

*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: 31 January 2013

Date of Publication: March 2013

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓	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

## Contents

*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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safety and suitability of premises	8
Supporting workers	9
Assessing and monitoring the quality of service provision	10
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	11
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## 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 unannounced 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 31 January 2013, 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

---

We used a number of different methods to help us understand the experiences of people who used the service because people's complex needs meant they were not fully able to tell us about their experiences. One person said that they "Like it here" and another told us they were "Happy". Feedback forms received from relatives in September 2012 had comments such as "Impressed with the variety of activities" and that it was "A very warm, friendly household".

Tablehurst Cottage was located on a working farm and the people who lived there were actively involved in the day to day running of farm activities. We found that people were treated with respect and were supported in being members of the farm team. Because there were live-in staff at the Cottage there was what one staff member described as a "Family feel" to the way it operated.

We found that people were given the support they needed to enjoy fulfilling lives which promoted their independence.

Staff were knowledgeable about the needs of people who lived at the home. They told us that it was a "Nice set up" and they "Get to know people quite well". However, we found that staff did not get the training they needed to fully support them in their roles.

There were quality assurance systems in place to make sure that people's views and opinions were taken into account. The provider was aware of potential risks to people and had plans in place to manage them safely.

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

---

### What we have told the provider to do

---

We have asked the provider to send us a report by 26 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://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 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 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 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. One worker commented that they had grown up with some of the people at the Cottage and knew them very well.

We were told by a staff member that as there was a shop at the farm, many members of the local community knew the people who lived at the Cottage and that they were well known and liked in the nearby village.

At the home we observed that people got on well with the staff and that they were treated with respect. One member of staff told us that because they lived at the home with their baby, it was a "Family environment". We saw that people were comfortable in their environment and were able to go where they liked in the home.

People expressed their views and were involved in making decisions about their care and treatment. We looked at care records and saw that each person had a "Personal profile" which was written by people by hand with the support of staff. This included details about who was important to them, what they liked to do, things they were good at and things they wanted to achieve. We saw that one person said they liked to be involved with the disposal of bones from the abattoir and saw that they were doing this on the day of our visit.

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, art therapy 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.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for all three people at the home. These all contained a photograph, personal profile and a form which the person had signed to show they had consented to share information.

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. Two care plans had been recently reviewed and updated. The provider may like to note that one person's care plan was overdue for a review. We were told by staff that this was happening soon as part of the improvements being made to records and documentation.

One person's care plan showed that they had had a problem with a sore eye which they rubbed and the GP had recommended wearing gloves whilst working on the farm. We observed that this person wore gloves when we visited. This showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

There was evidence that people's health needs were supported. There was a record of visits to the GP and dentist and each person had a detailed Health Plan which had been completed recently. This included information on how to promote a healthy lifestyle.

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 renovate an old building and another was disposing of bones from the abattoir. The third person was helping in the kitchen to prepare meals for the workers at lunchtime. 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 they "Enjoy the farm" and that they were "Looked after".

**People should be cared for in safe and accessible surroundings that support their health and welfare**

---

## **Our judgement**

---

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

---

## **Reasons for our judgement**

---

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Tablehurst Cottage was located on farmland on a track away from the main road in Forest Row. On the ground floor was a large kitchen and dining area and a comfortably furnished lounge. Communal areas were homely and there were plants, photos and artwork which made it feel personalised. There was also a laundry room on the ground floor and a bathroom. The bathroom was an adequate size but the provider may like to note that the bath panel was buckled and the sealant was black in places which could present a hygiene risk.

There were two bedrooms for people on the ground floor and one person had their room on the first floor. One person showed us their room which was bright and clean and well maintained. They had recently been provided with a new mattress and desk and told us they "Liked it". Staff accommodation was on the first floor as well as a separate staff bathroom.

There were no observable environmental risks in the home. Cleaning materials and hazardous chemicals were securely locked in a container to maintain safety. We spoke with the maintenance person who said that any repairs needed were reported to them and they would ensure that they were completed. These were dealt with as and when reported. We did note that two people's rooms had been recently refurbished as part of general improvements to the environment. We were shown recent risk assessments for people using equipment at the home, such as the cooker. This meant that when people were at home they were supported to keep risks to a minimum.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## **Our judgement**

---

The provider was not meeting this standard.

Although staff were familiar with the needs of people in the home they were not supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## **Reasons for our judgement**

---

We spoke to two staff, both of whom lived in the home with the people who used the service. They told us they liked working there and that they were well supported by the provider. One staff member said "If we have a problem we can talk to [the provider]" and that they "Usually see him every day". Staff told us that because they lived at the home they got to know people very well and it was "Like a family".

We saw that there were regular team meetings where staff could discuss any issues. We saw that these meetings included discussions about activities on the farm which was a part of the daily lives of the people who lived there.

One staff member told us that they had training in mandatory areas of care and support. We saw recent training certificates for food hygiene and emergency first aid. However we were unable to find evidence of recent training in safeguarding, infection control and health and safety. Staff were not able to tell us when they had training in all these areas. In particular we asked about staff awareness of safeguarding procedures. Although the staff we spoke with were aware of the need to keep people safe they were unaware of how safeguarding concerns would get reported. This could place people at risk of receiving inappropriate care due to staff not being aware of the correct procedures.

Although staff told us that they frequently met with the provider there were no formal records of supervision and this meant that staff did not get the appraisal or supervision needed for them to carry out their roles safely and to an appropriate standard.

## 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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We were told that there were regular house meetings where people at the home were able to discuss any issues with staff. We saw records of these meetings which took place every one or two weeks. People talked about how they were feeling and the things they wanted to do such as outings.

We saw that at the last meeting people were reminded that they could talk anytime about a concern or complaint. People were told about new quality assurance forms which they could complete on their own or with the help of a staff member.

We looked at quality assurance forms which had been sent out to relatives in September 2012. These asked for feedback in areas such as the home, care, staff, work life and social life. There were positive comments from all the relatives which included "We are very happy" and "We communicate with each other".

We were unable to meet with the manager on the day of our visit. We were told that he lived nearby on the farm and was closely involved with the running of the home and the farm activities. One of the staff members said that they had met with the manager recently to discuss the quality of care plans and other written information to agree on how it could be improved. Although we did not see an action plan in regard to this we found that improvements had started to be made.

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 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.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b>
	<b>How the regulation was not being met:</b> Staff did not get the training and supervision needed to deliver care and treatment safely and to an appropriate standard.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 March 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---