

Easterbrook Farm Limited

Easterbrook Farm

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Easterbrook Farm is a residential care home providing accommodation and personal care to up to 12 adults with learning disabilities. Accommodation is centred around a courtyard, with bedrooms located in three separate buildings called the Farmhouse, the Granary and the Shippen. At the time of our inspection there were 12 people using the service.

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

Right support: Model of care and setting maximises people's choice, control and Independence;

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person commented, "I am happy here. I feel safe." Other people were not able to comment on their safety. However, their body language while interacting with staff was relaxed and positive, which indicated they felt safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. There were comprehensive risk assessments in place covering all aspects of the service and support provided.

Medicines were managed as necessary. Infection control measures were in place.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. People commented, "It is the best here. My keyworker [staff member's name] helps me with things" and "I love living here." A relative commented, "The staff are lovely and provide absolutely wonderful care."

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives;

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Easterbrook Farm. For example, people were constantly encouraged to lead rich and meaningful lives.

People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support.

The service worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

The last rating for this service was good (published 12 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Easterbrook Farm 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Easterbrook Farm

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 carried out by one inspector.

Service and service type

Easterbrook Farm 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. Easterbrook Farm 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 6 members of staff, which included the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included 4 care files and 3 staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

After the inspection

After our visit we sought feedback from relatives to obtain their views of the service provided to people. We received feedback from 4 relatives. We continued to seek clarification from the provider to validate evidence found.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person commented, "I am happy here. I feel safe."
- Relatives commented, "I have no worries or concerns about [person's name] safety" and "Easterbrook Farm provides [person's name] with a safe, caring place to live, where he feels part of the family (he would consider staff to be part of that) and gives him a degree of independence if he chooses."
- Other people were not able to comment on their safety. However, their body language while interacting with staff was relaxed and positive, which indicated they felt safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had access to the provider's policies on safeguarding and whistleblowing. Safeguarding was a regular topic in staff supervision to ensure staff had the opportunity to discuss any concerns.
- Staff knew people very well and could recognise if a person was worried or unhappy. This meant any concerns about people's wellbeing could be identified and followed up.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One person commented, "I feel safe here."
- There were comprehensive risk assessments in place covering all aspects of the service and support provided.
- The service worked in partnership with people to understand and manage risks. Information was provided in an accessible format according to their individual communication needs. This meant people could participate meaningfully in assessing risks and developing support plans. It created a positive culture where people could participate safely in a range of activities of their choosing.
- Staff were trained to monitor, anticipate and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed.
- Support plans contained clear guidance for staff about how to recognise and manage risks, for example when people were experiencing emotional distress.
- People's support and records were monitored and reviewed frequently. This meant any issues or improvements needed were identified and communicated to staff promptly.
- There were effective systems in place to ensure information about any changes in people's needs was shared across the staff team.
- People were referred for support from external health professionals when this need was identified.
- There were governance systems which ensured the environment and equipment were effectively

maintained. Checks included, hot water temperatures, fire safety, window restrictors and equipment to aid people's independence.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

Staffing and recruitment

- The number and skills of staff matched the needs of people using the service.
- Every person's record contained a clear profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. 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

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- Staff made sure people received information about medicines in a way they could understand.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

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.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Updated training and refresher courses helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A staff member commented, "Absolutely, well supported, great team. [Registered manager] is very approachable."
- Staff could describe how their training and personal development related to the people they supported.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

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

- People received support to eat and drink enough to maintain a balanced diet.

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Multi-disciplinary team professionals were involved in and made aware of support plans to improve people's care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital.
- People were supported to attend annual health checks, screening and primary care services.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

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

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.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff saw people as their equal and created a warm and inclusive atmosphere.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. People commented, "It is the best here. My keyworker [staff member's name] helps me with things" and "I love living here."
- Relatives commented, "The staff are lovely and provide absolutely wonderful care"; "We continue to be very happy with the care provided for [person's name] and the support which the staff provide both to [person's name] and also to us. The staff are able to support [person's name] in all that he does and are very experienced in managing [person's name] needs and are able to divert him away from any issue or concern which may cause him to get upset" and "The support [person's name] gets at Easterbrook is ideal for his needs. Having his own room and personal space is very important to him."
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual's sensory perception and processing difficulties.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people.

Supporting people to express their views and be involved in making decisions about their care

- People were given time to process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff routinely sought voluntary work, leisure activities and widening of social circles.
- Staff knew when people needed their space and privacy and respected this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.
- People were supported to understand their rights and explore meaningful relationships.
- People were supported with their sexual orientation, religious, ethnic and gender identity without feeling discriminated against.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- The service met the needs of people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were visual structures, including objects, photographs, use of signing, gestures and symbols which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to

facilitate communication and when people were trying to tell them something.

- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.
- There was individualised support such as tailored visual schedules to support people's understanding.
- Staff were trained and skilled in using personalised communication systems.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- People were supported by staff to try new things and to develop their skills.
- Staff helped people to have freedom of choice and control over what they did.
- Staff enabled people to broaden their horizons and develop new interests and friendships.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and knowing people's behaviours when unhappy. Relatives were also made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- The service had not received any formal complaints. However, the provider recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. If that changed, the registered manager told us they would consult with the person, their relatives and health professionals to ensure they received care in line with their needs and preferences.

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- The registered manager worked directly with people and led by example.
- Staff felt respected, supported and valued by the registered manager which supported a positive and improvement-driven culture.
- The provider promoted equality and diversity in all aspects of the running of the service.
- The provider set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- The provider and staff put people's needs and wishes at the heart of everything they did.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Easterbrook Farm. For example, people were constantly encouraged to lead rich and meaningful lives.

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

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Systems were in place to monitor the quality and safety of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect

people's rights and provide good quality care and support.

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Staff delivered good quality support consistently.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff confirmed they were kept up to date with things affecting the overall service through conversations with the provider on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- The registered manager and their staff team were in regular contact with families, via phone calls, technologies and visits. The service recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.
- Easterbrook Farm had a keyworker system in place, which enabled people to communicate their care and support needs and experience of the care and support received on an ongoing basis with a particular member of staff.

Continuous learning and improving care

- The registered manager kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs.
- Regular reviews took place to ensure people's current and changing needs were being met.