

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Tablehurst Farm Cottage

Off London Road, Forest Row, RH18 5DP

Tel: 01342823536

Date of Inspection: 22 July 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Tablehurst Farm Limited
Registered Manager	Mr Peter Brown
Overview of the service	Tablehurst Cottage provides residential accommodation and support for three people who have learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 July 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During this inspection we observed care practices, looked at records and spoke with the provider and two staff. We met with all of the people who used the service.

Our inspection team was made up of one adult social care inspector and the inspection was carried out over five hours. We answered our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? Below is a summary of what we found. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

There were up to date policies and procedures in place for the safeguarding of vulnerable adults. Staff were aware of their safeguarding responsibilities and had received appropriate training.

There were detailed risk assessments in place for home and farm based activities which meant that people could participate in meaningful tasks in a safe and supported manner.

There were enough qualified, skilled and experienced staff to meet people's needs. The staff we spoke with were knowledgeable about the people they supported and had previous experience in working with people who had a learning disability. The rota showed that there was always a member of staff on duty to support people if needed.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. While no applications have needed to be submitted, proper policies and procedures were in place. Relevant staff understood when an application should be made, and how to submit one.

Is the service effective?

People told us that they were happy living at Tablehurst Farm Cottage. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. Staff had received training to meet the needs of the

people living at the home.

Is the service caring?

We observed that people appeared relaxed and happy on the farm and familiar with the staff that supported them. People were actively involved in farming tasks and treated as members of the team. We found that people were able to participate in farm tasks of their choosing and were supported to develop new skills. People expressed their views and were involved in making decisions about their care and treatment. There were regular house meetings where people were asked how they were getting on and if they had any ideas or suggestions.

Is the service responsive?

People's needs were continually assessed. Records showed that people's preferences, goals and diverse needs had been identified and support had been provided accordingly. Where changes in people's needs had been identified the service took action to make sure appropriate support was offered.

Is the service well-led?

There were quality assurance processes in place to maintain standards in the service. We saw that staff and people who used the service were given opportunities to express their views. The provider monitored the quality of the service and took action to make improvements where needed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People were supported in promoting their independence and community involvement. People who lived at Tablehurst Farm Cottage all took an active part in the day to day running of Tablehurst Farm. We were told that there were approximately 25 workers who helped out and lived around the farm and the people at Tablehurst Farm Cottage were a part of this community.

We observed people helping out at the farm during the day and that they were treated with respect, friendliness and familiarity by the workers. People were involved in meaningful activities and were part of a team. One person was making pies which were sold in the farm shop. Another person showed us around the farm and explained they had spent the morning plucking chickens using a machine. The person clearly enjoyed the farming activities and was able to work independently on some of them. We noted that at lunchtime, people were involved in preparing the meal and sat with the other farm workers to eat and take part in conversations.

We looked at care records and saw that each person had a "Personal profile" which was written by people with the support of staff. This included details about who was important to them, what they liked to do, activities they were good at and goals they wanted to achieve. We noted that one person wrote their own daily diary notes which demonstrated that people's own views about day to day routines were acknowledged and recorded.

People expressed their views and were involved in making decisions about their care and treatment. We saw records of fortnightly meetings which took place with people who lived at the home and the support staff. At the meetings people were asked how they were getting on and what they would like to do. We noted that people were doing the activities they preferred on the farm.

Care plans and daily records showed that outside of the farm people were able to take part

in other activities of their choice such as going to the pub, bike riding, swimming and adult education. This meant that people's social needs were met in the way that people preferred.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We met with the three people who lived at Tablehurst Farm Cottage and spent some time with them on the farm. All of the people appeared happy and familiar with the staff around them. When we asked if they liked living there one person said "Yes, I do like it" and another replied "Yes". None of the people made any negative comments about the service.

We looked at the care records for two of the people who lived at the home. Care plans were detailed and gave information about how each person's needs should be met in areas such as health and hygiene, food and drink, relationships, leisure and work. We noted that none of the people in the home required support with intimate personal care but that support was needed for daily tasks such as cooking, cleaning and attending activities. Care plans were in the process of being reviewed and updated onto new forms. The new forms were more person centred and written from the point of view of the individual. This meant that staff had up to date information on how to support people in meeting their needs.

There was evidence that people's health needs were met by the service. There was a record of visits to health professionals such as the GP, optician and dentist and each person had a detailed "Health Plan" which gave information about promoting healthy lifestyles. We saw that where particular issues had been identified other professionals had been involved. For example, in May 2014 one person had been referred for speech and language support with their communication. They now had communication picture cards which they could use in the pub or shops when they went out. This demonstrated that the service took appropriate action to meet people's identified needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each person had a safeguarding risk assessment which looked at the types of abuse, who could be at risk and what should be done to keep them safe. A health and safety lead on the farm held robust risk assessments which showed that risks relating to the health and safety of people had been identified and assessed. There were also detailed, up to date risk assessments in each person's care record which covered particular activities such as bike riding or swimming.

Each person was actively involved with the farm during the day and helped with a range of farming tasks. On the day of our visit one person was helping to make pies to sell in the shop and another was helping to maintain the crops in one of the greenhouses. The third person spent the morning helping to pluck chickens. It was clear from our observations that people enjoyed what they were doing and were seen as part of the farm team. One person told us that they "Enjoy it".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at the service's safeguarding policy dated March 2013. This included information about the types of abuse, how to identify possible abuse, and the action to be taken if abuse was suspected. The policy made reference to the local authority policies and procedures and advised staff where they could find further information. We noted that there was a list of relevant safeguarding contacts kept by the phone. This meant that staff had the information they needed to safeguard people who used the service.

There was also an easy read version of safeguarding guidance for people who used the service. This was called "Say no to abuse" and included information about the types of abuse, who to tell and contact numbers for the police and CQC. This meant that people who used the service had information on how to keep themselves safe.

We looked at records which showed that all staff at the service and on the farm had completed training on safeguarding vulnerable adults. The staff we spoke with told us that they were confident about what they would do if they had any concerns or suspected abuse had occurred. The provider also told us that the weekly farm meetings included a discussion about people who used the service where any concerns or changes in behaviour would be noted and action taken if needed.

We looked at the whistleblowing policy which described what staff should do if they had any concerns about work practices. This included contact details of the provider and CQC. There were clear accident and incident reporting procedures and we were noted that there had been no recorded incidents or safeguarding alerts so far this year.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

The service made use of live-in staff to support people who used the service. One member of staff started in January 2014 and lived at the cottage with their partner (who was not an employee). There was also one other member of staff who lived in. The provider worked at the cottage on Monday and Tuesday. We looked at the rota which showed that there was always one member of staff on duty. Because people who used the service did not need support with intimate personal care we found that the level of staffing was sufficient to meet people's needs.

We spoke with all the staff who supported people who used the service. They all demonstrated a good understanding of people's needs and we observed that there were good relationships between staff and the people that lived there. All of the staff we spoke with were experienced in working with people who had a learning disability.

We saw that farm workers knew the people well and provided appropriate support for activities on the farm. We saw records which showed that all farm workers who had contact with people had received basic training in essential areas such as safeguarding, infection control and health and safety.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

People who used the service and staff were asked for their views about their care and treatment and they were acted on. We saw records of fortnightly house meetings where people at the home were able to discuss any issues with staff. People talked about how they were feeling and the things they wanted to do such as outings. We noted that people were also asked if they had any complaints. The provider told us that they worked at the cottage every Monday and Tuesday which gave them the opportunity to talk directly with people who used the service. There were also weekly farm worker meetings and the records of these showed that there was always a discussion about people who used the service and how they were getting on at the farm.

There was evidence that staff who worked at the service undertook regular environmental checks to ensure that people were protected from associated risks. These included morning and evening security checks, weekly fire safety checks and a monthly health and safety audit. We saw that where issues had been identified they had been noted as action needed and ticked off when completed. For example there was a repairs and improvements maintenance schedule which showed that identified repairs had been completed in a timely manner.

A member of staff who lived at the service showed us a policy improvement plan which had identified where updates and changes were needed for policies and procedures. This included timescales for the improvements to be completed. This demonstrated that there were systems in place to make sure that the service was continually improving and updating policies where needed.

We spoke with a member of staff who worked on the farm who was responsible for maintaining health and safety and managing risks both on the farm and in Tablehurst Farm Cottage. We were shown robust risk assessments which showed that risks relating to the health and safety of people had been identified and assessed. We saw that there was a record of all accidents and incidents. This meant that the provider could monitor incidents and potential risks to protect people from or unsafe care.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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