Bradbury House Limited

The Old Rectory

Inspection report

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Tel: 01761241620

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 8 and 9 May 2017 and was unannounced. Two adult social care inspectors carried it out.

The Old Rectory provides accommodation and personal care for up to 10 adults who have a learning disability. The service is located in a large house in the rural village of Chewton Mendip.

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.

People were protected from abuse and avoidable harm; risks to people were not always fully assessed or planned for. People received effective support to help them manage their behaviour. Staff recruitment and people's medicines were managed safely.

Staff were well supported and well trained. Staff knew people and understood their care and support needs. One staff member said, "I know people well, it takes time building their trust." People made choices about their own lives, although their legal rights in relation to decision making and restrictions were not always upheld.

People's diverse needs were well supported; they chose a range of activities and trips out.
People were part of their community and were encouraged to be as independent as they could be. People interacted well with staff. Staff had built trusting relationships with people over time. One person said, "The staff are very nice people. They're here to look after us."

People had benefitted from reductions in the medicines they took. People, and those close to them, were involved in planning and reviewing their care and support. Some care planning needed to be reviewed and improved.

There was a management structure in the home, which provided clear lines of responsibility and accountability. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

The quality assurance systems in place were not fully effective. There were systems in place to share information and seek people's views about their care and the running of the home. People knew how to complain if they were unhappy.

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

The service was not consistently safe.

Risks to people were not always fully assessed or well managed.

People were protected from abuse and avoidable harm.

There were sufficient numbers of staff to keep people safe. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Requires Improvement

The service was not fully effective.

People's legal rights in relation to decision making and restrictions were not always upheld.

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

Staff had a good knowledge of each person and how to meet their needs. They received training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and patient and treated people with dignity and respect. Some terminology used in daily records needed to be reviewed. People's independence was supported and promoted.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. Some care planning needed to be reviewed. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon.

People were supported by staff who had clear lines of accountability and responsibility within the team.

People were supported by staff who were clear about the aims of the service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

The Old Rectory

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 checked 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 8 and 9 May 2017 and was unannounced. Two adult social care inspectors carried it out.

We met all 10 people who lived at the home; we spoke with five of them about life in the home. We observed staff interacting and supporting people in communal areas of the home. We spoke with four care staff, two senior carers, the chef and the registered manager. We looked at five people's care records. We also looked at records that related to how the home was managed, such as two staff personnel files, staff meeting minutes, staff rotas, staff training records, health and safety records, compliments, complaints and quality assurance audits.

We reviewed all of the information we held about the home before our inspection. We looked at notifications we had received. A notification is information about important events which the home 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.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. The provider's approach to risk management needed to be improved. Risks to legionella bacteria in the water systems were not being managed consistently. Legionella can cause serious lung infections. The Health and Safety Executive (HSE) stated "Health and social care providers should carry out a full risk assessment of their hot and cold water systems and ensure adequate measures are in place to control the risks". "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". Although we saw a test was carried out by an external water testing company in February 2017 and legionella was not detected, temperature checks were not being carried out on the water to ensure it remained within required temperature range.

The deputy manager told us there were thermostatic mixer valves in place to regulate the temperature of hot water and staff were told to flush unused water outlets as part of their induction. However, there were no records of the water temperatures to ensure they remained within safe levels or of the staff flushing the unused water outlets. This meant people were not being fully protected from the risk of being exposed to legionella. We discussed this with the registered manager who showed us their plans for ensuring checks on the water system were carried and documented in line with HSE guidance.

The provider required staff to carry out weekly fire safety checks to ensure people, staff and visitor's safety. We looked at records of these checks and found these were not being completed weekly. Records showed there were no checks on the fire system for three months between October 2016 and January 2017. This meant during these times staff were not ensuring the appropriate checks were carried out to maintain a safe environment for people.

Risks relating to people's individual care were not always assessed and planned for. Some risks to people had been considered such as people's behaviours, accessing the community and using electrical items. One person was assessed as being at risk of choking; we saw staff were following recommendations made by a speech and language therapist to make sure this risk was minimised. However, another person's care plan identified they made allegations towards staff members. There was no risk assessment in place to protect staff and the person in the event of them making an allegation. Staff spoken with said the person did still make allegations, so this was a current risk.

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

People told us the home was a safe place for them to live. One person said, "It is safe. The staff treat me ok." Another person told us, "I feel safe here. I like being here." People did not raise any issues with us about how they were treated by staff. People were encouraged to talk about any concerns they had about their safety; this was discussed at every 'service user meeting'. Records of these meetings confirmed people had said

they felt safe.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff spoken with said the home was a safe place for people. 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 investigated to ensure that people were protected. One staff member told us, "We pay close attention to people and any physical signs. I would report it to the managers and I am confident they would take the right action." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available. One staff member told us, "I am aware of the whistleblowing policy I've never had to use it, there's none of that here." Another commented, "I am aware of whistleblowing and there are no questions that I would use it."

The PIR stated there was a "Rigorous recruitment process." We found the provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained.

People told us there were enough staff working each day to ensure their safety. Rotas were planned in advance to ensure enough staff were on duty. Staff told us they thought there were enough staff available to keep people safe. One staff member said, "Most of the time staffing is pretty good, we all pick up extra shifts and overtime. Staffing levels are definitely safe." Another commented, "We've always coped ok with staffing here."

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. The home's emergency plans provided information about emergency procedures and who to contact in the event of utility failure.

People had complex needs and behaviours which sometimes led to incidents occurring at the home as people could become anxious or aggressive. One person told us incidents were rare. They said, "People do [become aggressive] here, but not that often. When you're angry staff try to talk to you about it. They don't grab hold of you." Another person told us, "I get on well with everyone but not [name]. He's sometimes not very nice to me." They said staff helped them when they had a dispute with this person and they were happy with the support they received.

People had detailed behaviour support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff had a good knowledge of these plans. Some people could be restrained "as a last resort." All staff spoken with said restraint was rarely used and only ever used as a last resort. One staff member said, "It's only ever used as a last resort, we try other strategies such as distraction. We don't like restraining people." Staff told us how there had been a reduction of incidents where people became anxious, they said they thought this was due to "Staff consistency." One social care professional said at one person's recent review their behaviours were "Far more manageable and staff are able to recognise signs and de-escalate situations before they arise."

Staff completed an accident or incident form for each event which occurred; these were entered onto the provider's computer system. Incidents were analysed by the provider's behavioural specialist who responded by offering suggestions and comments for staff to help improve their practice. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

There were safe medicine administration systems in place and people received their medicines when required. One person said, "The staff keep my medication safe, but I don't take much." People's medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely and in line with the manufacturer's guidelines to ensure they remained safe and effective.

Staff administered medicines to people; no one self medicated. Staff told us they helped one person at a time, which reduced the risk of an error occurring. Staff received medicines administration training as part of their induction; additional on line training and an annual competency check was also provided which staff had completed. This was confirmed in the staff training records. Medicine administration records were accurate and up to date. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them.

Requires Improvement

Is the service effective?

Our findings

The service was not fully effective. 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. One person said, "I choose what I want to do. Not everything though; the staff decide on some things."

People were not able to make every decision 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.

The application of the MCA needed to be reviewed and improved. Restrictions on people had not always been reviewed to ensure they were in people's best interests and were the least restrictive option. People's right to make an unwise decision was not being applied consistently. One person told us they chose to smoke. They had capacity and decided to smoke although they knew it may be unwise. There were no restrictions other than having to use the smoking areas. However, the main kitchen, small kitchen and pantry were locked at all times. Two people had specific risks around their diet; other people may wish to overeat. People had to ask staff for access. One person said, "Everything is locked. We need to ask staff if we want to go in."

Whilst locking the kitchens and the pantry may appear a solution, and some people had capacity to agree to this restriction, not everyone could consent to this. People's legal rights under the MCA had not been fully considered. It was not clear if this was in people's best interests or other less restrictive options had been tried. People, who had capacity, had the right to over eat if they chose to, even though this may be an unwise decision and detrimental to their health. This meant people's legal rights were not fully protected.

People who lacked capacity had some decisions made in their best interests. Records showed that professionals involved in their care, such as a GP, their family members and an independent advocate had made decisions for people. However, records of the decision making process were not always completed; this was not in line with the MCA. Also, two people's family members had signed consent forms on their relative's behalf but did not have the legal authority to do this. This meant people's legal rights were not promoted fully.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lack capacity 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). The registered manager had identified people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant body. Some had been approved; others were awaiting assessment. This showed people's legal rights in relations to their liberty were being promoted.

People's health care was well supported by staff and health professionals. One person said, "If I'm not well I see my doctor. I go to the dentist as well. Staff come with me." Monthly health checks were completed by staff including weight checks, when each person last saw a GP, dentist, optician or chiropodist. Records confirmed people attended appointments when these had been arranged. People also had specialist support, such as from a psychiatrist, speech and language therapist and behavioural specialist, to ensure their health care needs were met. Two people saw health professionals during our inspection. Staff acted on any advice given by professionals, which helped to ensure people maintained good health.

The registered manager and staff had been proactive in supporting people in reducing the number of medicines they took. Some people had been on complex medicine regimes for a number of years to help manage their behaviour or support their mental health. Some of these medicines had adverse side effects or contained toxins. We saw that, over a period of time, people had steadily reduced medicines which was seen by them as an extremely positive step. People's GPs and other health professionals such as a psychiatrist had supported this change. One person said, "I'm not on any medication now at all. I used to take lots of things." This showed people's changing health needs were identified and supported.

People said staff understood the care and support they needed. They had built good relationships with staff, particularly their keyworker (a named member of staff that was responsible for ensuring people's care needs were met). One person said, "Staff know what care I need and what I can do. I talk to my keyworker about things."

People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support people who lived in the home. Staff told us the induction included a period of 'shadowing' experienced staff and reading people's care records. One staff member said, "It was fine and went well. Everything was explained to me and I was not left alone with people until I was confident." 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 were very positive about the ongoing training they received. One staff member said, "The training is really interesting and there is definitely enough." Another commented, "There is definitely enough training to do the job." Training records showed all staff received basic training such as first aid, fire safety and safe moving and handling techniques. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity, how to support people who have autism or those who could become upset, anxious or distressed. Staff were supported to gain formal care qualifications; the PIR confirmed twelve care staff had a National Vocation Qualification (NVQ) or Diploma in Health and Social Care.

People were supported by staff who had supervisions (one to one meeting) with their line manager. The PIR stated, "All staff receive regular supervisions with their team leader or the home manager at their request." The records we looked at confirmed this. Staff told us supervisions were carried out regularly and enabled

them to discuss any training needs or concerns they had. One member of staff told us, "I have regular supervision; it's alright I feel listened to." Another staff member commented, "They are regular, you talk about any issues and aims are set."

People said they liked the meals and they helped choose the weekly menu. The chef cooked most meals, but people also had their own cooking programmes. One person said, "The food is nice. They ask what I want." Another person told us, "I like all the food. We talk about menus at our [service user] meetings. The cook makes most of the meals, but I cook sometimes. I'm cooking chicken tomorrow for lunch."

The chef told us they knew people well and always included favoured dishes on menus. The menu was changed each week so people did not become bored with meals; this also encouraged people to try new things. There were two choices of main meals; people said if they didn't want either choice the chef would always prepare them something else. We saw people having lunch on both days of our inspection. People chose what they wanted; there were at least four or five lunch choices.

The home was undergoing redecoration and general repairs when we inspected. These works had been planned in response to people's suggestions (such as having the smaller kitchen refitted and gardens improved) or because the work was necessary (such as having the roof replaced). The registered manager provided us with a copy of the maintenance plan. This showed improvements were planned for people's bedrooms and bathrooms, flooring, windows, staff accommodation, the meeting room and the registered manager's office. This ensured there were plans in place to provide people, staff and visitors with a homely, well maintained environment.

Good

Is the service caring?

Our findings

The service was caring. The relationships between staff and people demonstrated dignity and respect. We observed many positive and warm interactions between people and staff. However, some of the terminology staff used in written records was not always respectful. For example, one person's daily records stated "[Name] was asking about trips. [Staff] reminded them it was a group trip and it was up to [staff] to decide what he would be doing today not him." Another person's records stated, "[Name] came downstairs at 22:10 and was escorted back to their room." The staff communication book made reference to people being "Well behaved." We discussed this with the registered manager and who told us they would ensure this would be discussed with staff to ensure they were aware of how to record information about people respectfully.

People received care and support from staff who had got to know them well. One staff member told us, "I know people well, it takes time building their trust." People were relaxed in each other's company and in the company of staff. People used communal parts of the home, the grounds and also spent time in their own room if they wished to. Staff knew if a person wanted or needed time to themselves and they respected this. Two people showed us the keys they had to their own rooms. One person said, "I always lock my bedroom door when I'm not in there. Staff always ask me if it's ok to go in or come in."

We saw staff checked on people who were in their own rooms; they knocked and waited for a response before entering the room. This showed staff respected people's privacy. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains, covering people and explaining what they were doing. One staff member said, "I always make sure doors are closed and explain what I am doing."

People told us they liked staff and had a good relationship with them. One person said, "The staff are very nice people. They're here to look after us." Another person told us, "It's good here. Lots of people are looking after me." People chatted with staff throughout our inspection. There was a lot of joking, laughter and friendly banter. People spoke with staff about lots of things such as their plans for the day, trips out, appointments they had or any problems.

People's independence was encouraged and supported. Most people were independent in some aspects of their care, such as with their personal care. People were also encouraged to look after their home. One person said, "Staff try to involve you in things. I do some cooking and some gardening. I try to keep my own room clean but staff help me as well." Another person was helping the maintenance staff. They showed us the fence they had been painting in the garden. They said, "I've been painting that all morning. I'm going to finish it off this afternoon." We read that people used public transport and went out without staff support if they felt confident and safe doing this. One social care professional said at one person's recent review staff "Are actively promoting his independence skills and community presence."

People were involved in decisions about their current and future care needs. People said they spoke with staff every day; each said they had a particularly close relationship with their keyworker. One person told us, "I like all the staff but I really like [name]. She's my keyworker. She is really good. She always asks what I want to do and if I'm happy here." People spoke about their plans for the future. One person said, "I'm ok here but I'd like to move at some time, maybe to a bigger place with more people. I talk to staff about wanting to move on."

People's diverse needs had been considered by staff, such as supporting them through difficult times in their lives. Some people had suffered significant bereavement, such as the loss of a parent. Staff had made sure people received the right support and counselling to help them through the grieving process. One relative said their family member had been well supported by health care professionals after the loss of a parent. Their family member "Had been given the opportunity on a number of occasions to talk about his feelings." People were supported by staff to develop personal relationships, including using various internet sites. This support was based on staff understanding who and what was important to the person and their sexual orientation.

Staff had a good understanding of confidentiality. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in a private part of the home. People's individual care records were stored securely to make sure they were only accessible to staff.

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 said, "I've got one brother and two aunts. My sister lives in Bath. I see my brother and one of my aunts is coming to visit me soon." Another person told us, "I go on the bus to visit my dad."

Good

Is the service responsive?

Our findings

The service was responsive. People were supported to follow their interests and take part in various activities, trips out, work placements and holidays. One person said, "There's lots going on. People here do gardening, cooking, art and play games like pool. We go out a lot. I go to work at the farm two days a week." Another person told us, "I went to the pub at the weekend. There's a picnic today at the church. We've got the art room. I like painting and making cards. I did some of the pictures that are up in the art room."

We saw staffing levels were good and this meant that staff were available when people needed them. People were able to plan their day with staff. Some people had set days for particular activities, such as working at the providers? farm, but they chose more ad hoc activities and trips at other times. We saw people arranging these with staff on both days of our inspection. The home had two vehicles to take people out in; some people also used public transport if they wished.

People participated in planning their care as much as they were able to. Others close to them, such as their relatives, were also consulted if people wished them to be. One person told us, "I talk about things like that with staff and my social worker." We saw one care plan had been recently reviewed and signed by the person to demonstrate their agreement with the plan of care.

We looked at four people's care records. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans included detailed life histories, health condition information, personal care needs, likes and dislikes and explained what people could do for themselves and where they needed help or support from staff.

Care plans were generally clear and up to date. However, some areas of care planning did not reflect the care being delivered. For example, staff told us one person had an in house activity programme. If the person engaged in this programme for two days they were able to choose where they went out on a trip. The person's care plan did not record this approach to their support. The same person also had a programme in place limiting the drinks they had because the person would continuously drink until they were unwell. Whilst the care plan referred to them "drinking until they became sick" there was no record in the person's care plan to demonstrate the hourly drinks regime was a planned and agreed approach to their care. This was discussed with the registered manager who told us care plans were currently being reviewed and improved.

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, risks 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. This helped to ensure people's care and support met their current or changing needs.

Staff told us communication was good throughout the team. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's care needs and progress was monitored. Monthly staff meetings were held. Records showed that each person's care was discussed to ensure it continued to meet their changing needs. One staff member said, "We have team meetings each month, we get to speak up. They are good at keeping us up to date."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People kept in touch with their friends and relations. One person said, "I have a lot of friends. I don't see them much but I can ring them. I use the house phone." Another person told us, "I have friends here. I get on with everyone. I visit my family and they come here to see me as well."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain if they needed to. One person said, "I'm happy here. If I wasn't happy I would talk to the staff or my keyworker. I could talk to [the registered manager] as well. She's easy to talk to." People were asked if they had any concerns or complaints at their 'service user' meetings. There was information displayed for people in the home explaining how to complain and who to complain to. This was written in an easy read format to help people understand it. There had been no formal written complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led. Quality assurance systems in place were designed to monitor the quality of service being delivered and the running of the home. These were not fully effective, but were improving. The provider's senior managers carried out visits to the home to complete quality audits. We read the reports of visits carried out in February, April and May 2017. These had identified improvements were needed in several areas including care plans, risk assessments, best interest decision making, environment and fire alarm tests.

Some action had been taken where audits had identified shortfalls, such as the ongoing improvements to the environment. Other areas had not been improved; they had been carried forward from one audit to the next. There had previously been no clear action plans which described what needed to be done, by when, who was responsible and how each improvement would be measured. These plans had been included following the latest audit. Some of the issues we found during the inspection had already been identified by the provider but not resolved. Others had not been identified by the audits. This meant the provider's quality assurance systems were not fully effective.

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

There were clear lines of responsibility in the management team. The registered manager was supported by two senior members of the staff team; each had their own management duties. The PIR stated there was a management "Open door policy for all." We saw people who lived in the home often spoke with the registered manager and senior staff about different issues. Staff also discussed things with them informally and asked their advice. This gave the management team insight into how people's care needs were being met and the ongoing support staff needed.

Staff were very positive about the registered manager, senior staff and how the home was run. Comments included: "[Name of registered manager] and [name of senior] are supportive and approachable, they will help you out" and "[Name of registered manager] is very approachable and understanding, really supportive."

The registered manager said they had a committed staff team who worked well together to meet people's needs. One staff member said, "We all work well together and support each other." Care staff were honest and open; their views were listened to and they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. Care staff had their own areas of responsibility such as checking the home's vehicles were safe to use, carrying out health and safety checks in the home and ensuring staff followed correct infection control practices.

The service had a positive culture that was person centred, open and inclusive. The provider had clear aims

for the service including providing support for people develop independent living skills so they could take more control over their own lives. Staff understood the aims of the service and worked in line with them. One staff member described these aims as, "We give people choice and empowerment. For people to be content and happy, no different from what we would want."

The Old Rectory is a long established home. People were part of their community. They used community facilities such as local shops, supermarkets, cafes and pubs. People went out with staff during our inspection; it was a busy house with people coming and going at various times during both days.

Staff worked in partnership with external health and social care professionals. People required this support due to their complex needs. A consultant psychiatrist, speech and language therapist and behaviour specialist had supported people. This support was welcomed and valued by staff.

The provider supported people and the management team. Regular visits were carried out the provider's senior managers, where they spoke with people who lived at the home, with staff and looked at some records. One such staff member was visiting the home on the first day of our inspection. There were regular managers meetings, which the registered manager attended. This helped managers within the organisation to discuss issues and share areas of good practice. The registered manager also had regular formal supervision from their line manager. They told us, "I'm well supported. I have regular supervision and meetings with other managers. There's always someone to ask or help you."

The provider sought people's and staff member's feedback. Each person met with their keyworker each month to review their care. There were monthly 'service user' meetings where people discussed life in the home and any changes or improvements they would like. There was lots of informal discussion with people on a daily basis, as we saw during our inspection. We saw people's views were acted on, such as changes to the menu, improvements to the environment and more outings and day trips. Staff had regular supervision and staff meetings where they could share their views. They also spoke with senior members of the staff team and the registered manager every day. One staff member told us, "You can speak up and are listened to."

The registered manager checked accident and incident reports; these were then sent on to the provider's behavioural specialist. Staff told us incidents were discussed as a team so staff could try to learn from them and try to prevent them from recurring. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

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 Restrictions on people had not always been reviewed to ensure they were in people's best interests and were the least restrictive option. People's right to make an unwise decision was not being applied consistently. Records best interest decision making were not always completed. Regulation 11(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks relating to people's individual care were not always assessed and planned for. Weekly fire checks were not being completed. Risks of legionella bacteria in the water systems were not being managed consistently. Regulation 12(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not fully effective. Some of the issues we found during the inspection had already been identified but not resolved. Others had not been identified by audits.

Regulation 17(2)