring role.

Staff records showed that where a concern about a member of staff's practice had been identified, appropriate action, including disciplinary measures, had been taken to address the concern with the member of staff to reduce the risk of recurrence.



# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. Staff received an induction when they first started working at Easterbrook which met the nationally recognised standards set by Skills for Care. Staff records showed that new staff had completed their induction. The induction standards had recently been reviewed and it was planned that any newly appointed staff would, in future, undertake an induction which was aligned to the national Care Certificate which was introduced in 2015.

Staff were supported to undertake nationally recognised qualifications and all care staff working at Easterbrook Farm had either completed, or were working towards, an appropriate qualification. Some staff had also completed a Learning Disability Awards Framework (LDAF) in the past. Staff were also supported to complete other relevant training including safeguarding vulnerable adults, fire warden, manual handling, epilepsy and first aid. Training was delivered through a combination of face-to-face courses and workbooks which were externally marked by a training provider.

Staff said they received supervision every three months and records showed there were systems in place to monitor supervision and annual appraisals had taken place. There was evidence in supervision records that concerns had been addressed with staff to support improvement in practice.

Staff communicated with people they were working with effectively, using a range of communication methods. In addition to communicating verbally in a clear, calm and unhurried way, staff also used other forms of non-verbal communication. For example, one member of staff used simple sign language with a person who had limited verbal communication.

Health and social care professionals said staff were very good at communicating with them about any concerns. For example, one health professional described how staff had contacted them as they felt they needed additional support in communicating with people using pictures and images. They said they had worked with the staff to introduce and improve the communication methods staff used including the use of Makaton and talking mats. Makaton is a language programme using signs and symbols to help

people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. Talking mats are a system to enable people to use, pick and arrange pictures to describe something they wish to communicate to others.

People's physical and mental health needs were addressed by staff working with health professionals including their GP, dentist, a psychiatrist, the learning disability team, the local hospital, a speech and language therapist and a chiropodist. Care records showed examples of staff arranging appointments with a person's GP when they had concerns about a particular aspect of their physical health and making appropriate follow up appointments to ensure the concerns were fully addressed. There was also evidence that staff had taken action to support a person to have blood samples taken by a community nurse practitioner when they had been too worried to visit the GP surgery. A health professional said they had found staff to be really constructive in supporting the person, providing encouragement and reassurance so that now the person was able to have blood samples taken without any problem.

People were encouraged to eat healthily and have drinks throughout the day. Meals were used as an opportunity for people to sit down together with staff and chat about their day in a relaxed atmosphere. People were encouraged to eat at their own pace, for example one person who was slower to eat than others was not rushed and ate his meal in his own time.

Most people were able to prepare their own breakfast as well as snacks and drinks throughout the day. Staff supported those people who were not able to manage this. The lunchtime and evening meals were prepared and served by a chef and each day one person living at Easterbrook Farm would help with the preparation. It was evident that people enjoyed doing this and one person described how proud they were to be able to help cook meals each week. People living on the farm had a weekly meeting at which they decided the evening meal menu for the week, based upon a majority decision. Meals included wherever possible, produce from the farm such as eggs, vegetables and fruit which people had been involved in growing. For example, kale picked on the farm was a

## Is the service effective?

vegetable served at the evening meal on the second day of inspection and pickle which had been made from fruit and vegetables the previous year was served with the lunch on the first day.

People's consent was sought before any care was given and staff respected people's wishes if they did not want to receive care at a particular time. Staff knocked on people's bedroom doors before entering the room and spent time asking them what they wanted to do before helping them to do it.

People were free to move between different buildings on the farm and also to spend time on their own in their bedrooms. Where people had restrictions, their capacity to understand had been assessed as part of a best interest assessment involving the person, their family, staff who

supported them and health and social care professionals. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Best interest decisions were clearly recorded and sensitively made. Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum. One application had been made under the Mental Capacity Act (MCA) 2005 for a Deprivation of Liberty Safeguards authorisation, which had not yet been assessed. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff had undertaken training in MCA and understood the need to support people taking this into account.

# Is the service caring?

## Our findings

People said they liked the staff and that they were caring. One person said they “really liked [staff name] who takes me out on my two-to-one days”. Another person described staff as “really nice.” A relative of a person said the staff were “really caring” and described how much their son liked living at Easterbrook by commenting “he doesn’t always want to come home, he enjoys it so much.”

Some relatives and social care professionals said that there had been a significant improvement in the ‘feel’ of the home in the last nine months. They said that people and staff were much happier and more relaxed than they had been. They said that communications with them and the people living in the home had greatly improved.

Throughout the two days of inspection, staff showed care, patience and understanding of people’s needs. People were relaxed, happy and chatted with staff about what they wanted to do. People and staff all said how much they were looking to the home’s summer party in July when friends and relatives came. One person said “it’s really great; we have lots of lovely food.”

People living at Easterbrook Farm, each had a person centred plan (PCP) which they had developed with the help of their key worker. In the PCP, they had captured pictures of what they were interested in as well as photos of themselves achieving their aspirations and goals. People kept their own PCP and would update it with staff’s help to ensure it reflected their current aspirations. For example, one person showed us pictures of a trip they had taken and described how much they had enjoyed it.

Most staff had known the people for a number of years and were able to quickly discern if something was worrying or troubling them. Staff talked to people about their activities, for example some people had been at a theatre group on the first day of inspection and staff asked them how it had gone and whether they had enjoyed the day. Another person had a conversation with a member of staff about getting their hair dyed a different colour for the forthcoming party.

Staff supported people to have meaningful relationships with friends outside the home. For example one person said they had gone out for a meal to a local pub on Valentine’s Day with a special friend. They also respected that people had the right to privacy. People had keys to their bedrooms and were able to lock them at night and when they went out. Staff described how some people would sometimes spend time in their bedroom, if they wanted “private time”.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. People were encouraged to get involved in decisions about the décor of the home. Staff said that people could choose decoration for their bedrooms and the communal areas in which they lived. People were supported to manage their own money and spend it on things or activities they wanted. For example one person said they had recently bought a DVD about cars which they were interested in.

Family and friends were encouraged to visit whenever they wanted and staff supported people to have regular and frequent contact with relatives by phones and computers to video link with them.

# Is the service responsive?

## Our findings

People received personalised care which had been planned to meet their individual needs. Care records contained details including a personal profile, which described their likes and dislikes, their fears and their preferred routines. The care records also included detailed risk assessments. The care records had been reviewed regularly and were up-to-date. However there were some comments in care plans which did not show respect for the individual. For example, one person's care plan had statements including a description of the person talking in a "silly baby voice" and also statements such as "I have at times made stories up about people and events". We discussed this with senior staff who said the comments had not been written by the person, but by the key worker. They said they would review the care plans with the key workers and the person to ensure they did not contain disrespectful comments which did not reflect the person's own view of themselves.

In addition, people had a person centred plan (PCP) which provided information about what had done, what they enjoyed and what they wanted to achieve. People had been actively involved in developing the PCP and stored this in their bedrooms. Two people showed us their PCP, and were able to describe how they had helped to put it together with information about themselves which they considered important. This included details about their family, friends, pets, previous history as well as their future goals. We discussed whether, if people were happy to share it, it would be helpful for staff to have a second copy of the PCP in the office in with the other elements of the care records. Senior staff said they would discuss this with people and staff.

Daily notes showed that staff followed the information in the care plan and recorded not only what had happened but also where there were concerns. There was a communication book which alerted staff coming on duty about any changes or concerns that they needed to be aware of, including any appointments that people needed to attend, changes to medicines or observations that staff on duty had made. Staff signed to say they had read these, which meant that it was easy to ensure staff had access to the necessary up-to-date information to support people on each shift. There was evidence in care records that staff took the necessary actions when these instances occurred.

People were encouraged to take part in activities they enjoyed either on their own or as a group. For example, one person said they enjoyed cooking and staff supported them to make cakes as well as meals. Another person said they really enjoyed working outdoors and had their own allotment on the farm where they grew strawberries which they liked to eat. They also liked looking after the two Dartmoor ponies and the chickens which were kept on the farm. Another person said they preferred doing activities such as drama and music so went with some others living at Easterbrook to groups run by external organisations. One relative said their daughter was going to be in two productions over the coming weeks which they were really excited about. The relative described how they were looking forward to seeing both productions.

A weekly meeting was held with people and staff each weekend. People said the meeting provided an opportunity to discuss activities for the coming week, plan menus and also discuss any concerns and preferences they had. For example, people had said that at a festival they were planning to attend as a group, they did not want to camp. The staff had therefore arranged that accommodation for the festival would be in caravans, rather than tents.

Complaints and concerns had not always been addressed in a timely manner and to a satisfactory conclusion. One relative said they had raised a number of concerns in the past by email over a period of nine months in 2014, which had not been addressed to their satisfaction. They said that the situation had improved more recently and they were more confident that staff would now respond to them adequately and promptly. People and other relatives said they could talk to senior staff and the nominated individual if they had concerns.

People were aware of how to make a complaint and could access advocates if they wanted or needed to.

Families were kept informed and seen as important contributors to people's care and welfare. A newsletter was sent to family and friends of people living at Easterbrook Farm which provided an update on changes, reviews of what had happened in the previous months, photos of staff and people undertaking activities and future developments planned. For example in the Spring 2015 issue, there was information about plans to create a new dining room and an update on horticulture developments. The issue also

## Is the service responsive?

provided information about staff and their qualifications, arts and craft sessions which people had undertaken at Christmas and feedback from them about what they had enjoyed taking part in.

# Is the service well-led?

## Our findings

At the time of the inspection, the Care Quality Commission (CQC) was in the process of de-registering the registered manager, who had left the service in July 2014. This was because the registered manager had not de-registered themselves voluntarily despite requests by both the provider and the CQC.

The nominated individual said that they were in the process of arranging for a new registered manager. In the interim, they had taken an active role in the day and were supported in this by a deputy manager who had taken on additional responsibilities. Staff said they felt well supported and able to ask questions of the deputy manager if they had a concern. However, some staff, relatives, health and social care professionals said they were concerned about the lack of a registered manager.

The provider had conducted recent surveys for people using the service and for relatives in 2015. These showed high levels of satisfaction with the service provided as well as suggestions for ways the service could be improved. Staff said these would be reviewed to see what actions needed to be taken to address any issues raised.

There were systems to ensure staff were kept informed about the service and could express their opinions, views and ideas. However, staff said that they did not always feel that their opinions were valued fully and at times, decisions were made that they did not feel consulted about and did not agree with.

The service promoted a positive culture which involved the local community. For example, people helped to produce

items including chutneys and jams which were sold from a stall at the farm and also sold at local events. People living at Easterbrook Farm visited the local pub and also engaged in other community activities including putting on shows with a local drama group and a local music group. People were also involved in activities to support and improve the environment including taking part in a survey being carried out by the Nature Improvement Area (NIA) and working with the Devon Wildlife Trust on projects in the farm's woodland areas.

There were systems in place to monitor the quality of services. This included regular audits and checks to monitor and improve the quality of care and service. For example, during the inspection, a care worker worked with a person to do the weekly maintenance check.

Other audits included safety checks, checks of the administration and stocks of medicines, training supervision and appraisal of staff and care records. However, a senior member of staff said they had not been aware of the issue of administering two sets of medicines simultaneously using pots and therefore had not picked these issues up through the audits. They said they would ensure that in future this would be checked. The nominated individual also said in future the audits which were carried out on staff recruitment processes would ensure that there were checks on the appropriateness of references.

There was a log of incidents which was reviewed regularly. An analysis of accidents and incidents was undertaken to establish whether there were any patterns or trends, which might help support a reduction in recurrences.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided safely. Medicines were not always administered safely. Staff had not had training to support them to administer medicine nasally. Regulation 12 (1)(2)(g)</p>