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# Palace 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

Palace Farm is registered to provide care and accommodation for up to three people. At the time of the inspection there were two people living there. People living at Palace Farm are young adults who may have a learning disability or autistic spectrum disorder. The providers live at Palace Farm with the people being supported there.

This inspection took place on 6 June 2017 and was announced. We gave the provider 15 hours notice as the home is small and people are out for much of the day. We needed to ensure someone would be there to meet with us.

Palace Farm was previously registered as "Home Orchard", which remains as a brand name, but changed its registration with the Care Quality Commission in 2016, and is now operated under a registered partnership. The home is in close proximity to three other homes which share some administrative facilities and the brand name but are registered under the provider name Dalskats Limited.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager is also one member of the partnership, and is referred to throughout the report as a provider.

The home had a happy, positive and welcoming atmosphere. Palace Farm was set up with the aim of enabling people to enjoy a 'normal family lifestyle' rather than more traditional or institutional care, and the provider's website states they wanted people to be able "to access a fulfilling outdoor life". We saw this happening, with people following full and active lifestyles of their choosing. Palace Farm is a working farm with livestock, and people were able to participate as much or as little as they wish in this. People had lived at the home for many years and were very familiar with the provider's family members.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. Systems were in place and well understood to help staff or people report concerns, including independent advocacy. We saw people had built positive relationships with staff. Staff told us they were confident they understood how if people were unhappy about something it would show through their behaviour.

People were supported safely because risks to people were identified and plans were put in place to minimise these risks. These included changes that had been made to the building as assessments of risks from activities, health conditions, supporting animals on the farm as well as assessments of people's own vulnerability.

People received their medicines as prescribed. The systems in place for the management of medicines were

safe and protected people who used the home. This included the management of emergency medicines to support one person with epilepsy and clear protocols for staff to follow to ensure the person was supported safely.

There were enough staff to support people to follow their chosen lifestyle, activities and keep people safe. Staff had the skills and support they needed to ensure people's individual care needs were met. People knew in advance who would be working with them which helped reduce their anxieties. Staff were chosen as far as possible to reflect people's interests, and we saw staff supporting people well. Staff had attended courses with one person and were enthusiastic about supporting them with their hobby.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests. Applications had been made to ensure people's rights were protected under the Deprivation of Liberty safeguards. We saw staff were supportive, compassionate and caring in their relationships with people. People were treated with kindness and respect and valued for their contributions to the running of the home.

The premises were reflective of the home's ethos – to provide a family living experience. The building was a listed farmhouse, adapted to provide a comfortable family home. People had single bedrooms with en-suite facilities and some shared space, including the lounge and kitchen / diner. They had free access to the kitchen to prepare their own snacks and hot drinks. Mealtimes were social experiences and people were involved in the planning, and choosing of their meals. People were supported to have enough to eat and drink, and the provider ensured wherever possible people ate good quality food, fresh picked from the farm and which they had grown themselves and local organic meats.

People were treated with dignity and respect. Staff used different methods of communication to speak with people and include them in conversations, and ensure they were understood. This included for some people supported communication using pictures and symbols, for example to help with choosing food.

People were actively supported to follow hobbies and interests of their own choosing. Both people living in the home had some one to one staff allocation which helped ensure someone was always available. Staff supporting one person had been on courses to help understand their hobby so they could support the person better.

Systems were in place to ensure complaints were responded to and managed. The home had not received any formal complaints and felt if people had any issues they would be raised and addressed informally.

People told us the providers and management team were approachable and always contactable in case of emergency or advice needed. Up to date advice and support on good practice was sought and the provider had commissioned a social care consultant to provide management support to the team and oversee some areas of the home. They reviewed this regularly.

The provider had systems in place to assess, monitor and improve the quality of care and services provided. The provider sought feedback from people, relatives, staff and healthcare professionals in order to improve the home. Feedback from this process was made available on the home's website and given to people so they could see the results of any suggestions they had made.

Records were well maintained and kept securely.

## 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 protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the home.

Risks to people were identified and plans were put in place to minimise these risks.

People were supported by sufficient numbers of staff to meet their needs.

### Is the service effective?

Good 

The service was effective.

Staff had the skills and support they needed to ensure people's individual care needs were met.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

People were supported to have enough to eat and drink. Mealtimes were social experiences and people were involved in the planning, and choosing of their meals.

The premises were reflective of the home's ethos – to provide a family living experience, and were clean, warm and comfortable.

### Is the service caring?

Good 

The service was caring.

We saw staff were supportive, compassionate and caring in their relationships with people.

People were valued for their contributions to the life of the home and who they were. The home had a happy, positive and welcoming atmosphere.

People were treated with dignity and respect. Staff used different methods of communication to speak with people and include them in conversations.

### Is the service responsive?

Good 

The service was responsive.

Staff understood people's needs, and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People benefitted from personalised activities that met their choices and interests.

Systems were in place to ensure complaints were responded to and managed.

### Is the service well-led?

Good 

The service was well-led.

People and staff spoke highly of the providers and management team and confirmed they were approachable.

The provider had systems in place to assess and monitor the quality of care.

The provider sought feedback from people, relatives, staff and healthcare professionals in order to improve the home.

Records were well maintained and kept securely. Some needed updating to reflect good governance.

# Palace 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.'

This inspection took place on 6 June 2017. The provider was given 15 hours' notice because the location provides a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector. People at the home were living with complex needs, including autistic spectrum disorders. For this reason we were not always directly able to ask them about their experiences, but spent time with them observing relationships and contact they had, as well as some basic discussions. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the home.

Prior to the inspection the provider completed a PIR or provider information return. This form asked the registered provider to give some key information about the home, what the home did well and improvements they planned to make. We contacted three key professionals supporting the home for their views.

On the inspection we looked at the support plans for both people living at the home. We spoke with the people living at the home, two members of care support staff and the providers. We also spoke with a care consultant who supports the home, and two administrative/ business support staff. We looked at other records in relation to the operation of the home, such as risk assessments, medicine records, policies and procedures and two staffing files, and looked around the building and grounds. We also shared lunch with staff and the people living there.

# Is the service safe?

## Our findings

The people who lived at Palace Farm lived with the provider and their family, and had done so for several years. We saw they lived very much as a family together, sharing daily experiences and meals. We saw people were very comfortable with the provider and staff and people told us they would be able to raise any concerns if they needed to. Staff also had a good understanding of how people might express any unhappiness through changes in their behaviour. They told us "we would know if something was not right because we work so closely with people. It's just like it would be in your own family." Staff and people living at the home had access to information, policies and procedures to help them know how to raise any concerns or wanted more information about their rights. All staff had received training in safeguarding people, and people who lived at Palace Farm had access to advocacy services and a regular advocacy meeting off site. This was to ensure they had access to independent people away from the home to raise any concerns or discuss aspects about their lives at Palace Farm. Policies, procedures and specific assessments were made to support people with staying safe, for example people were assessed for their potential vulnerability.

People were supported to take risks and as a result lead fuller and more active lives. For example we saw one person had a hobby that could present risks, but was something they greatly enjoyed. We saw an assessment had been carried out of the risks both to the person and to staff supporting them, and any measures that would reduce risks. We discussed the activity with the person concerned. They had a clear understanding of the actions they needed to do to help keep themselves and others safe. They had taken expert advice, been supported by staff to attend courses and joined a group of others who shared their interests. This had helped to reduce any risks from the activity and ensure the person was supported to continue with their hobby.

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. For example, one person had a health condition that could result in them having seizures. There was a clear protocol for staff to follow in case of a seizure, including for the administration of emergency medicine to manage the condition. It also covered when staff would need to summon emergency medical assistance. We spoke with a staff member about this. They showed us how staff took the person's medicine with them when they left the house and confirmed they had been trained in how and when to use this. They told us they were confident they would know what to do to support the person, and the management plan was regularly reviewed. Assessments were also made of any risks to others from the person for example as a result of them becoming anxious or distressed and plans for how this should be supported. Staff were clear about possible triggers for distressed or anxious behaviours, and how any distress would be pre-empted or minimised. For example one person was known to become agitated when discussing a particular topic. Management plans were in place to reduce any distress.

Other risks to people, for example from the environment were also assessed. This included risks to people from animals on the farm and everyday activities. Where there had been incidents appropriate actions had been taken. For example one person had been provided with thicker protective gloves following a minor injury. Regular fire precaution checks were undertaken, including evacuation procedures. Staff had access

to emergency contact numbers, and told us they were aware of regular fire practices and knew how to respond in an emergency. People living at the home had hospital passports which detailed their health needs and support they might require. These were to be taken to hospital with people in an emergency.

Risks presented by the building had been assessed and managed. This included through radiator covers, water temperature regulation and window opening restriction above the ground floor. Palace Farm was a warm and comfortable family home, and it was important to the people who lived and worked there that people continued to feel an informal family environment. Risk assessments had been undertaken to ensure this was safe for people. For example, people who lived in the home had free unsupervised access to the kitchen where they could make themselves drinks and snacks. Assessments had been made to ensure people were safe doing this independently.

There were enough staff to support people to carry out the activities of their choice. People living at Palace Farm had an individual staffing assessment, including the need for one to one staffing time and staff were allocated in accordance with this. On the day of the inspection both people were supported to carry out activities of their choice with a member of staff who also shared those interests. For example one person was enjoying working in the garden and farm grounds with a staff member, whilst the other was dog walking for a person in the local town. In the morning one person had been into a local town with a staff member for a healthcare appointment and to do some personal shopping. In the evenings and at night the providers and their family provided the night staffing, supplemented by staff if they were away.

Staff were not recruited or employed directly by the registered providers of Palace Farm but by Dalskats limited which has a business relationship with Palace Farm and in which the providers are involved. Staff were employed by Dalskats limited, and Dalskats received payment for this service from the registered providers of Palace Farm. We looked at two staff files and saw evidence that Dalskats limited had carried out a full recruitment process, including the taking up of disclosure and barring service (police) checks. This situation had come about since the re-registration of the home since our last inspection. Although we did not identify any concerns or risks over this practice, we have asked the provider to give us more information about this. This is to help us ensure the provider is meeting the requirements of the Health and Social Care Act 2008. We were satisfied that appropriate employment liability insurance was in place to ensure staff and others were protected.

People received their medicines safely and as prescribed. We discussed the management of medicines with a staff member who showed us where the medicines were kept securely and the records for administration. Records showed people had received their medicines as prescribed to promote good health. We heard people had been involved in making decisions over their medicines, and clear protocols were available for 'as required' medicines for example to help people manage anxiety. Staff had received training in medicines administration and could tell us when people received their medicines and what they were for. Policies were in place for homely remedies or over the counter products such as paracetamol or cough linctus.



# Is the service effective?

## Our findings

People were supported by skilled and knowledgeable staff who knew them well and could meet their needs. We observed staff working with people throughout the inspection, and saw them communicating well with people, encouraging them and helping them make choices.

Staff we met had worked with people for some time as a core group, although they were technically employed by another provider. They understood people well and received regular training as a part of their role, including training specific to the needs of people living at Palace Farm, such as Autism, person centred care, and Epilepsy. Training needs had been mapped against the Care Certificate standards, which is a national award recognising core training needs for care staff. Staff told us their employer organisation was very good at providing training and updates, through face to face or online training resources and that if they had a particular interest they could be put forward for training in this area. They said "They (employers) are very good like that". Staff told us they were well supported in their role, including meetings, one to one supervision, group supervision and an annual appraisal. We saw and heard that staff were recruited in a process that took note of their personal skills and interests to help match them to people, and involved people living at the home where they wished to be involved.

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the MCA in practice and had received training in the principles. At Palace Farm we found people were involved in making decisions about their day to day lives. Staff showed us how they used some communication tools such as photographs and signs to help people's understanding and help them make choices where they were able. This was in line with the best interests framework, and recorded as such. Where people lacked capacity to make a specific decision staff were aware of the need to make a 'best interests decision' and of how they would need to record this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA. We saw that appropriate applications had been made to local authorities to deprive people of their liberty, but that these were still awaiting approval and authorisation due to delays with the local authority. One person's solicitor had been in contact with the local authority about this. Information was available in easy read formats to help people's understanding about this process.

People were supported to have sufficient to eat, drink and to maintain a balanced diet, and no-one was identified as being at risk of poor nutrition. People ate as a family with the providers and staff. The providers and their family listed their menu plans on a board in the dining room, but people were free to select other

choices if they wished. A hot/cold buffet lunch served in the kitchen/dining room was prepared each day and people ate together with all staff and other workers. This helped with communication, monitoring people's diets and providing a sociable, family like experience with much laughter and fun. The providers told us they tried to ensure a healthy diet with organic produce, much of it home grown on the farm or from a local organic farm box scheme. One person we spoke with had been involved in growing produce and showed us what they had been growing recently. However people could also choose snacks and other meal options if they wished. People had access to the kitchen with food and drinks facilities in the kitchen at any time, and people told us "Saturday night is takeaway night" where they chose what they wanted from a local takeaway. People's weights were measured regularly, and people would be supported with special diets if they wished or were needed.

People received good healthcare support. We saw from people's files they received input from community healthcare specialists as well as specialist support to manage medical conditions. We saw evidence of dental, optical and podiatry services in use. People also were offered opportunities to engage with preventative healthcare for example "well man" clinics at the local GP surgery if they wished.

Palace Farm is the provider's own home, comprising a listed farmhouse building set on the rural edge of Chudleigh. Attached to the building are some administrative buildings and other buildings in development such as a café and sensory room. The farm is a working farm with sheep, horses, poultry and vegetable growing. The providers live in the building with people being supported and share some of the communal space. This gives people the opportunity to experience a family lifestyle and opportunities to work on the farm if they wish. However the building is also within a short walk of the local town with shops, pubs and other services. People's individual accommodation was personalised and they had the option of also using a small lounge of their own if they wished. One person had their own walled garden space and workshop because they enjoyed being outside. They showed us round this area which they had designed and customised with staff help to their own design, including a large fishpond. They told us "This is my garden. It is growing really well."

# Is the service caring?

## Our findings

People living at Palace Farm were supported by staff and providers who demonstrated genuine caring and affectionate support towards them. We saw positive, encouraging and supportive relationships in place. People felt listened to, and staff had an informal, friendly approach, based on openness and respect. One person told us the staff were "Good, great, yes" when we asked what they were like.

People were supported by caring staff who worked alongside them to support and encourage them. We saw people were treated with kindness and respect. We observed one person working with a staff member in the farm and gardens. They told us about what they had decided to grow and showed us where they were growing flowers for the wedding of a family member of the provider. The staff member supporting them praised them and told them how much they valued them for their contribution and we saw them sharing pleasure in the joint venture. The staff member told us "I have learned loads from him." The staff member let the person talk without interruption and encouraged them to tell us about their personal interests. The person told us "I love being outside. I don't like being in now."

People were clearly comfortable with staff and the providers. They looked happy to see them and exchange banter over the lunch table. Staff ensured people were involved in everything going on at the home, and that communication was understood. When in a group of people we saw staff ensured that people living at the home were included in all conversations in language they could engage with, and was easy for them to understand. At times this included paraphrasing and making verbal information clearer for them to understand and respond to. Complaints procedures and some other information for people was available in an easy read format, and staff could use cards and photographs to help support communication at times.

People were encouraged to develop new skills and have new experiences. This included both taking part in social events and activities with people within the local learning disability community as well as within the wider local area. For example one person attended a local group for people with a shared interest. People within this group took a friendly interest in the person and supported them to take part without staff present. The person told us they enjoyed this group. The provider was developing a sensory room within the grounds of Palace Farm and also a café which would be open to people outside of the home, as a social and meeting place. A room in the grounds was also used for a local group on a weekly basis. This helped encourage and support relationships outside of the home.

People were encouraged to be independent wherever possible. People had individualised their personal space and were encouraged to keep these areas clean and tidy themselves. Staff respected their privacy and knocked on people's doors before entering. People could choose to lock their rooms if they wanted. People were encouraged to maintain their rights. The inspection took place just before a general election. People were registered to vote and the providers had accessed an easy read tool from a national provider containing information to support people to understand what the main parties were proposing in their manifestos. This was aimed at helping people decide if they wished to vote or not.

Visitors are welcome to the home at any time, and we saw people from other local homes popping in to

have a quick chat with staff in the office. This told us the home was a friendly and social hub for people, and we found there was a positive, lively, friendly atmosphere.

## Is the service responsive?

### Our findings

People received individualised and carefully thought out support, based on an assessment and knowledge of their needs, wishes and aspirations.

We saw people had been involved where they wished to be in drawing up their care plans. Staff told us they understood how it was important for people to remain as independent as possible, and understood how important it was for people to make their own choices and decisions.

We looked at the care and support plans for both people living at the home. Plans were based on assessments of people's needs, and reflected positive goals for achievement, both long and short term. These helped ensure that people always had something to work towards and achieve. Plans had been regularly updated and reviewed, and included people chosen by the person to support them. People's activities were detailed on a programme for the week, and individual staff were allocated to support these. This helped reduce people's anxiety by knowing in advance who would be supporting them. Plans had been regularly reviewed and covered all activities of people's lives, including communication, mental and physical health and any behavioural support people needed to manage their anxiety. We saw these being followed in practice.

Where people had behaviours that were related to anxiety, plans ensured that staff used a consistent approach to support the person and reduce their anxiety. We saw in one person's support plan there had been concerns in the past about complex and distressed behaviours that presented risks to others. The person's plans and records showed they were no longer expressing these types of behaviours now. The consultant we spoke with told us this was because the person was settled and was having their needs met. In addition to the care plans each person had a daily record that detailed activities, and any other information about their day.

People were supported to follow activities of their choice. People living at the home were young adults and both were physically active, either on the farm or through a local walking group and hobbies they enjoyed. People were encouraged to make decisions about activities they enjoyed and interest they wished to pursue. For example one person liked working with staff on the farm, the other did not, but enjoyed the peaceful environment. One person enjoyed bee keeping and was supported to make and maintain their own hives, and sell the honey. This had included staff also receiving training in managing bees and both the person and staff told us about a 'sun hive' they had recently constructed to offer a more naturalistic alternative home for bees. Another person enjoyed metal detecting and history and was supported by staff to do this on local fields and land. People went on holidays of their choice and were either supported by staff or went with families, or the providers. They could also choose whether to participate in family events of the provider's or not. For example people could choose to spend Christmas with the provider and their family at the home or spend time at a hotel if they would prefer this.

On the day of our inspection one person went out walking a dog belonging to someone in the local area with whom they had built up a positive relationship. The other person enjoyed working on the farm, growing

vegetables and tending to their bees.

The home had received no formal complaints or concerns since the last inspection. An easy read complaints process was available for people to use but staff were confident people would feel confident to raise anything they were not happy about. One person had raised a minor choice issue with their advocacy service which had immediately been resolved.

## Is the service well-led?

### Our findings

Palace Farm was well led. The providers told us they had set up the home with the aim of enabling people to enjoy a 'normal family lifestyle' rather than more institutional care, and their website said they wanted people to be able "to access a fulfilling outdoor life". We saw there was a clear sense of this culture and philosophy which was shared amongst the staff group. This was in part because people lived with the providers in their house; they shared the accommodation, meals and facilities. The providers demonstrated their values and culture every day, modelling good practice and re-enforcing the home's ethos. A member of staff told us they felt people "have a really good quality of life here" and that part of that was due to living "like a family, in a place like this." One person told us "I like it here."

The providers (one of whom is the registered manager) were a daily part of people's lives. People shared meals and accommodation with them; we saw people keen to speak with the providers, to tell them about their day and share comic banter. This told us people found them approachable, and had a positive relationship with them. People were clear about who was in overall 'charge' at the home. Staff told us having the management team around was a positive thing for them, and that the management team were very hands on and approachable. They told us they could always contact management for advice and support at any time.

People benefitted because the provider had put in place systems to ensure people received high quality care. The home had regular audits and spot checks carried out by the providers, including for records and care plans. In addition the providers had employed a consultant who assisted with the day to day management of Palace Farm and other services registered under another provider. They were an experienced ex- manager of other services, and operated as a 'critical friend' as well as member of the management team. The home's PIR stated that the social care consultant advised "on keeping the service up to date" and worked "alongside the registered manager 3 days per week to ensure compliance and quality of care. Staff members are given full support from the managers of the home and this makes sure people who use the home are supported in the best possible way." The management team had contacts with other local and national services for advice on good practice such as the Association for Real Change. They told us they read journals and the care press, attended local good practice forums, and used a specialist service for management advice and support, for example with employment law.

A high quality of service was maintained because people, families, advocates and others were able to give their views about the operation of the home, either informally over the meal table or via a more formal route involving questionnaires sent out each year. These were analysed and any actions or improvements taken were actioned. The home's PIR stated "The service actively requests formal feedback on its delivery of care. We send annual questionnaires to all interested parties. The service arranges for people who use the service to be supported by an independent advocate where necessary. An action plan is then developed and published online. The service at all times encourages feedback day to day. We hold regular resident meetings facilitated by Vocal (local advocacy charity). " We saw feedback and the results of action planning was published online and given to people so they could see what had changed as a result of their input. This had included improving the quality assurance questionnaires and communication strategies. We also saw

the minutes of the last meeting for people living at the home. This had focussed on supporting people to suggest some day trips out.

Records we saw were well maintained, although some policies and procedures were still branded with the name of the previously registered organisation which had changed in 2016. The provider told us this would be remedied immediately. This did not affect the operation of the policies but did not demonstrate ownership of the policies by the registered partnership for Palace Farm. Records were maintained in hard copy and on computer, which were password protected to maintain confidentiality. Hard copy records were maintained securely and destroyed when no longer needed. The home had safe facilities for the destruction of records. Notifications had been sent to the Care Quality Commission as required by law.