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Duckyls Farm Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 25 and 27 September 2018 and was unannounced on 25 September and announced on 27 September.

Duckyls Farm Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can provide accommodation and care for ten people in one detached building that is adapted for the current use providing two-bedroomed self-contained flat and eight individual bedrooms in the main area of the building. The home provides support for people living with a range of learning disabilities some people live with autism and have sensory needs. There were eight people living at the home at the time of our inspection.

The service had a registered provider. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, they are 'registered persons'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Duckyls Farm Centre has a sole individual provider who has oversight of the service through an employed assistant manager who has responsibility for the day to day running of the home.

Duckyls Farm Centre was designed, built and registered before 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion to enable people with learning disabilities and autism to live as ordinary a life as any citizen. The building did not consistently meet the guidance as it was a large setting that would not, without planning and further adaption, continue to meet the needs of the people living at the home as their physical needs changed.

At the last inspection on 14 March 2017 we found one breach of the regulations. The service was rated as 'Requires Improvement'. This was because the provider had not fully ensured that staff understood how to work in line with the Mental Capacity Act or that best interest decisions were assessed and evidenced robustly. We wrote to the provider on 23 May 2017 and asked them to tell us what they would do to ensure they met the legal requirements by 14 June 2017. The provider shared further evidence with the Care Quality Commission in relation to best interest decisions that had been made. However, they failed to provide us with an action plan to confirm what they had done or would do to meet the legal requirements. We undertook this inspection on 25 and 27 September to check whether the required actions had been taken to address the breach previously identified.

At this inspection improvements had been made in some areas. Staff could demonstrate that they had received training and understood how to promote choice in line with the MCA. However, there remained shortfalls in how the service evidenced how it supported people in the least restrictive way, and protected

their rights to consent to their care and treatment. This was identified as a continued breach of the regulations.

At this inspection we found the overall rating of the service remained Requires Improvement. This is the fourth consecutive time the service has been rated 'Requires Improvement.'

There was a continued lack if effective quality assurance systems and shortfalls in processes used to maintain and improve standards and quality of care. The provider had not fully ensured that people were protected from the risk of harm or that risks were managed safely. People's right to have their diverse preferences met in relation to end of life care and potential equalities based choices were also not consistently promoted. This was identified as a breach in regulations.

There was a lack of understanding by the provider in relation to their responsibilities as a registered person with the Care Quality Commission (CQC), to provide timely responses in relation improvements required and to notify us of safeguarding concerns in line with regulations.

Complaints records did not consistently demonstrate that the provider followed their own processes to ensure complaints were analysed and consistently acted on. Staff and relatives told us that the provider was not always open to their feedback and suggestions in relation to how the service could develop.

People told us they felt safe and happy living at Duckyls Farm Centre. One person told us, "I feel safe living here. It's peaceful and the staff are nice." Staff could demonstrate a good understanding of their safeguarding responsibilities and were confident that if they raised concerns they would be treated seriously. There were arrangements in place for the safe ordering, administration, storage and disposal of medicines. Environmental risks were identified and managed appropriately including infection control. People were supported to have their medicine safely when they needed it. Staffing levels were consistent and there were enough staff to keep people safe.

People and their relatives felt staff were skilled to meet the needs of people living with a learning disability and provide effective care. People were supported by staff that knew them and their relatives well. Recruitment records demonstrated that staff were safe to work with people. People's right to maintain important relationships was respected and promoted. Staff understood the importance of protecting people and their colleagues from all types of discrimination. Arrangements were in place that supported the religious expression of both people and staff.

People's nutritional and dietary needs were met. Mealtimes were relaxed and unrushed and people were actively involved in cooking and planning their meals. One relative told us, "The food is great and always home cooked using fresh ingredients." People were supported to maintain good health and access health professionals including GPs, and specialist consultants.

People's relatives told us, and we saw, that the staff were caring and respectful. One person told us, "They are all very kind to me." A staff member told us, "We are really caring, we help people as much as we can, they are open and free and it feels like a family, we have good relationships with people and their families." Care and support provided was personalised and met peoples' emotional and care needs. People and their relatives were included in the assessment of their needs and development of care plans.

People were supported to be as independent as they could be and to have access to meaningful activities by staff that were respectful of their skills. One staff member told us, "We try to treat people as individuals, treat them with respect and encourage them to be independent." Staff were responsive to people's

communication skills and needs. Information for people and their relatives was provided in a way that met people's needs including accessible formats such as pictures or signing.

People, relatives and staff understood the value of the service as a homely, family environment. Staff spoke with genuine regard for the people living at the service and had positive relationships with people's relatives. One staff member, "The most important thing is the wellbeing of the resident and that they are happy." A relative told us, "Duckyls is homely and friendly."

There were two breaches of regulations. You can see what actions we asked the provider to take at the end of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were not always identified, assessed and managed. Care plans were not reviewed when people's risks changed.

Recruitment processes were not robustly demonstrated.

Staff understood their responsibilities regarding safeguarding people and ensuring medicines were administered safely.

Is the service effective?

Requires Improvement

The service was not always effective

Records did not consistently evidence that the service worked in line with the Mental Capacity Act 2005 in relation to consent and best interest based decisions.

People were supported to maintain their nutritional and dietary needs, and to access advice from healthcare professionals when their health conditions required this.

Staff received the training and support they needed to carry out their roles.

Is the service caring?

Good

The service was caring

People were supported by kind and caring staff that knew them well and listened to them.

Staff adapted their communication style to meet the needs of the people they supported and encouraged independence.

People's right to express their views and to be involved in choices about their care was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's preferences and wishes in relation to end of life were not personalised. Relatives were not fully confident in the complaints processes.

People were provided care and information in an accessible and personalised way.

People were supported to access meaningful activities, at home and in the community.

Is the service well-led?

Requires Improvement

The service was not always well led

Quality assurance systems were in place to monitor the overall quality of the service. However, the provider had not always identified or acted on areas that required improvement including regulatory responsibilities.

Relatives and staff gave mixed feedback in relation to the service being well-led. Communication between the provider and staff and relatives had reduced. Feedback indicated issues in relation to relatives and staff not feeling included in the development of the service.

People had strong links with their community and felt they lived in a homely environment.

Duckyls Farm Centre

Detailed findings

Background to this inspection

We carried out this comprehensive 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 25 and 27 September 2018 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience on 25 September 2018 and one inspector on 27 September 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including the local authority contracts team and professionals involved in the service for their feedback. One professional gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to six people, three relatives, three care staff, one contractor, the assistant manager and the provider. We spent time throughout the two days observing how people were cared for and their interactions with staff and visitors in order to understand their experience.

We reviewed three staff files, two medication records, staff rotas, policies and procedures, health and safety files, incident and accident records, safeguarding records, meeting minutes, training records and complaints recording undertaken by the service. We also looked at the menus and activity plans. We looked at five people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

At the last inspection on 14 March 2017, the service was rated Requires Improvement. At this inspection we found the service remained Requires Improvement for the fourth consecutive time

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and were happy living at Duckyls Farm Centre. They told us they were comfortable going to staff with any concerns or worries they had. One person told us "I feel safe living here. It's peaceful and the staff are nice." Relatives told us that they felt people were safe. One relative told us, "I feel it's safe, because I know there's always someone there." Despite these positive comments we found areas of practice that needed to improve.

People were not always protected from the risk of harm. During the inspection we were made aware that a person whose care plan detailed they needed supervision while taking baths had been accessing baths without making staff aware. Staff were aware that the person had epilepsy and other assessed needs that required staff to support bathing. The care plan detailed supervision while bathing was required as the person was at risk of slipping and not completing all their personal care needs independently. However, although the care plan detailed they had mild epilepsy there was no further guidance available to staff on how this presented, what action they should take in the event of a seizure or if the person was at risk of having a seizure without staff's knowledge and intervention. The person's care plans and risk assessments were not reviewed to reflect the recent incidents of unsupervised bathing. This meant that potential risks associated with having a seizure whilst taking a bath had not been identified and staff did not have all the guidance they needed to support the person safely. This demonstrated that 'near miss' incidents with the potential to cause harm were not always fully investigated or risks assessed to mitigate the risk of further occurrences and ensure people's safety. This is an area that needed improvement.

Staff recruitment records included; completed job applications, Disclosure and Barring Service (DBS) criminal records checks, proof of identity and appropriate references to ensure staff were suitable to work with people. The provider held a number of records off site and they were not accessible on 25 September. A number of documents were requested from the provider and provided on 27 September 2018. We discussed the rationale for the provider not holding all the documents securely on site so that they could demonstrate they had recruited people safely, as is the legal requirement. They were concerned that the documents would be less secure at the service, but were unable to demonstrate why they could not do so. The assistant manager identified a secure filing cabinet that could be used within the site so they could continuously demonstrate robust recruitment processes had taken place. This is an area that needed improvement.

The service demonstrated some areas of consistent practice in recording incidents and accidents. A number of incident and accidents had been recorded prior to the last inspection in March 2017. Records included descriptions of the event and any actions taken. We observed that since the last inspection there had not been any incidents recorded. People told us, they hadn't had any accidents recently and staff were able to describe what action they would take if there was an accident involving people living at the home, including recording the details, carrying out first aid and contacting an ambulance if required. We discussed the lack of incidents since the last inspection with the assistant manager. They gave the rationale that the service had learnt from previous incidents involving people's behaviours and as a result people were benefitting from improved management of behaviours which had resulted in fewer incidents.

People were protected from the risk of abuse. People, relatives and staff were confident that concerns they raised would be taken seriously by the service. Staff had received safeguarding training, had access to online policies and knew how to recognise abuse and report any concerns they had to a manager and / or the local authority. One staff member told us, "I would look for signs of abuse, like the person being withdrawn, having marks on their body or their mood might change." Records evidenced that safeguarding incidents were reported to the local authority and held in people's individual files.

Environmental risks were identified and managed appropriately. Regular health and safety and fire checks were completed and recorded to ensure the safe management of utilities, food hygiene and infection control. For example, people were reminded to wear the correct clothing when working on the farm site and were encouraged to wash their hands and remove their working clothes when returning to the service. The provider had also worked in line with guidance from Public Health England and the homes infection control policy in response to potentially notifiable condition during the previous winter.

People were protected from discrimination. Staff understood the importance of protecting people and their colleagues from all types of discrimination. One staff member told us that their religious beliefs were known and respected by their colleagues and their religious observance in relation to a vegetarian diet was supported through menus. Staff were aware of people's religious needs and respected the choices they made including changes to the places they chose to worship at.

We looked at the management of medicines and observed they were consistently administered safely. People and relatives told us staff gave medicines respectfully, having gained consent. The medicines policies and systems ensured that staff had clear guidance on how to safely store, audit, record, administer and dispose of medicines. Staff that administered medicines had a good knowledge of people's medicines and were trained and assessed as competent to do so. The medicines administration records were complete without gaps, which demonstrated that people were receiving their medicines as they were prescribed.

There were sufficient numbers of suitably experienced staff on duty to keep people safe and ensure their needs were met. Staff told us they always had enough staff to ensure appointments and activities took place. Staff told us they had sufficient time to meet people's needs and spend time with them to talk about their day or interests. One staff member told us, "We care very much for the people here. If they have a problem we listen and do what they can for them." Throughout the inspection, people's emotional and physical needs were met. Requests for support made verbally or through body language were responded to promptly.

Requires Improvement

Is the service effective?

Our findings

At the March 2017 inspection people's rights in relation to Mental Capacity Act 2005 (MCA) had not always be protected. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because best interest decisions were not always appropriately documented and staff knowledge and understanding was not yet embedded within their practice. The provider failed to provide us with a detailed action plan of how they would ensure they would meet this legal requirement as requested at the last inspection. At this inspection on 25 and 27 September 2018 staff understanding of MCA had improved however, the provider had continued not to record or assess capacity and best interest decisions in line with the MCA.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There continued to be shortfalls in the consideration of consent and a continued failure to record people's capacity to make decisions in their care records. For example, one person had a restrictive practice in place in relation to a monitoring device. Although this had been highlighted in the last inspection we could not find evidence that the provider had considered the implications of using monitoring equipment, including whether it was an intrusion of the person's privacy and as such a restrictive practice. The provider's systems and processes did not always fully demonstrate that they had ensured the practices in place were the least restrictive option for the people and was therefore not in line with the principles of the Mental Capacity Act (MCA) 2005.

People's right to consent to care and treatment was not being considered and documented in full. This remains a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service demonstrated some areas of consistent practice in relation to promoting choice. For example, people told us that staff asked for consent before entering their rooms, and we observed staff asking for consent during mealtimes and offering activities. Staff told us they had access to policies, completed training and understood the principles of offering choice and receiving consent. One staff member told us that for some people living with autism, offering fewer options, for example in relation to activities reduced anxiety levels and benefitted their decision making. Staff ensured DoLS authorisations and conditions were met. For example, one person was regularly supported to see their relative in line with a DoLS condition.

Duckyls Farm Centre was designed, built and registered before the CQC policy 'Registering the Right Support' and other best practice guidance was published. This document describes what the Care Quality Commission (CQC) look for to help them decide if they can allow a service that supports people living with learning disabilities and autism. The building which is located on a working farm was large and arranged over two floors. It provided two communal living rooms, two bathrooms including one adapted to support people to access the bath and shower safely and an adapted flat for people who could manage more independent living. Some people's care and behavioural support requirements benefited from the building arrangements and access to activities in the community. For example, relatives and staff told us people with behavioural needs responded positively to structured activities, quiet communal spaces and highly personalised bedrooms that provided them access to calm spaces. The provider was unable to demonstrate they had an awareness of 'Registering the Right Support' guidance or how they were anticipating and planning for changes in people's care needs as the current group of people aged. Relatives told us that the facilities and décor at the service were dated and that changes in décor had taken time to be arranged by the provider in the past. For example, one relative had arranged assistive mobility aids, carpets and a sink for their loved one's room when the provider had not provided these items in a timely way. Another told us that they had concerns that as their loved one aged that they may not be able to remain living at Duckyls due to the working farm ethos. We spoke with the provider and the assistant manager and asked them what plans they had in place and how additional needs, including wheelchair access, would be accommodated in future. They were not able to set out clear rationale for how they planned to work in line with 'Registering the Right Support' and other best practice guidance. They told us, they may respond to changes in need as they occurred, but had no plan of works to ensure the living arrangements remained homely and adaptable to changes in people's personalised care needs. This is an area that needed to improve.

People's religious beliefs and how they chose to express them were promoted within care planning. However, other equalities based choices and needs including, sexuality, gender identity, ethnicity and wider cultural needs were not promoted within care planning. For example, people's sexuality was discussed in relation to an area of risk and vulnerability rather than an area people may wish to make choices in relation to. The assistant manager told us that this was an area that the service would benefit from more training and understanding of. This is an area that needed to improve.

People and their relatives felt established staff were suitably skilled and knew people's needs and preferences. One relative told us, "They know the residents inside out." Another relative told us, "Over time people with learning disability's perceptions can change. The staff have learnt that by supporting my loved one to focus on the things they are knowledgeable about, for example films, that they become more receptive to talking through frustrations and more confident." Staff told us they received mandatory training and inductions that included, shadowing experienced staff who could demonstrate how to work with people with complex needs and competency assessments. Staff told us they found supervision helpful as they could ask questions to support their development. "If I need to speak to the assistant manager they will always listen. They always have the answers."

Records demonstrated that staff had completed provider authorised training online. Staff told us they had received training in relation to Mental Capacity Act, medicines administration and safeguarding and had identified that they may benefit from more external face to face training to compliment online and DVD training. For example, the assistant manager told us their safeguarding knowledge would benefit from the local authorities training and in general their understanding as a manager would improve through more contact with external trainers, other managers and a greater exposure to best practice models. A number of staff had received specialist training in relation to epilepsy awareness and supporting people with Autism to ensure people living with these needs were supported.

Pre- admission assessments were completed for new people to ensure the service could meet their needs and fully understand how to support them. Staff told us care plans gave them the information they needed to support people, records were accessible, clear and gave descriptions of people's needs and the support staff should provide to meet them. People living at Duckyls access many activities on the farm site. The farm accommodates sheep, cows, chickens and has vegetable plots. People were encouraged to visit the service and were given clear information about the working farm ethos of Duckyls Farm Centre to inform their choice. For example, the assistant manager told us that one person had recently visited the service to see if they wanted to move in to the shared flat. Having seen the flat and been given information they had decided that they did not want to live at Duckyls Farm and this choice was respected.

The service supported people to maintain good health with input from health professionals including GPs, specialist consultants, opticians, dentists and access to health screening appointments. Staff told us that they felt the service really looked after people well. One staff member told us, "Nothing is too much trouble, the assistant manager takes one person to specialist appointments in London regularly which takes up a big part of their day." The assistant manager and relatives told us that they worked closely with GPs to monitor health and seek further guidance when required. Relatives felt their loved one's remained healthy and confirmed that the service would always keep in touch concerning their relative's wellbeing.

People's nutritional needs were met. Mealtimes were relaxed and unrushed and people were involved in cooking, laying tables and serving their own meals. People planned the menu with staff in advance to ensure their preferences were known and there were pictorial references available. People's weights were recorded regularly to identify if they were at risk of malnutrition or under nourished. Dietary needs were met. For example, one person was vegetarian and a vegetarian option was always provided. People and their relatives told us they enjoyed the food and that they could choose and go shopping for their food. One relative told us, "The food is great and always home cooked using fresh ingredients." They felt it was positive that their relative also had a more varied diet than before, as participating in joint meal plans and experiencing the choices of others had made them more receptive to different foods.

Good

Is the service caring?

Our findings

People were cared for by kind and caring staff. Throughout the inspection people and their relatives told us they were cared for by staff that knew them well. One person told us, "I like living here." Another told us, "They are all very kind to me." Relatives gave examples of how staff were caring. One relative told us, "If anything in the slightest is wrong they ring and tell us." Another told us, "I always feel welcomed and there is always a lovely atmosphere there." Another relative told us they could tell their loved one liked living at the service because after staying with them for the weekend, "They are keen to get back to Duckyls, which is a good sign and nice to see."

People appeared happy, friendly and comfortable, making good eye contact, smiling, initiating and receiving positive interactions with each other, staff and visitors. People who communicated verbally used humour with staff and there was a lot of enthusiasm and engagement with each other when people were making their preparations for the day and carrying out planned activities such as cooking and laying table. Staff spoke about the people they supported with genuine regard and told us they made time to listen to them. They demonstrated an awareness that people felt safer when they have a home, have good relationships with staff and felt they could talk to staff about anything. One staff member told us, "I make time to speak with people, when they have problems I listen to what they have to say, reassure them, let them know we are here for them."

People's communication needs were met by staff that remained calm, adapted their tone, spoke slowly and responded to questions and known signals in a reassuring and consistent way. Staff told us, and demonstrated, that they had a good knowledge of people's individual needs, backgrounds, likes and dislikes. For example, one person was carrying out a task, while reciting quotes from their favourite comedy programme. Staff used the quote back, recognising this made the person comfortable. One relative told us that their loved one struggled at times to express their feeling however, staff had learned to offer quiet space, reduce distractions and give them time to talk and say what they felt which had reduced their levels of frustration.

People's right to maintain important relationships was respected and promoted within their day to day experience, choices and care planning. For example, relatives told us they always felt welcome and people were supported to spend mealtimes, weekends and holidays with the significant people in their lives. Relatives told us they were involved in their relative's care and when they had the right to be included, were regularly informed about changes in activities, health appointments or any incidents involving their wellbeing. One relative told us, "The staff are all very caring, on a daily basis they care." Where people had less contact with their relatives. The assistant manager and staff told us one person had an advocate involved. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

People were supported to be as independent as they could be and staff were respectful of their skills. One staff member told us, "We try to treat people as individuals, treat them with respect and encourage them to be independent." In addition, staff could describe how they would support someone to develop confidence

and learn new skills. For example, a staff member said, "When cooking or gardening with people, we assess what they can do, the skills and support they need." We observed people independently writing up their plans for the day and cleaning their rooms. When needed, for example when cooking meals, staff were close by reassuring and talking them through stages such as chopping vegetables and using the cooker when hot. During lunch time we observed people being supported in the kitchen to make meals of their own choice with guidance. People were very familiar with the lay out of the kitchen and were able to carry out the task safely.

People were involved in making choices about their care and support and staff listened to them and encouraged them to express their views. One person proudly showed us the menu planner and how each person was involved in choosing what meals they wanted that week. We observed that people had their meals together but could have snacks at different times and had a choice to participate in communal activities or spend time in their own space. The assistant manager told us, they provided people with an open door and that they could always talk through what they wanted and needed. Records confirmed that resident's meetings took place regularly and that people took part in the meetings where they made decisions about activities and holidays. Relatives confirmed that people were listened to and their choices respected.

Peoples' diversity and differences were respected and personal spaces were very personalised to meet individual needs and preferences. Religious beliefs, important relationships and how people chose to express them, were detailed in care planning and activities provided. For example, one person enjoyed films and computer game and their room supported the storage of a large collection of DVDs and a space to play their games. People's favourite colours, favourite wrestlers, pop stars, football teams and interests were very present in their rooms. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One relative told us that their relative had a strong sense of choice and that they and staff supported them with this, saying, "Yes they know what they like. They even choose their toiletries."

Peoples' dignity and emotional wellbeing was considered and promoted by staff that were sensitive to their needs. Staff knocked on doors before entering rooms and always asked consent before providing support. When people consented to assistance from staff they did this in a discreet and encouraging way. We observed staff adjusting their height, speaking calmly and providing guidance and reassurance when supporting people. Relatives told us that staff were responsive to people's emotional needs. For example, one relative described how staff had recognised the impact on one person when a family member with health issues was not at home. The assistant manager knew the person well and picked up their mood was low and that they were missing their relative so they arranged for an extra visit so they could see them. This demonstrated that they were sensitive to people's wellbeing and emotional needs.

People's privacy was respected, staff understood their responsibilities in maintaining people's dignity while supporting personal care, and privacy in relation to confidential information. Care plans and electronic records were kept secure and access limited to people who needed to know. One relative gave an example of how the service had promoted the privacy of their loved one and others by encouraging them to keep their door closed by decorating the back of the door and encouraging them to not enter other people's rooms without permission.

Requires Improvement

Is the service responsive?

Our findings

People told us they were supported with personalised care that responded to their needs. People's needs had been assessed and they were involved in making decisions about their care and support needs and individual daily routines. Staff knew people well, listened to them and understood their individual needs and preferences. One person told us, "Staff spend time with me and we talk." Relatives told us people were listened to. For example, one relative told us staff had respected their relative's choice to not take part in a group holiday and provided other daily activities as an alternative. Despite these positive comments there were areas of practice that needed to improve.

We received mixed feedback in relation to the provider's complaints process. People told us that they would speak with staff if they were unhappy or had a complaint. One person told us, "We have resident meetings on Fridays." There was a complaints policy in place and although no formal complaints had been recorded since the last inspection the assistant manager had regular contact with people and relatives and told us that low level complaints were being resolved but not consistently recorded within these records. Further to this, relatives told us they felt listened to by the assistant manager and that their feedback was acted on. Despite this, a number of relatives told us they were unclear about the formal complaints processes and would be less confident in being able to access the provider. This demonstrated that the provider did not have access to low level complaints or full oversight of the themes that may be developing to ensure they were acted on in an open and timely manner. This is an area that needed to improve.

The assistant manager felt people's individual wishes in relation to advance care planning would be considered. However, a number of people's care plans detailed that their funeral arrangements were to be planned by their families, and did not demonstrate that the person's wellbeing, individuality and preferred choices for this period of their lives were considered, planned for or promoted in the way other areas of their lives were. This is an area that needed to improve.

Relatives and staff told us that people were involved as much as they could be in developing care plans, including daily and weekly routines. Staff told us that care plans were clear and that they built on this knowledge through the contact they had with people. For example, one staff member described how one person was being supported to eat a more normal diet, having experienced a limited diet when managing health issues that were resolved. Another staff member and person told us that they were saving to achieve a long-term plan, "To visit Jerusalem to see where Jesus was born." The service involved people's relatives where they had the right to be included and involved in care planning. A number of relatives were regularly communicated with through contact during visits, phone calls, emails and communication diaries that shared people's recent activities and achievements.

Care plans remained personalised and reflected the individual care and support staff provided to people. Personal backgrounds and life histories were used effectively to assist staff to improved personalised care. For example, one person who was an avid football fan was supported to attend their favourite teams home matches. The person was sensitive to loud noises so the assistant manager supported the person to be slowly introduced and desensitised to the atmosphere in the stadium by supporting them over a few visits

and providing reassurance to the person that they could leave if they needed to. The relative told us that this had been successful and that their loved one had adapted to the noise levels and told us, "Now they love going, they whoop and cheer during the match."

People and their relatives told us they had access to varied meaningful activities. Throughout the inspection people were engaged and positive about the activities they had completed or had planned for the day. One relative told us, "I know that they do everything they can." Activities included farm based and home-based activities including music sessions on a Thursday morning that people greatly enjoyed. People had regular access to local community activities including; shops, pubs, cafes, football, horse-riding, boot sales, local church activities and the beach. One person told us, "My carer takes me out to see my friend. I have a cake and a drink." Another person told us, "We go out for lunch." One relative told us their loved one had benefitted from their social outings and had, "Built strong friendships." with other young people due to this. Where people chose to take part in religious or vocational activities these were also respected and supported. One relative told us, "My relative enjoys being part of the church community, they love the company and the peace they find there."

Information for people and their relatives was provided in a way that met people's needs through accessible formats. For example, one person with communication needs used a catalogue to indicate what they wanted to buy before going shopping, this was known by staff and detailed in their care plan. Visual communication tools were used for menus and group and individual weekly activity plans, people had visual health action plans that they were included in developing and used to promote wellbeing when attending health appointments and hospital visits. Some people used Makaton sign language to communicate with staff and the use of technology was promoted. For example, one person had a tablet device which allowed them to look at us pictures of their family.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in March 2017 we found that quality assurance systems needed to improve and that there were shortfalls in the providers audit systems. This meant that they could not robustly identify shortfalls in practice in relation to the MCA, restrictive practice, care planning and health and safety checks. At this inspection quality assurance systems were in place to monitor the running and overall quality of the service, however there remains a concern regarding the provider's overall ability to maintain standards and to continually improve the quality of care. This is the fourth consecutive time that the home has been rated as 'Requires Improvement.'

The provider had not in response to the inspection carried out in March 2017 provided by 14 June 2017 a written action plan as requested by the Commission to set out how they would comply with the breach in regulations as detailed in the report accompanying correspondence. Our own observations and feedback we received during the inspection have further demonstrated that the provider has continued to fail to ensure that staff had the guidance they required to work in line with the MCA or that decisions relating to people's consent, capacity and best interest were appropriately assessed and documented.

People, relatives and staff gave mixed feedback on whether the home was well-led. Relatives spoke positively about the staff and the day to day management of the home and felt that people were happy and that their needs were met. One person told us, "I like the manager. I make them tea or coffee." One relative told us, "It's like a family, overall the best place my relative could be, it's lovely for them." Despite these comments, relative's and staff also told us that due to personal circumstances the provider was less present in the service and had less oversight of the day to day running of the service. The assistant manager told us, "We do well with the resources we have." Our own observations supported the feedback we received and we have identified areas of practice in relation to quality assurance, the management of risk, and regulatory awareness that continued to require improvement.

The assistant manager completed daily and weekly tasks and checks with the support of senior care staff, including health and safety, medicines, activities planning, supervisions and rota checks. The provider told us they had regular contact with the service and had electronic access to the service policies and systems. This provided oversight and control of areas including; staff recruitment, care plans, complaints and training. Any concerns they identified they would share with the assistant manager and the staff in team meetings. However, systems for monitoring quality were not robust in identifying areas that needed to improve. The provider could not be assured that people had received safe, personalised care that met their needs. For example, people were not always protected from the risk of harm. The provider's systems had not identified the potential risks for one person living with epilepsy who had begun to access a bath without staff support. The person's care plan did not have the guidance staff needed to support the person safely. In addition, there was another example where one person's records from June 2016, noted they were at risk of choking due to aspiration at night or when eating. The assistant manager confirmed that this was based on initial information, however the person did not require monitoring at night, and had not experienced coughing or choking while being at the service. Staff were aware of food preparation needs to promote the persons' wellbeing. However, there was no updated information relating to how the risk to the person had

reduced, or guidance for staff in relation to how to respond if the risk of aspiration returned. Therefore systems had not identified that care plans and risk assessments needed to be updated and that records were not accurately maintained. This meant that people were at risk of receiving care that was not appropriate to their needs.

The provider was unable on 27 September 2017 to demonstrate an awareness and understanding of regulatory guidance 'Registering the Right Support' to ensure Duckyls Farm Centre planned for, and maintained, inclusive and personalised care that would support people's changing needs as they grew older. Further to this they were unable to demonstrate how they ensured people's diverse needs including; equalities based choices, and end of life care needs, were identified and promoted.

This demonstrated that people were placed at risk, as the provider did not have adequate systems and processes in place to fully assess and identify where safety or personalised care were compromised. There had been a continued failure to improve and sustain improvements. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider did not always demonstrate that they understood their full responsibilities in relation to their registration with the Care Quality Commission (CQC). There was a policy in place in relation to the Duty of candour and the manager was aware of their responsibilities under the Duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people. However, the provider had failed to submit a notification to CQC, as is required by law, in relation to a safeguarding incident where one person threw a sharp object at another that caused them harm. This meant that we were unable to confirm that the appropriate action had been taken by the provider prior to the inspection. The provider advised that they had notified the safeguarding concern to the appropriate safeguarding body, who assessed that the incident did not require a fuller safeguarding enquiry. However, the provider remained unclear of the requirement to notify the CQC as well as the local authority. We confirmed with the provider that although the incident was recorded and reported to the local authority they were still required to notify us in such circumstances so that we could ensure they had taken the appropriate steps to mitigate further risks to people occurring. This is an area that needed to improve.

We received mixed feedback in relation to how well staff roles and responsibilities were supported to ensure the service was well led and continually improved. A number of staff told us that on a day to day basis they were well supported and there were clear lines of accountability and responsibility through their roles and the structure of routines and tasks. They had access to service policies that they could access independently online. One staff member told us, "The assistant manager will always tell us what we need to know and always listens." This was demonstrated during the inspection through observations of people and staff interacting with the assistant manager. Daily meetings, team meetings and management schedules underpinned day to day service delivery tasks, ensuring individual support needs were met. However, the assistant manager felt they had less control over their role and that improvements to the service were impacted, by reduced contact with the provider who was less present at the service due to personal circumstances. Relatives feedback supported the assistant manager's comments. For example, one relative told us they had not had the opportunity to speak with the provider for some time as they were away a lot. In addition, although the assistant manager carried out a management role and had an active role in the monitoring and design of people's care this was limited as the provider still completed care plan updates and took the lead in the service development. The assistant manager told us they would benefit from more regular contact with the provider and more information in relation to budgets and future business planning. The provider and assistant manager said that the service required and experienced manager who understood current best practice models to drive improvements within the service. However, this had been acknowledged by the provider for a number of months, and the recruitment of a registered manager had

not taken place. This demonstrated that improvements were needed in relation to management communication, understanding of best practice and regulatory responsibilities. This is an area that needed to improve.

The provider did not always demonstrate that they encouraged an open and transparent culture. Relatives told us that the provider had not carried out service satisfaction surveys to provide people and relatives with the opportunity to feedback about the quality of the service provision. Relative's described how, on a number of occasions, when suggestions for improvements had been made to the provider they had been resisted, rather than explored as an opportunity. For example, relatives said that they were aware that the assistant manager has had ideas for developing the service and site by adding more small animals to the farm and encouraging more community participation at the site, but felt the provider didn't want to make changes. One relative told us, "The provider likes the status quo." Further to this the relative told us that at times they were uncertain about the development of the service and their relative's long-term future. Another relative described that they had experienced a resistance to change by the provider and told us, "You have to move with the times, nothing stays the same, it's healthy to move things forward." This demonstrated that improvements were not always made to the service in response to comments. This is an area that needed to improve.

We asked staff about the culture and value base of the service. The provider, assistant manager and staff demonstrated their understanding of this ethos through their interactions with people and each other. Staff spoke with a genuine respect and regard for the people living at the service. One staff member, "The most important thing is the wellbeing of the resident and that they are happy." Another staff member told us, "It's a nice atmosphere to work. We are like a family." Another staff member told us, "The assistant manager is a God send, they are so good with people with autism. It's a good family atmosphere." These comments were also reflected in the experiences of people and their relatives. One relative told us, "Duckyls is homely and friendly." Another relative described the service as, "A normal home, not sterile like some homes, it's a working farm, very similar to the family home where my relative grew up."

People, relatives and staff told us that they were involved in planning social events including Christmas carols and meals. This ensured that staff and relatives could maintain relationships. Partnerships were promoted with the wider local community through seasonal celebrations including; harvest festival activities. One relative told us, "It's a lovely site, lovely setting the outbuildings and space could be used to provide more accessible activities and to include the local community more with the people living at Duckyls." People also accessed volunteering and fundraising opportunities, with the local churches and charities. Staff worked closely with local health professionals such as GP's, and community health specialists when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that care and treatment of service users was provided with the consent of the relevant person as they had not worked within the principles of the MCA by assessing and recording capacity and consent decisions.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the that the quality and safety of the service was assessed, monitored and improved, or that risks relating to people's wellbeing were assessed and monitored to mitigate risk.

The enforcement action we took:

Warning Notice compliance required by 5 January 2019