

***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: 14 June 2013

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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

Supporting workers

✓ 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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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 14 June 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 met all three people who lived at the home and spoke with two members of staff. The temporary manager was unavailable on the day of our visit. People told us that they liked living at the home. One person said they were "Happy" and "We all get on". A member of staff said "It is like a big family".

People were actively involved in the daily activities of the farm. They helped out with meaningful jobs and were able to do the tasks they enjoyed. People were treated with dignity and respect by the staff that supported them.

We found that people received care and support that met their needs. Care plans were up to date and contained the information staff needed to fully support people. Staff had a good awareness and understanding of each person and promoted their independence.

Staff were supported in their roles through training and regular team meetings. There were opportunities for staff to discuss any issues or concerns. The staff we spoke with said that they liked working there and had the support they needed. One staff member said "I really enjoy working here".

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.

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 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 in the farm kitchen helping prepare lunch for the workers. They were able to work independently and told us they enjoyed what they were doing.

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, activities they were good at and goals 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.

We saw records of weekly 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, 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

We looked at the care records for all three 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. All of the care plans had been reviewed in the last year. This meant that staff had up to date information on how to support people which recognised people's changing needs.

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

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.

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 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 "Really enjoy it" and they were "Happy".

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection in January 2013 we found that although staff were familiar with the needs of people in the home they were not adequately supported to deliver care and treatment safely and to an appropriate standard. This was because we were unable to find evidence of up to date mandatory training. There was also a lack of arrangements for staff to receive formal supervision. The provider wrote to us and said that a programme of refresher training had been implemented and there was additional in depth training for some staff.

When we returned we asked two staff members about the training they had received. They told us that they had completed a number of online training courses since the last inspection. These included topics such as safeguarding, health and safety, communication and person centred care. We looked at training records which confirmed this. The training had also been provided to staff that worked on the farm. This meant that staff had the training necessary to support people at the home. Staff told us they had found the training "Useful". One staff member said it was "Good to know more".

Staff were able, from time to time, to obtain further relevant qualifications. We saw evidence that the temporary manager was undertaking a Level 5 Diploma in Health and Social Care. This was to provide them with the skills necessary to carry out their role more effectively.

Staff told us they felt fully supported. They said that they were able to have one to one meetings with the temporary manager where they could discuss any issues. One staff member said that they also had a mentor in the management group for support. They added that all employees of Tablehurst Farm had an appraisal every year. We were unable to see records to confirm this and the provider may like to note that there were no written notes from formal supervisions. We noted from the minutes of a recent team meeting in May that the temporary manager was aware of this and had discussed how these should be arranged.

There were team meetings held every week and we looked at the minutes which confirmed this. These meetings involved workers at the farm and staff members from the home. Minutes showed that these were used to discuss any issues relating to the support

of people who lived in the home.

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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