

Canterbury Oast Trust







Holly Cottage

Inspection report

Highlands Farm
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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 22 September 2015, and was an unannounced inspection. The previous inspection on 6 November 2013 was a follow up inspection to check on breaches found during an inspection on 8 May 2013. The inspection found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to five people who have a learning disability. There were five people living at the service at the time of the inspection. The service is a purpose built

bungalow with accommodation provided on one level. It is set in a rural area on the outskirts of Woodchurch village on Highlands Farm, which is a tourist attraction and where the provider has other registered services located. Each person has a single room and there is a communal bathroom, separate wet room, kitchen and lounge/diner. There is a garden with a paved seating area at the back of the bungalow.

The service has a manager who took up post on 1 July 2015. They had submitted an application to register with

Summary of findings

the Commission and had their 'fit person' interview the same week as the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received their medicines safely and when they should. However we found some shortfalls relating to medicine management.

People were not fully protected by safe recruitment procedures, as records required by legislation were not always present on staff files. New staff underwent an induction programme and shadowed experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively. Staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Rotas were based on people's needs, activities and health appointments.

People felt safe living at Holly Cottage. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

Risks associated with people's care and support were assessed and people were encouraged to be as independent as possible and participate in household tasks and access the community safely.

People benefited from living in an environment and using equipment that was well maintained. People's needs were such that they did not need a lot of special equipment. There were records to show that equipment and the premises received regular checks and servicing. People freely accessed the service and spent time where they chose.

People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences and some pictures and photographs to make them more meaningful. They detailed people's skills in relation to tasks and what help

they may require from staff, in order that their independence was maintained. People had regular reviews of their care and support where they were able to discuss any concerns or aspirations.

People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. People felt staff were very caring and kind.

People told us their consent was gained through discussions with staff. People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. 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. The manager understood this process.

People were supported to maintain good health and attend appointments and check-ups, such as doctors, dentist and opticians. Appropriate referrals were made when required.

People planned their meals and had adequate food and drink. They liked the food and enjoyed their meals. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

People felt staff were very caring. People were relaxed in staff's company and staff listened and acted on what they said. People said they were treated with dignity and respect and their privacy was respected. Staff were kind in their approach and knew people and their support needs well.

People had a varied programme of suitable activities in place, which they had chosen. People participated in work based activities, such as horticulture and art and craft, which they enjoyed as well as leisure activities. People's family and friends were very important to them and contact was well supported by staff.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. Some staff had worked at the service for some considerable time and had built up relationships with people and were familiar with their life stories and preferences.

Summary of findings

People felt comfortable in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had all been positive.

People felt the service was well-led. The manager adopted an open door policy and sometimes worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Staff felt the manager motivated them and the staff team.

The provider had a vision, to be a leading organisation providing quality care and support for adults with learning disability. Their mission was to provide a safe and fulfilling life for adults with learning disabilities. Staff were very aware of these and they were followed through into practice.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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 always safe.

People got their medicines when they should, but some areas of the management of medicines required improvement.

Shortfalls in the recruitment of staff meant that some required records were not in place.

Risk assessments were centred on the needs of the individuals and guidance was in place to keep people safe.

There was sufficient staff on duty to meet the needs of people and support their activities and health appointments.

Requires improvement



Is the service effective?

The service was effective.

Staff received induction and training relevant to their role. Staff felt well supported and had access to meetings with their manager.

People were supported to maintain good health and attend health appointments.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded to their requests for support.

Staff supported people to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People's care was personalised to reflect their wishes and preferences, which was reflected in their care plans.

People had a varied programme of activities and were not socially isolated and staff supported people to access the community.

The service sought feedback from people and their representatives about the overall quality of the service. Any complaints and small concerns were addressed appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was an open and positive culture which focussed on people. The manager listened to people and staff, acting on their suggestions for improvement.

Staff were aware of the provider's vision and this was followed through into their practice.

There were systems in place to monitor the quality of care people received. The manager worked centrally within the service and was easily accessible to people and staff, which meant any issues were resolved as they occurred and helped ensured the service ran smoothly.

Good



Holly 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 22 September 2015 and was unannounced. The inspection was carried out by one inspector as only five people were living at the service. Due to the small size of the service it was not appropriate for the inspection to include more people on the inspection team.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information,

and we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with five people who used the service, the manager and two members of staff.

We observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, medicine administration records, the staff training and supervision records, staff rotas and quality assurance surveys and audits.

We contacted three health and social care professionals who had had recent contact with the service and received feedback from three.

We contacted four relatives of people living at Holly Cottage by telephone to gain their views and feedback on the service provided.

Is the service safe?

Our findings

People told us they received their medicines when they should and felt staff handled their medicines safely. Relatives felt medicines were handled safely.

Where people were prescribed medicines on a 'when required' basis, for example, to manage pain, there was guidance for staff on the circumstances in which these medicines were to be used. However there was no information about when staff should seek professional advice for their continued use, to ensure people received these medicines safely and consistently. One person was prescribed three different types of cream, but there was a lack of guidance on when and where the creams should be applied. This meant there was a risk that new staff or agency staff may not apply these creams as intended by the prescriber.

Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. However not all handwritten entries were dated, signed and witnessed as is good practice according to the Royal Pharmaceutical Society. One person was prescribed paracetamol four times a day and staff told us the person no longer required this medicine, but the prescription had not been updated with the doctor, resulting in the MAR chart not being up to date.

The provider had not done all that was reasonably practicable to mitigate risks in relation to management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not fully protected by recruitment procedures. We looked at three recruitment files of staff that had been recently recruited. Recruitment records did not include all the required information. There was evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), information about their health and evidence of their conduct in previous employments proof of the person's identity. However two files did not contain a recent photograph, one file did not contain evidence of the staff member's identity and the others only contain one document relating to this. One application form showed evidence of gaps in the employment history and there were

no written explanation of these gaps. Information required by legislation helps to ensure people were protected by safe recruitment procedures because required processes had taken place.

The provider has failed to have available information specified in Schedule 3 in relation to each person employed. This is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we saw that medicine administration followed safe practice. Staff were patient and explained what medicines they were giving and people knew what their medicines were for.

Staff told us that staff always checked the medicines when they arrived into the service and these checks were recorded on the MAR chart. There were systems in place for returning unused medicines to the pharmacist and for when people made overnight visits to their families.

All medicines were stored securely for the protection of people. Temperature checks were taken daily and recorded to ensure the quality of medicines used. A new larger medicine cabinet had been installed since the last inspection to improve the storage of medicines held. A stock of medicines purchased at the chemist and was held and the doctor had authorised that these could be given with people's existing prescribed medicines.

There had been one medicine error within the last 12 months. This was made by an agency member of staff. Checks on medicine administration training and competency for agency staff had been strengthened, to help ensure the risk of further occurrence was reduced. The prescribing pharmacist had undertaken an audit in September 2015 and the provider had recently received the report and was in the process of addressing any actions. Staff had received training in medicine administration, which was refreshed every three years.

People had been involved in assessing risks associated with their care and support and there were procedures were in place to keep people safe. For example, managing challenging behaviour, accessing the community, undertaking household tasks, such as laundry and making drinks and staying alone within Holly Cottage. Risk assessments enabled people to be as independent as possible and access the community. Professionals had

Is the service safe?

been involved in developing guidelines to manage any behaviour that challenged and a consistent approach from staff using these techniques had resulted in far fewer incidents.

People told us they felt safe living at Holly Cottage and would speak with a staff member if they were unhappy. Relatives also confirmed that they felt their family members were safe living at the service. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people, often with good humour, and people were relaxed in the company of staff. Staff were patient with people giving them time to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. Staff were familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and had details of how to contact the Kent County Council's safeguarding team.

People benefited from living in an environment and using equipment that was well maintained. In the last quality assurance survey people had undertaken they said they were happy with the decorations and furnishings and how the repairs and maintenance was carried out. A relative had commented the internal and external appearance of the premise was "Excellent". Within the last 12 months new garden furniture had been purchased and a new barbeque obtained. The office and boiler room had been combined to provide a more spacious office when people could hold their review meetings. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, electrical items and wiring. People told us they were happy with their rooms and everything was in working order. Relatives told us that equipment and the premises were well maintained and always in good working order. Repairs and maintenance were dealt with by

the Estates department and staff told us when there was a problem things were fixed fairly quickly. At the time of the inspection the tumble dryer had recently broken and a new one was expected that week.

Staff knew how to safely evacuate people from the building in the event of an emergency as this had been tested during fire drills. An on call system, outside of office hours, was in operation covered by senior staff and staff told us they felt confident to contact the person on call. Estates were available to respond quickly in the event of an emergency.

Accident and incidents had been previously reported and recorded. There had been no accidents since the last inspection. There was a clear written accident procedure in place and staff demonstrated in discussions that they knew what action to take should an accident occur, in order to keep people safe.

People had their needs met by sufficient numbers of staff. People felt there were enough staff on duty. The manager kept staffing levels under constant review. People told us that staff responded when they needed them and we saw this to be the case during the inspection. Staff were not rushed in their responses when responding to people's needs. There was a staffing rota, which was based around people's needs, activities and health appointments. There were two staff on duty during the day, which could reduce to one depending on people's activities and visits to their families. One member of staff slept on the premises at night. Some people were funded for one to one support hours each week and these were clearly recorded included when people received them within their care plans. The staff were supported by the manager who was surplus to the above numbers, but was used in periods of leave or sickness. There was an on-call system covered by senior management. At the time of the inspection there was one vacancy and the service used existing staff or the provider's bank staff to fill any gaps in the rota, if they were unavailable they used two outside agencies.

Is the service effective?

Our findings

People told us they were “Very happy” and “I like living here”. This was also reflected in the last quality assurance survey people had completed when they agreed they liked living at Holly Cottage and were happy with the way staff supported them. A relative had commented that the quality and levels of support provided were “Excellent”. Relatives were very happy with the care and support their family member received. Relatives comments included, “We are more than happy” and “Most certainly (happy with the care and support)”. “Staff know what they are doing”. Health and social care professionals felt staff had a good understanding and knowledge of people and their care and support needs. People chatted to staff positively when they were supporting them with their daily routines. Staff talked about how people had developed since they had moved to Holly Cottage. One person they said “Went out far more and did far more activities due to their improved health and were able to access Highlands Farm on their own safely”.

Care plans were mainly written although there were some photographs and pictures. They contained information about how each person communicated, such as use simple short sentences and ‘I like staff to ask me in different ways to make sure I have understood and make the decision I want’. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and acted on what people said. Photographs were used to show people which staff would be on duty and when.

Staff understood their roles and responsibilities. Staff had completed an induction programme, this included reading, orientation, shadowing experienced staff and attending training courses. Staff had previously completed a common induction standards booklet and had a six month probation period to assess their skills and performance in the role. A common induction standards booklet is competency based and in line with the recognised government training standards (Skills for Care). Recently the new Care Certificate had been introduced and one member of staff was undertaking this training. The new Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere

to in their daily working life. There was a rolling programme of training in place, which for the next 12 months would include further training courses in learning disabilities and autism. Staff received regular refresher training. This included moving and handling, health and safety, fire safety awareness, emergency first aid, infection control and basic food hygiene.

Staff felt the training they received was adequate for their role and in order to meet people’s needs. Six of the eight staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard and the two other staff were working towards this qualification.

Staff told us they attended appraisals and had one to one meetings with their manager where their learning and development was discussed. Records showed all staff had received a one to one meeting in the last three months. Team meetings were held where staff discussed people’s current needs, good practice guidance and policies and procedures. Staff said they had gone through a period of uncertainty with change in managers, but now felt well supported.

People told us their consent was gained, by themselves and staff talking through their care and support. Some people had signed their care plan as a sign of their agreement with the content. People were offered choices, such as what to eat and how to spend their time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. 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. No DoLS authorisations were in place and people had consented to live and receive

Is the service effective?

support at the service. The manager told us that the service had not been involved in any best interest meetings in the last 12 months, but they understood the process, which had to be followed when one was required.

People had access to adequate food and drink. Staff told us no one was at risk of poor nutrition or hydration. People told us the food was “Fine” and “Very nice”, they liked all the meals. They were involved in helping to choose the meals each week and we saw people had chosen what they told us was their favourite meal. In the last quality assurance survey people said the meals were ‘good’ and they preferred to eat their meals in the dining area. A relative had commented they were ‘very satisfied’ with the choice and variety of meals. The main meal was served in the evening with a light meal or sandwiches at lunchtime. During the inspection people made their own lunch and had different types of sandwiches, crisps with a drink of their choice. They could help themselves to food or drinks at any time and there were two bowls of fruit for people in the lounge. People talked about how they helped with meals by preparing vegetables. A written menu was displayed and people had a varied diet. The manager told us they had ordered a large menu board so that the menu could be displayed using pictures and photographs. People’s weight was monitored and a healthy diet was encouraged by staff. A health professional had been

involved in the assessment of one person’s nutritional needs and there were guidelines in place should a particular health problem flare up and staff were aware of these.

People’s health care needs were met. People told us they had access to appointments and check-ups with dentists, doctors, hospital, the nurse and opticians. During the inspection one person attended a dental check-up and another person attended a hospital appointment. A chiropodist visited the service regularly. One person talked about attending regular appointments at the hospital. People told us that if they were not well staff supported them to go to the doctor. Any health appointments were recorded including outcomes and any recommendations to ensure all staff were up to date with people’s current health needs. Relatives told us that any health concerns were acted on and where appropriate they were kept informed. Staff told us they knew people and their needs very well and would know if someone was not well. When people had been diagnosed with a health condition the staff had obtained information about the condition to inform them and their practice, such as Alternating Hemiplegia Syndrome. Alternating Hemiplegia Syndrome **is** the medical term for recurrent episodes of paralysis on one side of the body.

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they “Liked the staff”; they told us staff were kind and caring. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily. In the last quality assurance survey people said if they had a problem staff helped them and their privacy was respected.

Relatives were very complimentary about the staff. Comments included, “The staff are very caring”. “It’s a unique place (Holly Cottage) it has a caring ethos and is a family of its own, they care about each other”. “There’s the most amazing set of people and a wonderful place”. Everything revolves around them (people)”. “The staff are amazing”.

Health and social care professionals told us the staff were very caring. One said, “Some staff have been there a long time and know people very well and that’s important”. They felt people seemed genuinely happy.

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. Care plans detailed the times people liked to get up and go to bed and one stated ‘At weekends I don’t like staff to wake me up as I like to have a lay in and get up when I am ready’. In discussions staff confirmed that this happened. People were able to choose where they spent their time. During the inspection people accessed the bungalow as they chose. People were involved in household chores and preparing their lunch. There were areas where people were able to spend time, such as the garden and summerhouse, the lounge/diner and their own room. Rooms were decorated to people’s choice. One person told us how pink was their favourite colour and the walls in their bedroom were pink. People said they had their privacy respected. People had been offered keys to their rooms and some people chose to use these. They told us staff knocked on their door and asked if they could come in before entering. Bedrooms were individual and reflected people’s hobbies and interests.

People’s care plans contained information about people’s life histories. They also contained information about the

person’s family and who was important to them and the contact arrangements. For example, one person liked to telephone their family and this was facilitated. In addition there were dates and addresses so people, if needed could be reminded to send a birthday card and/or buy a present. People’s care plans detailed people’s preferred names and we heard these being used. During the inspection it was apparent that people respected other people living at the service. Each person we spoke with told us “We all get on”. One person had formed a friendship with a person who lived next door and staff facilitated them meeting up and gave them time and space to themselves. .

People’s family and friends were able to visit at any time, which was confirmed by relatives. Relatives told us they were confident people were well supported and cared for. The service had received three thank you notes from relatives. This was following a barbeque in the summer arranged for people, their families and staff, which was well attended and obviously enjoyed.

Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in, and ensure that support was individual for each person. Staff were able to spend time with people. One person was having a house day when they tidied their room and did their laundry. They were supported by a member of staff who was not rushed, they chatted and the person was encouraged to do things independently.

During the inspection staff talked about and treated people in a respectful manner. The staff team was small and there were some long standing team members with a number of years for the service, enabling continuity and a consistent approach by staff to support people. Health and social care professionals told us that people were treated with dignity and respect. Care records were individual for each person to ensure confidentiality and held securely. Care plans promoted people’s privacy and dignity. For example, one care plan when talking about a person’s hand hygiene stated ‘I like staff to approach me in a dignified manner to discuss this with me and never in the company of others’.

The service has embraced the new Care Certificate and a new staff member was undertaking the training. The Care Certificate is the first time an agreed set of standards that define the minimum expectations of what care should look

Is the service caring?

like across social care have been developed. It sets out the learning outcomes, competences and standards of care ensuring that support workers are caring, compassionate and provide quality care.

People's independence was maintained. A health professional felt people's independence was promoted. People talked about choosing meals they liked to have on the menus and helping with the shopping, preparing vegetables, making their own breakfast or a drink or their packed lunch. There was a chores rota display in the hallway and people were aware of what chores they were responsible for during each week. These included people's

house day where they helped clean their room and do their laundry and cleaning communal areas, such as the bathroom. During the inspection people undertook their chores, such as mopping floors. One person travelled independently to France assisted by the airport staff.

Staff told us at the time of the inspection that most people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services. Information about advocates, self-advocacy groups and how to contact an advocate was held within the service, should people need it.

Is the service responsive?

Our findings

People were very happy with the care and support they received and felt it met their needs. People said they were involved in planning their care and had regular review meetings to discuss their aspirations and any concerns. Relatives told us they attended six monthly review meetings and that their family member and they were always listened to. At reviews people, their relatives and care manager usually completed a quality assurance survey to give their feedback about the service provided. This was confirmed by relatives. The surveys contained very positive comments and responses. One relative had comments they were “Very satisfied” with the review process and another had said it was “Very thorough”.

No one had moved into the service for some considerable years. Although at the time of the inspection one person was preparing to move onto more another service owned by the provider where they could develop their independence skills further. Staff had started to reassess their skills and abilities ready to pass this information onto the new service. The person told us they were looking forward to the move and had visited the new service and been able to spend time there to ‘test drive’ it. Previous admissions had included management carrying out a pre-admission assessment and also obtained assessments from professionals involved in the person’s care, to ensure that the staff were knowledgeable about the person and the service was able to meet their individual needs and wishes. Following this the person was able to ‘test drive’ the service by spending time, such as for meals or an overnight stay, getting to know people and staff. Care plans were then developed from discussions with people, observations and the assessments.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan. Some pictures and photographs had been used to make them more meaningful. Care plans contained details of people’s preferred routines, such as a step by step guide to supporting the person with their personal care, such as their bath or shower in a personalised way. This included what they could do for themselves and what support they required from staff. Health action plans were also in place detailing people’s health care needs and involvement of any health care professionals. Care plans gave staff an in-depth understanding of the person and

staff used this knowledge when supporting people. Care plans were regularly reviewed and reflected the care provided to people during the inspection. Staff handovers, communication books and team meetings were used to update staff regularly on people’s changing needs.

People were involved in six monthly review meetings to discuss their care and support. This included the person, their family and staff. Once a year the person care manager was invited to attend. One person had requested that they would like to move to a service nearer a town and that supported people that were more independent and this was being facilitated.

People had a programme of varied activities in place, which they had chosen. Some people had chosen to have their programme displayed on a board within their bedroom using pictures and photographs. They attended various interactive work sessions run by the provider both on Highlands Farm and other sites owned by the provider, such as horticulture, art and craft, music, literacy, computers and poulton wood (nature reserve with woodwork and craft). They also attended other sessions within the community including woodwork, going to the library and craft.

Part of Highlands Farm is a well-known tourist attraction open to the public each day ‘The Rare Breeds Centre’, a popular centre accommodating rare breeds of animals, which people helped to look after. This gave people the opportunity to meet and mix with people visiting the centre. People were able to use facilities within the tourist attraction, such as the shop or the restaurant. One person often popped to the restaurant for a coffee or an ice cream from the shop.

People were aware of their activity programme and one person told us about what they were going to be doing the next day. Other leisure activities included golf, swimming, bike rides, line dancing, discos, horse riding, manicures, listening to music, DVD’s, shopping and television. Recent outings had included going to a garden centre and having a snack and coffee, a trip to the cinema, visiting family and trips to Hastings, Tenterden, Ashford and Hythe. A holiday for some people had been planned for October and others were planning day trips.

Although Highlands Farm was in a rural setting people were not isolated, in addition to the ‘Rare Breeds Centre’ Highlands Farm had two other care homes and supported

Is the service responsive?

living houses on site. People were also able to access the local and wider community. People said in the last quality assurance survey that they liked their activities and received support to follow their personal hobbies and interests.

People told us they would speak to the staff if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. There had been one complaint received by the service in the last 12 months. This was about a person's bedroom being cold. A portable heater was supplied to boost the heating and the Estates department were looking into the capacity of the existing boiler. There was an easy read complaints procedure so people would be able to understand the process. The manager did a few 'hands on' shifts and the office was

central within the bungalow so they were available if people wanted to speak with them. The manager told us that any concerns or complaints were taken seriously and would be used to learn and improve the service.

People had opportunities to provide feedback about the service provided. There were regular residents meetings held and records confirmed that people could discuss any issues and suggest and plan activities they wanted to undertake. People had regular review meetings where they could give feedback about their care and support and the service provided. Following the review meeting people, their relatives and care managers were encouraged to complete questionnaires to give their feedback about the service provided. Those held on files in the office were all positive.

Is the service well-led?

Our findings

The new manager had started working in Holly Cottage on 1 July 2015. They had submitted their application to register with the Commission and their 'fit person' interview was the same week as the inspection. The manager had worked for the provider previously for some considerable years and had been a registered manager of another service. The manager worked across two services, which were next door to each other. In Holly Cottage they were supported by an assistant manager. The manager worked two and a half days in Holly Cottage between Monday to Friday 8am to 4pm. People knew the manager and felt they were approachable. There was an open and positive culture within the service, which focussed on people. In the last quality assurance survey people said it was easy to see the manager and assistant manager discuss any problems. A relative commented they were 'very satisfied' with the availability of the manager and other staff to answer queries. One relative said, "No problem there is always someone to answer queries and if they don't have the information they will make sure someone who does will contact me".

Health care professionals told us they felt the service was well-led and that senior staff were good. One professional felt the service had been through a period of restructuring and staff changes and this at the time had been unsettling for staff and people who needed a consistent approach. Another professional said they had been impressed by the service's professionalism.

Relative felt the service was well-led. A relative told us there had been several changes in manager over the last two years, but "The staff have been amazing and the changes haven't affected the people living there". People and relatives spoke highly of the new manager. Relatives said they felt comfortable in approaching and speaking with them. Comments about the manager included, "A very good manager". "We are delighted at the appointment". "Very pleasant". "Amazing".

Staff felt the manager motivated them and the staff team. Staff felt they had been through a period of change with different managers, but things had now turned around. Staff comments included, "We are getting into a good place". "The manager doesn't expect us to do anything they wouldn't do so we respect them". "We want to help each other now". "We all work well as a team". "It's more relaxed

here now" and "I am happier now than I have been for a long time". Staff felt the registered manager listened to their views and ideas. One told us the manager "Asks our opinion on things and listens to what we say". Staff had raised that there had been a duplication of records for some checks and audits and so the manager had introduced a new system with all the checks on one form and in one folder for the current month.

Within the service the provider displayed their vision, mission and values. Staff told us that the chief executive and senior management held a communication meeting twice a year that all staff could attend. Staff said that the vision, mission and values were always on the agenda and discussed. Staff told us that these included promoting people's independence and enabling people to do as much for themselves as they can, supporting people to have the best life possible and keeping them well.

Staff said they understood their role and responsibilities and felt they were well supported. They had team meetings, supervisions and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines systems, infection control procedures and practices and health and safety checks.

Trustees and senior managers visited the service to check on the quality of care provided. People and staff told us that these visitors were approachable and made time to speak with them and listen to what they had to say. A senior manager undertook quality monitoring visits and a report was produced. The manager attended regular managers meetings, which were used to monitor the service, keep managers up to date with changing guidance and legislation and drive improvements.

People, their relatives and social workers all completed quality assurance questionnaires to give feedback about the services provided. Responses had all been positive.

The provider organised service user panel meetings where the business and future of the trust was discussed. Each service including Holly Cottage had a representative on the panel, which was a person that used the service. People had the opportunity in the meeting to shape things that were happening within the trust. For example, people had

Is the service well-led?

been involved in reviewing the care review meeting paperwork to make it more people friendly. People could access the provider's website to see what had been discussed. The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines.

During 2014 the provider set up a group for siblings of people living within their services for support and to share experiences, learn from each other and build a network for membership. It was planned that the group would meet twice a year.

The provider produced a regular newsletter and 'in-touch' magazine to keep people and staff informed about news and events that were happening within the trust. This used to be produced quarterly and will now be produced bimonthly in paper copy and online for more effective communication.

During 2014 the provider was awarded a National Care Employer of the year award from the Great British Care Awards scheme. This award seeks to acknowledge and celebrate employers' commitment to care and how this is achieving success in delivering an excellent service. Employers who are given this award are able to demonstrate considerable acumen and entrepreneurial flair whilst at the same time having a sustained track record of delivering high quality care and managing improvement.

Staff had access to policies and procedures within the office. These were reviewed and kept up to date by the provider's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not done all that was reasonably practicable to mitigate risks in relation to management of medicines.

Regulation 12(1)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider has failed to have available information specified in Schedule 3 in relation to each person employed.

Regulation 19(3) (a) and Schedule 3.