Mrs Sandra Christine Gold and Ronald Herbert Gold

Little Eastbrook Farm

Inspection report

Little Eastbrook Farm
Burlescombe
Tiverton
Devon
EX16 7JT

Tel: 01823672373

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 27 April 2016. The provider was given 48 hours' notice because the location was a small care home for adults who may be out during the day; we therefore needed to be sure that someone would be in.

At our previous inspection carried out on 28 April 2015 we found breaches of regulation associated with the Health and Social Care Act (2008). Medicines management did not reflect current legislation and guidance; the service was not meeting the requirements of the Mental Capacity Act (2005) (MCA) and did not have systems and processes, such as regular audits and up to date and relevant policies and procedures in place to assess, monitor and improve the quality and safety of the service. We found some improvements had been made when we visited on this occasion, however the service was still not meeting the requirements of the MCA.

Little Eastbrook Farm is a small rural care home. The care home offers accommodation and 24 hour care for up to three people with learning disabilities. People living at the home share the accommodation with the providers, and their family. At the time of our inspection there were two people living at Little Eastbrook Farm.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was not acting in accordance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) codes of practice to ensure people were not deprived of their liberty without lawful authority.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet, which they enjoyed. 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.

Staff relationships with people were caring and supportive. Through our observations and discussions, we found the staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements, which included recruitment, were flexible to meet people's individual needs. Staff

received training and regular support to keep their skills up to date in order to support people appropriately.

Methods were used to assess the quality and safety of the service people received and make continuous improvements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were safely managed.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

The provider was not acting in accordance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) codes of practice to ensure people were not deprived of their liberty without lawful authority.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

Care files were personalised to reflect people's personal preferences, which were met with staff support.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the service was run. All agreed that they recognised team working as an important part of how the home was run and how there was an open culture whereby they could all raise issues without fear of retribution.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred on the people they supported.

Methods were used to assess the quality and safety of the service people received.

Little Eastbrook 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 announced inspection took place on 27 April 2016. The provider was given 48 hours' notice because the location was a small care home for adults who may be out during the day; we therefore needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the home and notifications we had received.

We spoke with two people receiving a service, the providers and one care worker. We reviewed two people's care files, two staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Following our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from one relative and a GP.

Good

Is the service safe?

Our findings

People confirmed that they felt safe and supported by staff at Little Eastbrook Farm and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: "I love it here" and "I'm alright." We observed staff responding appropriately to people's needs and interacting respectfully to ensure their human rights were upheld and respected. A relative commented: "They (the staff) treat our sister very well. She is like a family member. We have no complaints and are just very pleased."

Staff demonstrated an understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as to the local authority, police and the Care Quality Commission. Staff told us they had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. We saw a copy of the organisation's policy and procedure for safeguarding adults. It set out the measures which should be in place to safeguard vulnerable adults, such as working in partnership with the local authority. The policy included how to report safeguarding, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, we saw risk assessments for falls management, physical health and self-harm when feeling stressed or anxious. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, the use of distraction techniques when a person was becoming distressed. Restraint was not used at the home to manage people's behaviours. Staff explained that speaking calmly and talking people through their emotions were the most effective ways to support people through difficult times.

Staffing was maintained at safe levels. Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. We observed this during our visit when people needed personal care, support or wanted to participate in particular activities. Staff were seen to spend time with people, for example chatting with people about subjects of interest.

We asked the registered manager about the home's staffing levels. The providers and one care worker delivered most of the care and support required by the two people living at the home, including any overnight help they needed. One of the providers and the care worker took responsibility for anything relating to personal care. The other provider involved the two people in daily domestic activities as well as providing trips out and enabling them to attend social events. People told us they were never left alone. The providers confirmed this and said that it would not be appropriate or safe to leave the home unstaffed,

even for short periods.

There was effective recruitment and selection processes in place for the one care worker who worked at the home. We saw pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken in line with the organisation's policies and procedures to ensure they were safe to work with vulnerable people.

At our last inspection we found medicines management did not reflect current legislation and guidance. This inspection found improvements had been made with the purchase of a medicines cabinet which conformed with the Medicines Act 1968; medicines training; the medicines policy updated and regular audits to ensure accurate stock levels and medicines remained in date.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they were checked in and the amount of stock was recorded.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines recording records were appropriately signed by staff when administering a person's medicines.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a regular basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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. At our last inspection we found that staff did not demonstrate a comprehensive understanding of the MCA. At this inspection, staff were able to explain the main points of the MCA and how this related to the care they provided. Staff were aware of the need to assess people's capacity to make a specific decision at a particular time. Staff said they worked closely with health and social care professional on an ongoing basis to help support the decision making process. For example, when it came to concerns about a person's weight loss due to their anxiety levels.

The Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. There had been no applications made or granted for Deprivation of Liberty Safeguards (DoLS) authorisations for people living at the home. However, if people wanted to go outside the property, staff said they would always accompany them to keep them safe. Given the complex needs of people living in the home, this meant people without capacity may be at risk of having their freedom restricted unlawfully. In addition, the home did not have a MCA and DoLS policy to provide the framework for staff to work within to ensure the protection of people in their care.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People individual wishes were acted upon, such as how they wanted to spend their time.

People did not directly tell us about staff training due to their learning disability. However, people told us, "Staff were nice." A relative commented: "The staff are very good and (relative) now has a life."

Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health and the need to consult with health professionals. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported when feeling anxious through effective communication.

Staff had completed an induction when they started at the service, which included training. The induction also assessed staff competency and their suitability to work for the service. Staff said they received training,

which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They said they recognised that in order to support people appropriately, it was important to keep their skills up to date. Staff had undertaken training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), infection control, first aid, health and safety and food hygiene. Training was delivered by distance learning. At the end of each training course, staff had to complete a test paper. The test papers were then sent to an external training provider for marking.

The service recognised the importance of staff receiving regular support to carry out their roles safely. Staff received formal supervision on an ongoing basis in order for them to feel supported in their roles. The one care worker had not received an annual appraisal of their work. However, they commented: "We discuss any arising issues on an ongoing basis and I feel supported."

People were supported and encouraged to eat and drink. Comments included: "The food is nice" and "I like fish and chips." Staff cooked the main meals within the home and encouraged people to be involved in their preparation. People living at the home ate their meals together with the providers and staff. People were provided with a wholesome diet which was balanced and nutritious. There was a menu in place and meals were generally planned around people's preferences. People said they liked the food and it was apparent that they were looking forward to lunch on the day of the inspection. We observed how people were offered a choice of what they wanted to eat and drink. Snacks and drinks were available at any time. The provider said they tried to ensure that a healthy diet was provided and to cater for individual choices and particular likes. Where people were at risk of weight loss or gain, their weight was monitored on a regular basis. Where changes in weight were evident the service ensured they contacted the GP for advice.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of GP's involvement in people's individual care on an ongoing and timely basis. For example, a person had developed a condition. The provider had contacted the GP and arranged an appointment for them so this could be checked. People also received an annual medical check-up by their GP. These records demonstrated how staff recognised changes in people's needs and ensured other professionals were involved to encourage health promotion. A GP commented that they were very happy with the care their patients received at Little Eastbrook Farm. They added that the staff at the home were timely with their contact with the GP surgery. They confirmed that they had no concerns about the service.

Good

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. Interactions around the dining table involved everyone present to ensure no one was left out. Staff involved people in their care and supported them to make decisions. Comments included: "I like living here. I have a dog, a beautiful dog" and "I feel cared for." A relative commented: "We are very happy with the care (relative) gets and have no concerns."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff described how they maintained people's privacy and dignity when assisting with personal care, for example by knocking on bedroom doors before entering and gaining consent before providing care. Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. Staff supported people in a kind and empathetic way. Staff showed an understanding of the need to encourage people to be involved in their care. For example, how one person wished staff to talk with them about things which interested them.

Staff relationships with people were caring and supportive. For example, staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other to ensure people's needs were met consistently. Staff were observant of people's changing moods and responded appropriately. For example, if a person was feeling anxious. Staff explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general wellbeing.

Staff involved people in their care through the use of individual cues. This included looking for a person's facial expressions, body language and spoken word. For example, when supporting a person with their meal. Staff gave information to people, such as what time lunch would be. People's individual wishes were acted upon, such as how they wanted to spend their time. We observed that staff communicated with people in a respectful way. This showed that staff recognised effective communication to be an important way of supporting people to aid their general well-being.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. They spoke of the importance of empowering people to be involved in their day to day lives to aid their social and emotional needs. Staff were knowledgeable about the people living at Little Eastbrook Farm and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. For example, people's bedrooms were personalised to reflect their likes and personalities. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

People were involved in making decisions about their care and treatment through their discussions with staff and staff knowledge about the people they supported. For example, choosing specific activities and deciding where they wanted to spend their time. Care files gave information about their health and social care needs. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to undertake specific activities to aid their wellbeing and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. People's likes, dislikes and preferences were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up to date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information. For example, health needs, personal care, social needs, communication and eating and drinking. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives to increase their independence. People spent time doing activities within the home and participated in trips in the community. Activities were individualised to people's specific interests. For example, people enjoyed spending time reading magazines, visiting local attractions and relaxing in the dining and living rooms. Staff commented: "It's about offering choice and promoting independence." A relative commented: "We had a birthday party at (a local public house), it was lovely."

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details for the provider. However, the policy was in need of updating with the correct details of the local government ombudsman and Care Quality Commission. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

The organisation's visions and values centred on the people they supported. The organisation's statement of purpose and service user guide documented a philosophy of encouraging independence, choice, dignity and respect. The aim of the service was to provide a caring, homely and safe environment for people. Our inspection showed that the organisation's philosophy and aim was embedded in Little Eastbrook Farm through talking to people using the service and staff, observing the environment and looking at records.

Staff spoke positively about communication and how the service was run. They said they recognised team working as an important part of how the home was run and how there was an open culture whereby they could all raise issues without fear of retribution. When asked what the service did well, staff felt it provided a caring environment for people, which was like 'home from home'.

Staff meetings did not happen in a formal way due to the size of the service. The providers and staff discussed things on an on-going basis as they worked closely together. We asked whether this method worked. The staff said that this was the best way to work due to the way the home ran. They said they felt that their views were listened to and acted upon by the providers. Resident meetings followed the same format, with discussions on an ad hoc and daily basis. For example, activities were planned during mealtimes around the dining table.

The providers had in the past carried out surveys for people and their families to complete. Relatives had said they did not want to complete these surveys as they were entirely happy with the care and support their relatives were receiving. We saw documented evidence of this decision.

There had not been any incidents or accidents. However, the registered manager was able to explain some of the steps which would be taken if an incident or accident occurred. For example, liaising with relevant health and social care professionals and updating care plans and risk assessments.

Care plans and risk assessments were audited on an annual basis and at times of changes in people's needs. In addition, medicines were audited on a monthly basis. This enabled any issues to be spotted to ensure the service was meeting the requirements and needs of people being supported. There was now an up to date medicines policy for staff to follow to ensure medicines management reflected current legislation and guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) codes of practice to ensure people are not deprived of their liberty without lawful authority. Regulation 11 (1) (2) (3)