

# Bradbury House Limited

# Street Farm

## Inspection report

The Street  
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Cheddar  
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Tel: 01934744930

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 10 and 12 April 2017 and was unannounced. It was carried out by one adult social care inspector.

Street Farm provides support for up to 11 people with learning disabilities. The main house accommodates up to six people and there are flats to the rear of the property for five people. At the time of the inspection there were 11 people living at Street Farm.

A registered manager was responsible for the service. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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. The registered manager was also responsible for managing one of the providers other homes and visited Street Farm weekly. The provider had appointed a manager oversee the day to day running of the home and report directly to the registered manager.

The provider did not always follow safe recruitment procedures to ensure that staff working with people were suitable for their roles.

Temperature checks on the hot water were not being consistently completed by staff to ensure they remained within a safe range. Risk assessments had been carried out and they contained guidance for staff on protecting people. Individual risks to people were not always fully considered.

There were quality assurance processes in place to monitor care and safety and plan on-going improvements. These processes were not fully effective in identifying the shortfalls we found during our inspection or ensuring action had been taken.

People, their relatives and staff said the home was a safe place for people. Systems were in place to protect people from harm and abuse and staff knew how to follow them. Medicines were stored and administered safely.

People were supported by a sufficient number of staff to keep them safe. Staff had enough training to keep people safe and meet their needs.

There was a stable staff team at the home. They had a good knowledge of people's needs. People received support from health and social care professionals.

People, and those close to them, were involved in planning and reviewing their care and support. People interacted well with staff. Staff had built trusting relationships with people over time.

People made choices about their own lives, although not all of them felt able to make certain decisions

without asking the staff. People were not always referred to as adults by staff.

People were supported to attend a wide range of activities and community facilities to maximise their independence. People and their relatives were aware of the complaints procedure and felt confident to raise any concerns.

Staff felt supported by the registered manager and manager and felt there was an open door policy to raise concerns. People and relatives were complimentary about the registered manager, manager and staff; they said they had a good open relationship with them.

There were systems in place to share information and seek people's and relatives views about the care and the running of the home.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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** ●

Some aspects of the service were not safe.

People were supported by staff who had not all received pre-employment checks to ensure they were suitable for the role.

People were at risk of being exposed to hot water because regular temperature checks were not being carried out.

There were sufficient numbers of staff to keep people safe and meet their needs. People were supported by staff who knew how to recognise and report abuse.

People's medicines were managed safely.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff who received training and support to carry out their role.

Where people lacked capacity to make specific decisions, the correct processes were followed to ensure their rights were protected.

People were involved in planning their menu's.

People were well supported by health and social care professionals. This made sure they received appropriate care.

### Is the service caring?

**Requires Improvement** ●

Some aspects of the service were not caring.

People did not feel able to make decisions about aspects of their support.

Records of meetings demonstrated people were not always consistently referred to with respect.

People were supported by staff who knew them well.

People were supported by staff who understood the importance of privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care.

People received support that was personalised and responsive to their needs.

People had access to a wide range of activities to meet their interests and preferences.

People and their relatives felt able to raise concerns with the registered manager and staff.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service were not well led.

The systems in place to monitor and improve the quality of the service for people were not fully effective at ensuring shortfalls in the service were rectified.

People were supported by staff who felt able to approach their managers.

People were supported by staff who were aware of the aims of the service.

# Street Farm

## **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.

The inspection took place on 10 and 12 April 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information we held about the home. This included notifications we had received. A notification is information about important events which the provider is required to send us by law. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with five people and one relative about their views on the quality of the care and support being provided. We spoke with the registered manager, the manager and four staff members. We looked at documentation relating to three people who used the service, six staff recruitment and training records and records relating to the management of the service such as quality audits. Following the inspection we spoke with a further two relatives and requested feedback from three health professional who visited the service.

# Is the service safe?

## Our findings

The provider had a recruitment procedure in place to ensure that staff working with people were suitable for their roles. However, we found this was not always being followed. For example, one staff member who was employed in January 2017, and currently working in the home, had not completed their application form until April 2017. There were no references from previous employers, the staff member had not had a formal interview and there were gaps in the staff member's employment history that had not been investigated. Although this staff member was known by the provider and had been previously employed in another role, the provider was not following their recruitment policy. We also found two other staff members files did not have records that gaps in their employment history were investigated prior to them commencing work. The provider's recruitment policy stated, "Any gaps in a candidates employment history must be fully investigated prior to employment commencing." This meant appropriate checks had not been carried out on these staff members to ensure they were suitable for their roles.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager who took immediate action and arranged for action to be taken to ensure all of the checks were completed and the required information was present in the staff member's files.

Checks on hot water temperatures were not being consistently completed by staff to ensure they remained within a safe range. High water temperatures (particularly temperatures over 44°C) can potentially create a scalding risk to vulnerable people. The registered manager told us there were no thermostatic mixer valves in place to regulate water temperatures. They showed us a risk assessment in place detailing the regularity of temperature checks staff should complete. We noted one person's shower water temperature was being tested each time they used it to ensure it was a safe temperature. However, we found staff were not following guidance and some of the weekly checks on temperatures were not completed. This meant people were at increased risk of being exposed to hot water.

We discussed this with the registered manager who told us there had been no scalding incidents in the home. The registered manager confirmed each person's water temperature would be checked daily to ensure it remained within a safe range. They also confirmed the provider would be fitting hot water outlets with thermostatic mixer valves to regulate the water temperature.

We also found because water temperatures were not being monitored regularly risks to legionella were not being consistently managed. Legionella can cause serious lung infections The Health and Safety Executive (HSE) says "The primary method used to control the risk from Legionella is water temperature control. Water services should be operated at temperatures that prevent Legionella growth". This meant people were not being fully protected from the risk of being exposed to legionella. We discussed this with the registered manager who told us they would ensure the regular water temperature checks would be carried out by staff.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where there were risks to people safety; most of these had been identified and assessments were in place to reduce the risk. For example areas covered included; people being supported to safely access the community alone, living alone, using public transport, cooking, socialising, smoking and managing their finances. These risk assessments supported people's independence. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission.

However, we noted in records of a house meeting in February 2017 people had been informed they were not allowed to come downstairs at night once the sleeping in staff member had gone to bed. Staff confirmed sleep in staff went to bed at 10-10.30pm. The meeting minutes recorded people being at risk of falling down the stairs. The manager confirmed this specifically related to one person living in the home; however we noted there were no risk assessments in place to identify this risk and look at measures to prevent incidents. The manager confirmed there had been no incidents of people falling down the stairs. This meant all of the people living at the home were prevented from coming down the stairs at night because the risks to them individually had not been fully considered. We discussed with the manager and registered manager if preventing everyone from coming downstairs after 10.30pm was proportionate to the level of risk and the least restrictive option available. They acknowledged this was not and agreed to review the level of risk to each person. Following the inspection the registered manager confirmed they had implemented a risk assessment for accessing the kitchen and there were no restrictions in place.

People told us they felt safe at Street Farm. One person told us, "I feel safe here, I would speak to the manager if I had a problem but I have never had to." Another commented, "Yes I feel safe here, any worries I would let the staff know but I haven't got any." People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff, the manager or registered manager if they had any worries or concerns. One relative said, "They are absolutely safe." Another commented, "Oh yes, she is safe there."

Staff also felt people were safe. One staff member said, "Yes they are safe here." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority, the police and the Care Quality Commission. One staff member said, "I would go straight to [name of manager] I have confidence in them." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I know there are people you can contact outside of the organisation, I'm aware of the whistleblowing policy they [the provider] promote that." This meant people were supported by staff who knew how recognise and respond to abuse.

People were supported by a sufficient number of staff to keep them safe. People told us they were supported by enough staff to meet their needs. One person commented, "Yes there are enough staff." Another said, "They are there if you need them." Relatives also told us there were enough staff available to meet people's needs. Comments included, "There are no staffing issues and always the same staff there" and "Staffing is ok they are well supported."

Staff also told us there were enough staff to meet people's needs. Comments included, "Staffing is consistent and we have enough staff" and "We don't have a high turnover of staff here, there are no staffing



issues."

Staffing levels were determined based on people's needs. These were kept under review by the manager to ensure they remained safe and effective. The manager told us how they ensured an allocated staff member was available at weekends specifically for one person if they decided they wanted to go out. This demonstrated staff flexibility to meet the person's individual needs. The staffing rotas we looked at showed consistency in both staff working and in staffing levels. During our inspection we observed there were enough staff available to meet people's needs and support them to undertake the activities of their choice.

There were safe medicine administration systems in place and people received their medicines when required. People managed their own medicines with minimal staff support and there were risk assessments in place to ensure this practice was safe. People told us they were happy with this arrangement. Comments included, "I like doing my own medication" and "I have to put cream on my hands, I do it myself and the staff order it for me."

People's medicines were supplied by a pharmacy on a monthly basis; staff ordered these and a record was kept of all medicines received at the home. There were also systems in place for the disposal of medicines. The home had arranged for medicines to be delivered weekly in pre prepared boxes directly from the pharmacy; this enabled people to administer their own medicines safely. Staff looked after some people's medicines such as paracetamol where they were required only 'now and then'. We saw staff kept a monthly record of medicines stock and medicines were stored securely. Each person had a record of the medicines they took in their care plan and there were systems in place to record when people took their medicines out of the home. All staff had received medicines training and staff told us medicines were discussed during one to one meetings to ensure staff remained knowledgeable and competent in this area. This meant people's medicines were being managed safely.

# Is the service effective?

## Our findings

People were supported by staff who had the right skills and knowledge to carry out their roles. People and their relatives told us they thought staff had the right training and skills to meet their needs. One person told us, "The staff know what they are doing." A relative commented, "They are all trained."

Staff received a range of training to meet people's needs and keep them safe. Staff told us they received an induction when they started working at the home. The induction included a period of 'shadowing' experienced staff and reading people's care records. One staff member said, "I spent two weeks shadowing staff and training, it built my confidence and the staff were very welcoming." The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff commented positively about the training they received, they felt they had enough training to keep people safe and meet their needs. One staff member said, "The training here is very good." Another commented, "I have found the training very good and it has helped with what we do in the home."

All staff received basic training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as how to support people who could become upset, anxious or distressed. A staff member told us how they had recently attended training in mental health and how they had found the training "Really good." We looked at the provider's training records which identified all staff were up to date with all training subjects. This meant people were supported by staff who received the right training to carry out their roles.

Staff told us they had formal supervision and an annual appraisal (meetings with their line manager to discuss their work) to support them in their professional development. The registered manager told us their policy was to provide staff with supervision every six to eight weeks. Records demonstrated staff were receiving regular supervision. Staff told us they found supervision supportive. Comments included, "Supervisions are regular and they are good; they look at how you are getting on and any areas to work on" and "Supervisions are supportive; you can raise any concerns and are listened to." Supervisions were also used to demonstrate staff knowledge and competency in specific areas of their work for example, medicines and safeguarding. This meant people were supported by staff who were supported in their role.

People were able to make most of their own decisions as long as they were given the right information, in the right way and time to decide. However, there were some decisions people were not able to make for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied. The MCA 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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training and had an understanding of the principles of the MCA. They were clear about the

procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made in consultation with others where relevant. For example best interest decisions had been made regarding people's finances and their personal safety. This ensured people's legal rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that people had chosen to live at Street Farm; they all had front door keys and could leave if they wished to. This meant people were not being deprived of their liberty.

People told us they were involved in developing their own menus and they were happy with the food provided. One person told us, "We do the menus and can change them if we want. I am happy with the food." Other comments included, "We all have input into the menus, I have enough to eat" and "The best thing is the lovely food." People were encouraged to eat healthily and receive a balanced diet. People's dietary needs and preferences were recorded in care plans and we saw they were being met. For example, one person was a vegetarian and they told us staff "Made sure" there were always vegetarian options available. Another person was unable to eat dairy products and dairy free alternatives were provided. This meant people's dietary need were being met.

People's health care was supported by staff and health professionals. Monthly health checks were completed by staff including weight checks, when each person last saw a GP, dentist, optician or chiropodist. Staff recorded the outcome of people's contact with health care professionals in their plan of care. People's relatives told us they thought people's healthcare was well supported by staff. One relative told us, "They are very on top of health appointments."

## Is the service caring?

### Our findings

People were involved in making most of the decisions about their care and support and told us they were happy with the support staff provided. However, we found people felt they had to seek staff permission about certain aspects of their support. For example, people felt unable to come downstairs after the sleep in staff had gone to bed because they had been told not to and two people felt they had to ask staff permission for certain foods such as fizzy drinks and snacks. Staff told us they encouraged and guided people around their choices of snacks and drinks and they did not stop people from accessing them. However at times people did not feel they were able to make these decisions themselves. We discussed this with the registered manager and manager who told us they would ensure this would be discussed with people to ensure they were fully aware of their autonomy around making decisions.

We also found the minutes of the house meetings included comments from staff which did not consistently demonstrate respect. For example, the minutes stated "Staff are here to support you and they know what they are doing so you should not tell staff what to do" and "Please stop asking staff which staff are doing shifts. This does not matter as there will always be staff in to support you." We also found staff referred to people as "Girls" which did not demonstrate they were being referred to as adults or individuals. We discussed this with the registered manager and manager who told us they would ensure this would be discussed with staff to ensure they were aware of how to refer to people with respect at all times.

People told us they were supported by staff who were kind and caring. Comments included; "The staff are nice", "I like the staff and enjoy their support, they are all kind and caring" and "We have fun here." Relatives also told us they thought the staff were caring. One relative told us, "The staff are lovely I cannot praise them enough." Another commented, "They are very kind and generous."

Throughout our inspection staff interacted with people who lived at the home in a kind and caring way. There was a good rapport between people and staff. People received care and support from staff who had got to know them well. One person told us, "Staff can tell if I am not happy and they listen if I need to talk to them." Staff talked positively about people and were able to explain what was important to them such as family members, not being rushed, taking pride in their appearance, maintaining their independence and their favourite music. One staff member said, "We are a small team and there is not a high turnover of staff. Staff have been here a long time which means we know people well." Relatives also confirmed staff knew people well.

People were encouraged and supported to be as independent as they could. One person said, "The staff help me with cooking and washing but I can make my own drinks and snacks." Most people were independent in aspects of their care, such as with their personal care. Staff were aware of the importance of encouraging people to maintain their independence. People were also encouraged to look after their home. One person said, "Staff support us with life skills, they help me with my laundry." A relative commented, "They have enabled [name of relative] to be as independent as possible." People took turns in completing household tasks such as cooking, cleaning, looking after the house cats and ensuring the recycling was done. This meant people were supported to maintain and develop their independence.

People felt staff respected their privacy, one person told us, "The staff always knock before they come in." Another commented, "Sometimes I choose to spend time in my room, I get enough privacy."

We observed staff knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. One staff member said, "We ask them if they would like a hand and don't take away what they can do for themselves." Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations. One person told us, "I go home at weekends and the staff walk me to the bus stop." Another commented, "Every week my boyfriend visits and we go to the pub."

We looked through a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included, "It was so lovely to visit last weekend and see everyone so happy and settled" and "Many thanks to all your staff for providing such a pleasant and stimulating environment and ensuring everyone is so very happy."

## Is the service responsive?

### Our findings

People were supported to follow their interests and take part in a range of social activities, education and work opportunities. People told us they were happy with the activities they participated in. Comments included; "I am happy with the activities I do", "I have enough going on and a busy week" and "I go to the gym in Cheddar, we go for walks and every Monday I go the stables. I like everything I do."

Records demonstrated people accessed local pubs, voluntary work placements, stables, local places of interest, local clubs, colleges, shops and the provider's farm where they accessed a range of group activities. People were involved in creating a monthly newsletter that set out all of the activities they wanted to attend each month. One person told us, "We write a monthly newsletter and all chip in." People also had access to an onsite gym which provided equipment for them to use. During the inspection we observed people using this with the encouragement of staff. This meant people had access to a range of activities to meet their needs and preferences.

People also had good links with the local community such as the local post office, church, pubs and they used the local bus routes to access nearby towns. People told us how they were able to access the local towns using the bus service independently once staff had supported them to get to the bus stop which was on a busy road.

People received care and support that was responsive to their needs. Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs, what they could do for themselves and the support required from staff. People contributed to the assessment and planning of their care. One person told us, "I am involved in my care plan and write my own daily records." Another commented, "I have been involved in my care plan and review."

People recorded information about themselves at the end of each shift. These records included information about their well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People told us they had a monthly review with their keyworker. This enabled them to talk about what was working, what wasn't and any aspect of their care they would like to change. The person, their relatives, a social worker and staff also attended formal care review meetings, usually held once a year. One person commented, "I have a yearly review and can tell them if I am not happy." This helped to ensure people's care and support met their current or changing needs.

People said they would feel comfortable raising a concern if they needed to. One person told us, "I am aware of how to complain, they go through that with you. I can talk to [name of manager] or [name of keyworker] and they listen to me." Relatives told us they felt able to raise concerns with the registered manager or manager directly and they were confident they would be listened to. Records showed there had been no

formal complaints from people and their relatives relating to the service in the past year.

People told us they attended monthly house meetings and felt they were listened to. One person told us, "I take charge of the meeting, they [staff] give me the information and I pass it over." Another commented, "Staff tell us what needs doing like making sure we put dates on food. They also ask us if we have any problems and they listen to me." We saw records of these meetings and they covered items such as the sharing of house chores, the environment, activities and any health and safety issues. Where action points were set we found evidence these were being achieved. For example, the meeting in March 2017 raised how everyone should be involved in looking after the house cat. During our inspection we saw evidence of a cat cleaning rota in place that people told us they were happy to follow. This meant people were able to express their views and be involved in the running of the home.

The PIR stated "Quality Assurance questionnaires were given out" so people had opportunities to feedback their views about the home and quality of the service. We saw annual satisfaction surveys were used to gain feedback from people using the service and their relatives. The survey included people's views on areas such as their thoughts on living in the home, the activities, their key worker, their bedroom, the communal areas, choice, feeling safe, the food and their knowledge on making a complaint. We looked at the feedback from the survey carried out in November 2016 and the responses were all positive.

We also looked at feedback from relatives feedback questionnaires from November 2016. Where comments and suggestion had been made the manager told us this had been looked into and action had been taken. The majority of the feedback praised the service for being, "All in all a happy, kind and pleasant place to be" and "The care is excellent, the staff are very friendly and approachable."

## Is the service well-led?

### Our findings

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. We found the systems were not effective in identifying all of the shortfalls we found during this inspection and, where they had, sufficient and timely action had not been taken to rectify them. For example, the provider's senior management team had conducted an audit on 27 March 2017. The manager told us this audit was stopped before it was fully completed because the senior manager had been called away to another service. They said due to this they had only had time to focus on two areas, staff personnel files and the feedback received from people, relatives and outside professionals. The audit identified the lack of some of the recruitment check information in staff member's personnel files. However, during the inspection we found similar and further omissions of recruitment information. This meant suitable and timely action had not been taken in response to the concerns identified.

The audit covered other areas of the service such as health and safety checks, medicines, training, care plans and the environment. However these areas had not been covered in the audit during March 2017 because the senior manager had to leave due to them needing to visit another service. The manager told us audits were planned to be completed every three months. The previous audit was completed in April 2016. The provider had not carried out the planned frequency of regular audits.

We found audits had not identified other concerns we found during this inspection such as water temperatures not being checked and the house meetings including comments from staff which did not consistently demonstrate respect. There was no clear action plan which described what needed to be done, by when, who was responsible and how improvements would be measured. This meant the quality assurance systems were not fully effective in monitoring the safety and quality of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsible for overseeing one of the provider's other homes and the provider's day care provision. The home had a service manager who was responsible for the day to day management of the home. The registered manager told us they visited the service weekly and was available on the telephone if required. Staff and the manager confirmed this.

People, their relatives and staff commented positively about the registered manager and manager. Comments from people included, "[Name of manager] is really good and [name of registered manager] is my favourite" and "I like the manager you can speak to her." Relatives also commented positively about the management of the home. Their comments included, "Any issues I would go straight to [name of manager], you can email her and she responds straight away. She is excellent and gets things done" and "[Name of manager] is very available and excellent."

Staff told us the registered manager was available if they needed to speak to them and they felt able to approach them with any concerns. Comment included, "[Name of manager] is always in the house and their



door is always open. They are approachable and happy to talk to staff about any queries. [Name of registered manager] is always available on the phone and visits every couple of weeks" and "[Name of registered manager] I get on brilliantly with her; you can approach her with any concerns and they are here every week. You can get hold of her if needed." The manager maintained a regular presence in the home. We saw they spent time in the communal areas talking to people and staff. This gave the manager insight into how people's care needs were being met and the on-going support staff needed.

Staff commented positively about the team culture at Street Farm. Comments included; "We are a good team and work well together. We communicate well; we have good ideas and are professional. We are good at overcoming challenges as a team" and "We are a pretty good team." This meant people were supported by staff who were motivated and positive about their work.

The key aims of the service were described in the home's statement of purpose. One of the service's key aims was to "Support people to achieve their goals by offering a varied and well balanced programme of activities." and another was to "Support people with the domestic side of life with tailored programmes for budgeting, shopping, cooking and general life skills." Staff told us the vision for the service was, "To make sure everyone is happy and has their needs met. For them to have access to meaningful activities and teach people independent life skills" and "For them to be more independent and develop their skills." This meant staff were aware of and shared the vision for the service.

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "Staff meetings are monthly; you can raise any issues and are listened to. You can also raise anything as and when." Another commented, "We have staff meetings every month and talk about any changes, you can bring up any problems and we are listened to." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to. Meeting minutes demonstrated areas covered in the meetings included; discussions relating to people who use the service, medicines, recording, safeguarding and any maintenance issues.

The registered manager was aware of their responsibility to notify us of significant incidents. There had been no recent incidents that had needed to be reported to us. Accidents and incidents were recorded and reviewed by the manager so that measures could be put in place to reduce the likelihood of further incidents.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider was not ensuring the premises were fully safe for use because regular checks on the water system were not being carried out. Regulation 12 (2) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon. Regulation 17(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not being used effectively to ensure staff were suitable for their role before the commenced employment. Regulation 19 (2) (a)