Mr Brian Jack

Duckyls Farm Centre

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 28 October and was unannounced.

Duckyls Farm Centre provides accommodation and personal care for up to ten people who have a learning disability. On the day of our inspection nine people were living there. The home is located on a farm in a rural area and people who live in the community work on the farm and in the garden.

Duckyls Farm Centre had a sole individual provider who had day-to-day oversight of the operations. Therefore a registered manager was not required, so the service did not have one. The provider had a deputy manager who assisted with the day to day management at the home.

We carried out an inspection of Duckyls Farm Centre on 24 February 2015. Breaches of legal requirements were found and we took enforcement action against the provider. We issued warning notices in relation to the management of medicines and the keeping of records. We identified four further breaches of regulations in

Summary of findings

relation to supporting staff, capacity and consent, safeguarding and governance. After this inspection the provider wrote to us to say what they would do to meet the legal requirements in relation managing medicines, records, safeguarding, capacity and consent, supporting staff and governance.

Following this we undertook a comprehensive inspection on the 28 October to follow up whether the required actions had been taken to address the previous breaches identified and to see if the required improvements as set out in the warning notices had been made. The report covers our findings in relation to those requirements. We found improvements had been made in all areas but that there were some areas that needed ongoing improvement.

Improvements had been made in the management of the service and systems had been introduced to support with this. The registered provider had taken steps to get up to date with current legislation, policy and procedure and developed robust systems for recording care plans and daily records. A system for auditing had been developed, however this was yet to be implemented. This remained an area that needed improvement.

Improvements had been made around the registered provider's knowledge of Deprivation of Liberty Safeguards (DoLs) and The Mental Capacity Act 2015 (MCA) and the provider demonstrated that they had applied the principles of this legislation to people who lived at the home. This included referral for assessment under DoLs and referral for an Independent Mental Capacity Advocate (IMCA) to ensure people's rights were respected. However staff were not clear about the principles of this legislation and this remained an area that needs improvement.

Improvements had been made to staff training and staff had received training in areas such as safeguarding and medicine management. Staff told us that they felt supported to carry out their roles. The provider had a training plan in place to address other areas of training such as MCA and infection control. As staff had not received all the training they needed this remained an area that needed improvement.

Improvements had been made in the management of medicines. These were managed and administered safely and the correct policies and procedures were in place to support this. We observed medicines being given and that this was done accurately. Medicines were ordered and disposed of safely and stored appropriately.

People felt safe living at the home. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe from harm and abuse. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff at the home they followed safe recruitment practices. People told us they felt safe living at Duckyls Farm Centre. One person said "Yes, I love it here. I love the countryside too". A relative told us "My [family member] is safe and looked after".

Relatives and health and social care professionals spoke positively of the service. They were complimentary about the caring, positive nature of the staff. We were told "Staff are all very nice and caring" and "The care is very good". Staff respected people's privacy and dignity and their individual preferences. Our own observations and the records we looked at reflected the positive comments people made.

Accurate care records were kept for each person and there were clear daily records in place that described what medicine they had taken, what they had eaten and what activities they had participated in. These records were person centred and described individual need. People worked on the farm and the garden and had access to and could choose suitable educational, leisure and social activities in line with their individual interests and hobbies. People went swimming, shopping, to the local social club and pub.

People's relatives, staff and professionals who knew the service spoke positively about the registered provider and deputy manager and the culture of the home. One relative said ""I think [the deputy manager] is well on the ball". They praised the inclusive nature of the home and how it supported people to be as independent as possible. A representative from commissioning department at the local council commented on the positive improvements that had been made to the home following the last inspection.

Summary of findings

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. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff training wasn't up to date including training on MCA. This was an area that needed improvement

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs. People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered provider had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and support.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. Relatives felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The registered provider had implemented some quality assurance systems but had not implemented a system of auditing. This was an area that needed improvement.

There was a person centred culture that placed the person at the centre of their care. They had cultivated relationships with the wider community and people were fully involved in this.

There were clear lines of accountability. The registered provider and deputy manager were available to support staff, relatives and people using the service.

Requires improvement

Duckyls Farm Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28th October 2015 and was unannounced. Three inspectors carried out the inspection. The previous inspection on 24 February 2015 had identified breaches of regulations. The provider sent us an action plan that explained the measures that they were taking to ensure they met the regulations. We undertook the inspection to check that improvements to meet the legal requirements planned by the provider after our inspection on 24 February had been made.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We looked at the previous inspection report and the action plan that had been submitted by the provider which described how they would meet the breaches of regulation identified. We used all this information to decide which areas to focus on during our inspection. We did not use a PIR as we had not asked the provider to complete one. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care and spoke with people, their relatives and staff. We looked at four care records, four staff files, medication administration records (MAR), accident and incident records, minutes of meetings, staff training, supervision records and other records relating to the management of the service.

During our inspection, we spoke with four people using the service, one relative, the registered manager and three care staff, the deputy manager and the provider. After the inspection, we contacted two relatives, a GP, a community psychiatric nurse, a psychologist and contracts manager from the local authority who had involvement with the service to ask for their views. They were all happy for us to quote them in the report.

Good

Is the service safe?

Our findings

At the last inspection in February 2015 we found that the provider was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were not suitable arrangements in place for the safe management of medicines. These included no arrangement in place for recording returned medicines, a dossette box administration system which is considered unsafe practice, a medicine not properly stored and labelled, no facilities for storing refrigerated medicines and gaps in recording of Medicine administration Records (MAR). An action plan was submitted by the provider that said they would be meeting the legal requirement by the end of June 2015.

At this inspection we found that the provider had followed their action plan and that improvements had been made and sustained and therefore that this breach had been met.

Medicines were administered safely. There was a policy and procedure in place for medicine management and staff were aware of the guidance contained within these. Medication Administration Records (MAR) were in place and showed that records of medicines prescribed and administered for each person were completed accurately. All medicines were delivered and disposed of by an external pharmacist. We noted the management of this was safe and effective, in line with the registered provider's policy. Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams were labelled with the name of the person who used them, signed for when administered and safely stored in a locked cabinet . The temperature of the cabinet was recorded daily to ensure medicines were stored at the correct temperature. Arrangements were in place for storing medicines requiring refrigeration. No one was receiving medicines that required refrigeration on the day of our visit. The temperature of the fridge was monitored regularly to ensure the safety of medicines.

Staff had received training in medicine management and felt confident to give people their medicines. One member of staff took the lead for ordering medicines and for any stocks of medicines returned to the pharmacy. When stocks were returned to the pharmacy details were recorded and the pharmacist signed to indicate they had received these. The staff member that had the lead role had completed a more advanced course that was provided by the local authority. This meant that staff had the skills to manage medicines safely. We observed people being given their medicines and the staff member made sure they checked the MAR sheet and gave the correct medicine, signing to say that it had been given. Where someone had a PRN, 'as needed', medicine they were asked if they were in pain and then the tablet was given when they said that they were. This showed us that people were consulted regarding their medicines and taking them. No one at the home self-medicated.

At the last inspection in February 2015 5 we found that the provider was in breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were not suitable arrangements in place to ensure that people were safeguarded from the risk of abuse. Safeguarding training was not up to date and some staff had not received training. The provider did not have access to local authorities safeguarding policy and was not aware of who to contact with concerns. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of August 2015.

At this inspection we found that the provider had followed their action plan and that this breach had been addressed. People we spoke with told us they felt safe living at Duckyls Farm Centre. One person said "I love it here. I love the countryside too". A relative we spoke with said "My [relative] is safe and looked after". There was a new policy and procedure regarding safeguarding adults in place that staff had been required to read. The policy and procedure had been discussed at team meetings to ensure that staff were aware of the principles of how to safeguard adults from abuse. This was recorded in the minutes of the meetings. Some staff had attended training delivered by the local authority and other staff were due to attend upcoming courses. All staff we spoke with were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that they should inform their manager who would make a referral to an agency, such as the local Adult Services Safeguarding Team, in line with the provider's policy. Staff were also aware of whistle blowing procedures should a manager fail to act. One staff member told us, "I would let my manager know". Another staff member said, "I could contact Social Services if the manager didn't do something, though I'm sure they would."

Good

Is the service safe?

At the last inspection in February 2015 we found that the provider was in breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were not protected from the risk of unsafe or unsuitable care and treatment arising from the lack of complete and updated records.

At this inspection we found that the provider had followed their action plan and that improvements had been made and sustained and therefore that this breach had been met. Risk assessments were in place for people and we could see that where a risk was identified there was a clear plan in place to address and minimise this risk. For one person who due to a medical condition were at risk of being agitated and distressed we saw that this had been identified, the appropriate professional involved and action plan for that person and for staff to support them was in place. For another person a risk had been identified of them slipping when using the bathroom so staff supervision was in place for this. These records were completed and up to date.

Daily recordings were in place for each person and the deputy manager had weekly oversight of these and kept a record of any changes needs or actions required at the end of the week. Records of visiting professionals were kept. Summaries of people's care plans were kept together and copies of more in depth records kept separately. Staff had full access to these.

Accidents and incidents were recorded and monitored by the deputy manager who reviewed people's care weekly and noted any accidents or incidents and implemented any changes in the plan of care. For someone who needed their behaviour monitoring, any incidents were clearly documented and any actions needed recorded. Accidents were recorded and any actions detailed.

There were enough staff on duty to provide safe care and support to the people living at Duckyls Farm Centre. These staff supported people with tasks including tidying their rooms, cooking dinner, going shopping, working on the farm and going to the pub. Many of the staff had worked at the home for many years and knew people very well. We asked staff about staffing levels at the home. One staff member said, "Staff numbers aren't a problem". Another staff member told us, "We did use agency staff a while back but not now". A third staff member said, "We have plenty of time to spend with people so no, it's not a problem". The provider told us they had needed more staff when a new person had moved into the home in order to meet their needs. It was identified that a female member of staff was needed to support with this person's care and this had been actioned. The provider always ensured a female member of staff was on duty to support this person with their personal care as this was their preference. The provider and deputy manager worked in close collaboration to establish if there was a need for increased staffing by monitoring the needs of people who lived at the home.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for six staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the registered provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including character references, job descriptions and application forms in staff files.

Requires improvement

Is the service effective?

Our findings

At the last inspection in February 2015 we found that the provider was in breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because staff supervisions had not taken place and staff had not received the appropriate training and supervision to carry out their roles. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of August 2015.

At this inspection we found that the provider had followed their action plan, improvements had been made and therefore that this breach had been addressed. However although there was a clear plan in place to address training needs some training was still outstanding and this was an area that needs ongoing improvement.

We spoke with staff about the training opportunities on offer. One staff member said, "I would like more training". Another staff member told us, "It's mainly watching DVDs which is okay I suppose". A third staff member said, "I can't learn from DVDs. I would much prefer to sit in a classroom so I could discuss things".

Training was being accessed via the local authorities learning gateway where staff had attended classroom based training in areas such as medicine management and safeguarding adults. Staff who hadn't received training in safeguarding adults were booked on training in November. The provider had met with the local authority to discuss accessing this training. The provider had devised a training program that included training in infection control, manual handling, autism and diabetes. They were identifying specific training around supporting people with learning difficulties There was a training program delivered via DVDs about managing challenging behaviour and this training was due to be rolled out to staff. The deputy manager had completed an additional vocational qualification as had another staff member. These opportunities were made available to staff where this was identified as a learning opportunity. Although not all staff had received the training they needed the provider told us that they were committed to ensuring that staff received the training they needed to do their jobs and had a plan in place to make sure this happened.

Staff supervisions now took place every two months and staff told us they found these useful. The staff we spoke were happy with the supervision and appraisal process. One staff member said, "We get supervision every two months. I can say what I like really". Another staff member told us, "The manager is very good. I feel supported". A new member of staff who had recently started was carrying out The Care Certificate as part of their induction. The skills for Care Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.

Staff meetings were used as a forum to offer support to staff and deliver training and updates. We examined the minutes of recent staff meetings, which were held weekly. The minutes contained a review of the minutes of the previous meeting and a plan to decide what action would be taken as a result of the current meeting, by when and by whom. For example one of the person wanted to go swimming but was anxious about doing the activity. We saw from minutes that this had been actioned but the person had decided not to go but staff would support and encourage if the person changed their mind. The staff we spoke with felt the meetings were held in an open and honest manner. We noted from the minutes that the provider drew staff's attention to policies and procedures concerning the safety and welfare of people, which were regularly updated. These contained up to date information about the care and support of people and discussions of any actions required.

At the last inspection in February 2015 we found that the provider was in breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the provider had not considered the need for any Deprivation of liberty safeguards (DoLS) applications and was unaware of the need to do this. There was also no evidence in people's care records that mental capacity had been considered.

At this inspection we found that the provider had followed their action plan, improvements had been made and therefore that this breach had been addressed. However staff knowledge and training in this area continued to need improvement.

DoLS is part of the Mental Capacity Act (MCA). The purpose of DoLS is to ensure that someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for

Requires improvement

Is the service effective?

them. The provider told us that one person had a DoLs authorisation in place and we saw that this was the case and that conditions of this were detailed in their care plan. For another person we could see that a referral had been made to the local authority and that the provider was awaiting a visit for the person for assessment. In the meantime the person was being supported by staff to maintain as much freedom as possible whilst being supported to keep safe.

The Mental Capacity Act (MCA) is designed to protect and restore power to people who lack capacity to make specific decisions. The philosophy of the legislation is to maximise people's ability and place them at the heart of the decision making. The MCA 2005 should only be instigated when it is felt the person has an impairment or disturbance off the mind/brain and at a particular time, they may be unable to make a decision. The MCA 2005 is decision specific and it needs to be assessed whether the person can retain, weigh up, understand and communicate the decision. For mental capacity assessments to be completed in line with legal requirements, they must adhere to the code of practice and legislation.

People told us that they were involved in decisions about their care and support. One person said "I can do things for myself but the staff will help me if it's too difficult". Another person said "They (staff) ask me what I want to do" and another person said "If I don't want to do something because I don't feel like it or I'm not well, I don't do it." This showed us that people were asked about their care and choices that they made and consented to ways in which they chose to live their lives. For one person whose health had deteriorated we saw that the provider had identified that they may no longer be able to make decisions regarding areas such as identifying the right accommodation to meet their needs. They had made a referral to the local authority for support for this person and also a referral for an Independent mental capacity advocate (IMCA). This showed us that the provider had considered their duties under the legislation in relation to acting in someone's best interests when they lack capacity. There was a new set of policies and procedure in place regarding MCA and DoLS and there were plans in place for staff to read these and discuss them at the team meetings.

Staff understood the need to gain consent from people and we observed them asking people what they wanted to do and eat throughout the day. However Staff knowledge of MCA and DoLs was not very detailed and one member of staff said "I think it's about giving people choices" and another staff member said "I think it's about making sure people are safe". Staff had not yet received training in MCA. The provider had purchased a DVD training package that they were going to implement immediately and enrol staff on classroom training through the local authority. This therefore remained an area that needs improvement.

People told us that they liked the food at Duckyls farm centre. One person said "The food is lovely. The best". Another person told us, "I love it. It's great". People were fully involved in menu planning, shopping, cooking and washing up. This was carried out on a rota basis so that everyone participated in the management of this. On the day of our inspection people had a lunch of macaroni cheese with bacon and salad with fresh fruit and yoghurt for pudding. People told us it was tasty. There was also macaroni cheese without bacon for someone who was a vegetarian. Everyone seemed to enjoy their food and those who needed support were offered this. People chatted at the table and there was light hearted banter. Cold drinks were available during lunch and people had constant access to the kitchen to help themselves to drinks and snacks. Where someone had been receiving a specialist diet we saw that the staff had carefully followed this. After a consultant visit this was no longer the case and this person was now able to have a normal diet. People could choose to eat together or they could to eat separately. One person liked to have their supper in their room sometimes.

People's weights were recorded weekly and these were monitored weekly to ensure that people maintained a healthy weight. We saw that for one person who had needed to gain weight that this was being achieved and recorded to demonstrate this.

People had access to healthcare professionals such as GPs, dentists, opticians and chiropodists. People had 'hospital passports' that enabled professionals to understand their needs such as communication barriers. Health appointments were recorded in people's daily records and discussed at the team meeting. After the inspection we spoke with a GP, community psychiatric nurse and a psychologist. They told us that "communication is good" and that staff were "knowledgeable about individuals". Another professional said about staff "They are dedicated

Requires improvement

Is the service effective?

to their clients" and have "taken on board everything I've asked them to do" and when managing a complex change in someone's support needs staff "had rolled up their sleeves and got on with it".

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "I love them (staff). They are so nice" Another person told us, "I wouldn't want to live anywhere else". A third person said, "I like all the staff, they are like my family". Relatives we spoke with told us that they thought staff were kind and caring. One relative said "The care is very good" and gave an example of the compassionate approach of the staff when there had been bereavement in the family and that staff had provided their relative with stability at this time. Another relative said "Staff are all very nice and caring".

Professionals we spoke with praised the caring nature of the staff and how well staff knew people and their individual needs. One professional said that staff "Always seem very caring and knowledgeable about individuals. Another professional said that staff were "Very caring" and had people's "Best interests at heart".

We observed staff that knew people's individual needs well and interacted with them in kind and compassionate ways but also with humour and fun. We observed staff asking people what they wanted to do and involving them in their choice of activity for the day. On the day of our visit some people were cleaning their rooms and doing their laundry. We observed someone being supported to do their laundry with a staff member and they were chatting away about activities the person liked doing. They were talking about going swimming. Interactions between people and staff were calm and relaxed and demonstrated an ease that existed between them. We observed that people and staff worked in collaboration when carrying out tasks. Everybody shared the jobs in the house and on the farm and where people needed support this was provided. People told us about their work on the farm and in the garden and were proud of what they did.

People told us that they were treated with respect. One person told us, "They (staff) always knock before they come in my room". Another person said, "I like my room. I can do what I want in there". We observed staff knocking on people's doors before entering. For the women living at the home consideration had been given to who would be best to support them with personal care and the provider ensured that female staff were always available to support with this.

We observed that people were involved in their care and support. At the start of the day everyone decided in conjunction with their weekly planner what they were going to do that day. Residents meetings happened weekly and we saw from the minutes that people were able to contribute to the meeting and to make suggestions concerning their welfare and future service provision. This included discussions about activities and outings and menu planning. People were clearly involved in their care planning on a daily and weekly basis and this was recorded in the care plans.

People's rooms were personalised and had their own possessions that reflected their individual personalities. People had dvds, pictures, items that represented their passions. Two people who were football fans had made their room's representative of their passion for the respective teams that they supported.

Some of the people had lived together for a long time and supportive relationships between people had been encouraged and we observed people chatting together and helping each other. One person said about a person they lived with "We're good friends and I feel close to her". People were encouraged to have friends in the wider community as well and have them round for tea, discos and to look at the farm.

The provider had information regarding an organisation that provided advocacy for people should they request or need an advocate. One person at the home had been supported to access an IMCA to support with making decisions about their future care.

Good

Is the service responsive?

Our findings

At the last inspection in February 2015 we found that the provider was in breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.This was because records relating to people's care were not up to date, were not complete and there were no daily recordings that described the care that the person had received. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of May 2015.

At this inspection we found that the registered provider had followed their action plan and that improvements had been made and sustained and therefore that this breach had been met. Care plans were up to date and contained detailed descriptions of people's needs across a range of areas including people's physical and psychological health, personal care, safeguarding, daily routines and activities. These records were regularly reviewed and were up to date. There were daily recording sheets in place for each person that included their medicines including any PRN (as needed) medicines, personal care, behaviour, activities undertaken and any other comments. The provider had implemented a system whereby the deputy manager checked these weekly to have an overview of any change in people's care needs. Staff said that they found this a useful system for maintaining oversight of people's care needs and ensured that care was consistently reviewed to ensure that it was person centred. Care plans reflected people's individual needs and support required. For someone who was non-verbal there was clear plan in place regarding how they communicated by leading people to situations or items they wanted and by using Makaton. Makaton is a language programme using signs and symbols to help people to communicate. For one person who was unable to use Makaton they had a key fob with pictures on to communicate and a communication passport containing photos and information about who they were and their likes and dislikes. For another person their participation in cooking was described and their particular interest and skill in preparing vegetables. Details such as food preferences were recorded, for example someone didn't like broccoli.

Where people needed support around managing difficult emotions specific guidance around how to support that individual was detailed. For one person who may become confused and distressed if there was too much noise or too many people talking at once there was advice that informed staff to talk calmly to the person and give them time to understand the topic of conversation being discussed. For another person who was sometimes reluctant to join in with group activities staff were advised to explain the activity and in advance and what the plans were so they had plenty of time to make a choice about whether they wanted to participate or not.

For someone living at the home whose needs had increased we could see from records that staff had been meeting these needs and that the provider had sought assessment and advice from external agencies to ensure that they received the care and support required. This increase in need meant that the person was going to require care from a more specialist provider. This process was in place and the provider whilst acknowledging that this person had lived at Duckyls Farm Centre and it had been their home for many years, appreciated that the person's need's had changed. Professional's involved in this person's care praised the dedication and care of the staff in supporting this person whilst alternative accommodation was sought. A professional we spoke with said they couldn't "Praise them [staff] enough" and that staff "Know [the person] really well".

All of the staff we spoke displayed a good understanding of person centred care. They were able to describe to us in detail the process of providing care that revolves around, and includes at every stage, the person receiving it. One staff member told us, "I think it really means that the person you're looking after is at the centre of everything". Another staff member said, "It's making sure that people get the care that is best suited to them". A relative we spoke with said that care and support was "As person centred as it could be" and that her relative was "Treated as an individual". They said that staff "Understand [the person] really well". We heard and observed throughout our visit how well staff knew people and their individual needs. People told us about the activities they participated in. One person said "I do swimming, horse riding, go to the pub". Another person told us about their particular preference when working on the farm "I like the sheep". For another person they didn't want to work on the farm but had a particular passion for picking blackberries when they were in season. People chose what activities they participated in and this included working on the farm and in the garden.

Good

Is the service responsive?

People also spent time doing their household chores and were supported to do this. People participated in activities such as football, swimming, horse riding and bowling. Once a week two people went out for lunch and people regularly went to the pub and attended a club for people with learning disabilities in East Grinstead. People could also attend a local social club in the local village if they wanted to on a Wednesday. Some people had recently been to a disco night for people with learning disabilities in Crawley which people had really enjoyed. Some people chose to attend a local church and were supported to do this.

One person was being supported to carry out some voluntary work at a local day centre making teas and coffees. This had been discussed with person as something they would like to do and the deputy manager had found an opportunity and encouraged the person to participate. People had attended local college courses but these were no longer available for people due to funding cuts.

People were supported to maintain relationships with people who were important to them. People were encouraged to have friends and family visit them on a regular basis or to arrange weekends away. There was an annual holiday and people's preference had been to go to Butlins because of all the activities on site. Duckyls Farm Centre also had a relationship with another care provider in London and there was a reciprocal arrangement where people came to visit the farm and people from Duckyls Farm Centre went up to London. People had been up to London over the summer to participate in a river cruise on the Thames. There had just been an Autumn festival on the farm which everyone had participated in where friend and family had been invited along and there had been a communal meal with produce from the farm and garden to celebrate everyone's hard work.

People were able to express themselves and their opinions. We saw from the minutes of residents meetings that people were consulted regarding likes and dislikes. One person had stated that they preferred rolls to sandwiches and this had been actioned. The deputy manager told us that there was "Constant consultation, on a daily basis" and that there were "Always discussions" going on.

There was a complaints procedure in place and a flow chart that indicated how these should be managed. There had been no complaints since the last inspection. Relative's we spoke with told us that they were always responded to and that the team at Duckyls were in regular contact regarding their family member. One relative said "They keep me informed. I feel that I can ring up or talk face to face anytime".

Requires improvement

Is the service well-led?

Our findings

At the last inspection in January 2015 we found that the provider was in breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were no formal quality assurance processes in place. Reviews of people's care were not up to date and there were no up to date policies and procedures. The provider and deputy manager were not up to date around current legislation and practice. An action plan was submitted by the provider that detailed how they would meet the legal requirement by the end of August 2015.

At this inspection we found that the registered provider had followed their action plan, improvements had been made and therefore that this breach had been addressed. However the planned audit system needed to be introduced and embedded and knowledge around MCA embedded in staff knowledge. These remained areas that need improvement.

The provider had management oversight of Duckyls Farm Centre and the deputy manager provided the day to day operational management within the home. The provider and deputy manager had worked hard to make improvements the care and support that was provided. The provider had implemented a new set of policies and procedures that covered all areas of the service that was provided including safeguarding, MCA, and medicine management. These were available to all staff on a computer they had access to in the office. This computer package enabled the provider to monitor whether staff had read these or not. We saw in staff meeting minutes that these policies were discussed at team meetings. This system also sent regular updates around policies, practice and legislation enabling the provider to keep up to date. The provider said that this had supported them and the deputy manager to get them up to date. Care records were up to date and the deputy manager had regular and consistent oversight of these through weekly monitoring and staff meetings. The analysis of accidents and incidents were monitored via this process.

The provider had also attended a conference in May regarding the Care Act 2014 and the changes this piece of legislation had introduced. We saw in the minutes of staff meetings that the CQC's change in regulations and introduction of fundamental standards had been discussed at this meeting. The provider and deputy manager were aware of their responsibilities under safeguarding policy and had details of the appropriate contacts. The deputy manager had been on training with the local authority and was fully up to date with current practice. They commented on how useful it was to network with other providers and share ideas about good practice. The provider had been in close contact with West Sussex County Councils contract and commissioning department who had visited the home and offered the support and advice around improvements and keeping up to date. When we spoke to representatives from this department they were happy that things had improved at the service over the last year and that the provider had completed actions requested of them.

The provider had a system in place to support them to carry out checks of the care and support provided but had not started using the system yet, there was an action plan in place. The plan was to discuss these checks in the November team meeting and roll out the system following this. Training had been booked for staff to attend MCA training and the provider was aware of the need to embed this within the team. The provider agreed that these were areas that needed improvement and was fully committed to implementing these improvements as soon as possible. To support with maintaining and implementing the oversight of quality assurance a new member of staff had been employed to enable the deputy manager to protect two days a week that would be devoted to carrying out management tasks and maintaining quality assurance systems.

The registered provider told us that the approach that they took was a "Holistic philosophy". This philosophy "Encompasses an appreciation of the land and people around you". The registered provider told us "Everyone has a place in this world and everyone can participate". Strong links had been developed with the local community including relationships with local churches, local social clubs, pubs and day centres. People participated on the farm and in the garden and activities of their individual choice.

Staff told us about their understanding of the ethos of the organisation. One staff member said "To get the full potential out of people. I've seen that in the time I've worked here. Every person has improved one way or the other". Another staff member said that the role of the organisation was to "To help people have good lives". Relatives praised the ethos of the home. One relative said

Requires improvement

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"It's a really nice atmosphere, everyone's involved and everyone's encouraged to take part". They commented that their family member had "Grown and matured considerably". Another relative said that Duckyls Farm Centre was a "Lovely place, we're very happy with it". From what people told us and what we observed we saw that people led full lives which included being part of the community at Duckyls Farm Centre but also part of the wider local community. They were seen as individuals and encouraged to develop their skills and abilities.

One of the professionals we spoke with said the home was "One of the best services I've come across, they are dedicated to their clients". From our conversations with professionals and the records we looked at we could see that there was regular and consistent involvement with other professionals and people that demonstrated good partnership working to support in meeting people's needs.