

Bradbury House Limited

The Grange

Inspection report

Priddy Road
Priddy Road, Green Ore
Wells
Somerset
BA5 3EN

Date of inspection visit:
05 September 2018
06 September 2018

Date of publication:
05 November 2018

Ratings

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 September 2018 and was unannounced.

At the last inspection two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations were found and one breach of the Care Quality Commission (Registration) Regulations. This was because statutory guidance was not being followed when making decisions for people who lacked capacity. Concerns raised at the inspection were not being identified by the provider's quality assurance systems. Notifications were not being sent in line with statutory guidance. We also made a recommendation to ensure people's human rights were being protected. Following the inspection, the provider sent us an action plan how they would resolve the concerns and in what time frame. At this inspection we found all areas of concern had been improved.

The Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Grange accommodates up to 25 people with learning disabilities, including autism and mental health issues across four services. These services are The Grange, The Courtyard, Priddy Farmhouse and Meadowlands. Each service is divided into self-contained flats. The services contain between five and seven people. At the time of the inspection there were 24 people living within the services. Some people, especially those living in The Grange, had limited verbal communications. When this was the case, their opinions were captured through observations, interactions they had with staff and their reactions. Each person had their own self-contained flat designed around their likes and needs. Within the services there were some communal areas and the Grange had a separate group kitchen. All the services were on a working farm site and there were day care opportunities for people to participate in farm activities.

The care service was registered prior to the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen". Registering the Right Support CQC policy. During the inspection we spoke with the management about this guidance.

At the time of the inspection there was a registered manager in post. A registered manager 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 oversaw four service managers who were each responsible for running one of the four services.

People were kept safe. Most health and safety checks were completed in line with the provider's systems. Two areas of improvement were identified during the inspection and immediately resolved by the management. Staff knew how to prevent the spread of infection and people's medicine was managed

safely.

People told us they were happy and others appeared comfortable in the presence of staff. Those able to tell us told us they were kept safe. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

The management had developed positive relationships with people, their families and other professionals. There were enough staff to keep people safe including using regular agency staff to ensure consistency of care. Staff had received a wide range of training to meet people's needs. Opportunities were in place to ensure staff could undertake specialist health and social care training. Recruitment systems were in place to reduce the risk of inappropriate staff working at the home.

People were protected from potential abuse because staff understood how to recognise signs of abuse and knew who to report it to. When there had been accidents or incidents systems were in place to demonstrate lessons learnt and how improvements were made. People had their healthcare needs met and staff supported them to see other health and social care professionals. When changes were identified to manage health needs staff liaised with health professionals using their excellent links which had been developed.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. There was clear guidance to inform staff how people would give their consent. When people lacked capacity, decisions had been made on their behalf following current legislation. People were supported to eat a healthy, balanced diet and had choices about what they ate. People in three of the services were encouraged to be as independent as possible when preparing their food. For people in the Grange who had less ability to prepare food there were systems in place to promote choice when people had limited communication to express food preferences.

Care and support was personalised which ensured people could make choices about their day to day lives. Care plans contained information about people's needs and wishes and staff were aware of them. All staff had excellent knowledge of people, their needs and preferences. Care plans were updated in line with people's changing needs. People were listened to when they were upset and knew how to complain. There was a system in place to manage complaints.

People told us they liked the staff and we saw there were positive interactions between them. We observed staff were kind and patient. People's privacy and dignity was respected by staff. Their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received.

The service was well led and most shortfalls identified during the inspection had been identified by the management. There was a proactive approach from the management and provider to driving improvements in the home. The provider had completed statutory notifications in line with legislation to inform external agencies of significant events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Most people were protected from potential risks because health and safety checks had been completed in line with the provider's policies.

People were supported by staff who knew how to administer their medicine safely.

People were protected from risks because care plans contained guidance for staff and risk assessments were in place.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed.

Is the service effective?

Good ●

The service was effective

People were supported by staff who had the skills and knowledge to meet their needs.

People had decisions made in line with current national guidance and relevant representatives were consulted.

People had access to healthcare support because there were strong links with other health professionals.

People's had access to a diet that met their needs and wishes and independence was promoted.

Is the service caring?

Good ●

The service was caring.

People could make choices and staff respected their decisions.

People's privacy and dignity was respected by the staff.

People were supported by kind and caring staff who knew them very well.

People could exercise their religious and cultural beliefs.

Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes regarding their care were understood by staff. Care plans contained information to provide guidance for staff.

People participated in a range of activities to meet their hobbies and interests.

People were listened to when they were upset. There was a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

People were supported by a management who made changes to systems when they identified things could be improved.

People were using a service which had clear scrutiny to ensure they were receiving care and treatment in line with their needs.

People benefitted from using a service which had staff who felt supported and worked as a team.

The Grange

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 September 2018 and was unannounced.

It was carried out by two adult social care inspectors, one medicine inspector and an expert by experience.

The provider had not been requested a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did cover areas this asked about during the inspection. We spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit.

We spoke with 15 people who used the service and spent time with others carrying out observations. We spoke with the commissioning director, registered manager and 13 members of care staff. We also spoke with three health and social care professionals during the inspection.

We looked at six people's care records. We observed care and support in communal areas. We looked at staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and complements system, medication files, environmental files, statement of purpose and a selection of the provider's policies.

Following the inspection, we asked for further information including quality assurance documents and training records. We received this information in the time scales given and the registered manager updated us on the other information.

Is the service safe?

Our findings

People told us they felt safe and we found they were safe. One person said, "I feel safe because I know staff will help me if I need it". Another person told us about the freedom they had whilst living at the service. Others explained they were giving lifts into the local town whenever they wanted it which helped them to feel safe.

People were kept safe because lessons were learned when there were accidents or incidents. One person had an incident when travelling in a car which endangered themselves and others. Actions were taken to change how they were supported and guidelines in place for staff. Staff regularly supporting them were aware of these changes. No further incidents had occurred. Another person had a delay in starting a specific medicine prescribed by their doctor. Concerns had been raised about this incident. So the management had put in additional systems to reduce the likelihood of any people having a similar experience in the future. No concerns were found in this area during the inspection.

People who were at risk of becoming anxious and then displaying behaviours which could challenge were being supported to remain calm. Each person had a detailed behaviour plan outlining the triggers, de-escalation techniques and what to do at each stage of anxiety. Staff were aware of these plans and knew steps of how to support someone to keep them calm. Any incidents resulting from people's anxiety were recorded. The records were analysed by a specialist team within the provider who helped to reduce the likelihood or reoccurrence. They also updated the behaviour plans in line with any changes. Staff would then familiarise themselves with the new plan.

One person was found by the inspection team in a dangerous situation multiple times during the inspection. Their health had recently declined. The staff and management had been regularly liaising with other health and social care professionals to resolve the situation. Following the inspection, the provider updated us on further actions which had been taken to keep the person safe. This meant they were working well with other professionals to try and keep people safe when their needs changed.

Most health and safety systems and checks had considered the safety of people. There were routine fire alarm tests and practice drills in each service. Occasionally, these had not been completed in line with the company's policy. During the inspection all the out of date checks were resolved. There were tests to ensure water in the services was safe and did not contain any dangerous bacteria. When food was prepared for people, such as in the Grange, the positive food hygiene practices had been applied. Shutters had been place in one person's kitchen to restrict their access to sharp knives. This had been to prevent them hurting themselves or others.

However, there were occasions when one person left their flat door propped open with boxes whilst in the Grange. We observed multiple occasions when no staff were around to close the door in an emergency. This meant the person was placed at risk of harm in the event of a fire. During the inspection the registered manger sourced an attachment for the door so it would automatically close in a fire.

People were supported by staff who had been through a robust recruitment process. Each service manager was responsible for employing new staff within their service. New staff had checks completed prior to starting work. These included from previous employers and to ensure they were suitable to work with vulnerable people. One member of staff told us they did not start until after all their checks had been completed.

People were kept safe from potential abuse. One health professional told us, "I genuinely haven't seen anything worrying" whilst visiting the services. Staff recognised signs and knew how to report any concerns. They all knew people very well so could list indications of abuse for people unable to communicate verbally. One member of staff told us a person's behaviour might change. All staff agreed the management would act to help keep people safe if they reported issues. They told us they could go to more senior managers in the company and raise the issue if it was not being managed. If they were still concerned they knew which bodies they could report to externally to keep people safe.

People were supported by enough staff to meet their needs and keep them safe. One member of staff said, "We never feel understaffed. Other houses can help and staff are flexible where they work". There was regular use of agency staff in some of the services to ensure there were enough staff to support people's needs. Staff told us it was always the same agency staff used to ensure consistency for the people. They confirmed all agency staff had to read the care plans before starting to work with people so they understood their needs. The managers of each service were continually working on recruitment to fill the vacancies. There were systems in place for other services on site to support with staffing during the night to ensure the service was safe.

Most medicines were being managed and stored safely. Trained staff administered medicines with a second member of staff as an observer. They recorded this on Medication Administration Records (MARs). The MAR charts we reviewed showed people were given their medicines as prescribed. Daily checks were completed by a team leader to ensure there were no gaps in the recording of administration. Improvements could have been made by monitoring the medicines fridge temperatures to ensure the medicine was being stored safely. No impact was found at the time of the inspection by fridge temperatures not being checked.

Some people looked after their own medicines and appropriate risk assessments had taken place to make sure it was safe for them to do so. Staff did not have additional guidance for medicines prescribed to be taken 'when required' which meant they may not give doses of medicines as intended by the prescriber. Although, all medicines which were to be taken 'when required' needed authorisation from a manager before they were given and records were kept following administration of the outcome. Medicines incidents were being recorded and investigated appropriately.

Is the service effective?

Our findings

At the last inspection we found a breach in Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because when people lacked capacity statutory guidance had not been applied for all decisions. We also made a recommendation the provider needed to ensure restrictions had been considered in line with people's human rights. Following the inspection, the provider informed us how they would make these improvements and within what timescale. During this inspection we found the improvements had been made in both areas and in line with the action plan.

If people had capacity to make decisions then they were consulted and their decisions respected. On occasions these may have been unwise decisions yet staff supported them to stay safe. When there were significant decisions some people using the service lacked capacity to make them on their own. The Mental Capacity Act 2005 (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.

We checked whether the service was working within the principles of the MCA and found people who lacked capacity to make important decisions had them made in line with current legislation. People living in the services had a mixed ability to whether they could consent to certain decisions. When it was in doubt for a specific decision, a capacity assessment was completed. For example, one person made life style choices which could impact on their medicines effectiveness. Staff had been unsure whether they had the full capacity to understand the consequence of these choices. The process had been followed and outcome in line with statutory guidance. One member of staff told us, "We think of the best thing for him. Bring in parents". They continued to say the person's "best interest is at the heart" of the decision.

Other people lacked capacity to make many important decisions in their life. Most of these people lived in the Grange. It was clear family members and other professionals had been involved prior to any significant decisions were taken. These were then made in the best interest of the person. If practices had been considered that potential placed restriction on the person records demonstrated it had considered whether it was the least restrictive option. One member of staff talked us through the process they went through when a person lacked capacity. They knew to involve important individuals to the person such as family members, doctors and an advocate when a best interest decision was made. This meant people's human rights had been protected and upheld.

Staff including the registered manager and service managers informed us the provider had provided a large amount of training around the MCA. There had been a redesign of how capacity assessments, best interest decisions and consent was recorded.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These had been applied for all people living in the services because they were all monitored closely by staff and unable to leave the premises alone. When people had conditions in relation to their DoLS there were systems in place to record the outcome. One person had a range of conditions in place including records of daily interaction and records of their activities.

People lived in flats that were designed around their needs and wishes. One health professional said, "They do provide a good level of support for people and make adaptations." People had colours and decorations which met their preferences. If people needed specialist adaptations to make their flat safe then these were completed. One person had recently moved into a flat that had been completely redesigned to make it safe for them. Other people had specialist furniture which was toughened. This meant when they became upset it was less likely to be damaged and hurt them. Other flats had posters on the wall of people's favourite characters and interests.

People's needs were assessed prior to them moving in, when it was possible and not an emergency placement. Many other health and social care professionals, along with the people and their families, had been involved. One person had recently moved into the Grange. There were regular meetings occurring with other professionals including a review during the inspection. The health professionals were very positive about the way staff were working with the person and how much progress they had been making. They told us staff always listened to their advice and put it into practice.

When possible, people were involved in the choice to move into the service. One person had been supported by a health professional and their family to visit prior to moving in. The person then made the choice to move in. The health professional involved explained it had worked as a transition. They said, "The proof is [name of person] is happy here". The registered manager told us the commissioning director has an overview of who may be suitable to live in the services. Then the service managers then discuss which service will be most suitable on site. They then liaise with previous placements for records and assessments to inform their own planning prior to a person moving in.

People were supported by staff who had received training to meet their needs and wishes. One service manager explained it was important to regularly update staff with training. All staff told us they had a range of training and were not allowed to support people until they had completed specific training in managing behaviours which challenge. Staff were offered the opportunity to complete specialist qualifications in care. One member of staff had begun to complete a management level qualification. Whilst others were completing diplomas in health and social care. By promoting continuous professional development in the staff team, the provider was encouraging high quality care.

When agency staff were regularly working at one of the services they were offered the opportunity to attend specialist training provided to all staff. For example, the regular agency staff within the Grange attending managing behaviours which challenge training so they could support people with heightened anxiety. This ensured they were using the same techniques as regular members of staff. Service managers kept good links with the agencies they came from to ensure all other training was in place. If an agency staff was not completing tasks at a standard expected from regular staff then they were not used again.

All new staff were provided with a thorough induction. This included time to read all care plans, some basic training and shifts shadowing more experienced staff. One member of staff told us when they started they, "Sat in the office" and read all the care plans. They had also completed two weeks of shadowing other staff. Staff new to working in care worked through the Care Certificate. The Care Certificate is a nationally recognised standard to make sure all staff working in care have basic skills to look after people. One service

manager told us about two staff who had recently been completing the Care Certificate. They told us part of it was to have observations of their practice signed off. All new staff agreed the induction was flexible to ensure they were confident before lone working.

By knowing people well staff were able to identify if their health needs changed even if the person was unable to communicate it. One person with limited verbal communication had a sudden change in personality and behaviour. Staff immediately arranged for a meeting with all the health and social care professionals involved. They included a discussion about what would be in the best interest of the person. A trusted member of staff then supported the person to hospital supporting the visit with a bespoke pictorial story to explain what was happening. As a result, the health issue was identified and the person was no longer in pain. Immediately the person reverted back to being happy and enjoying spending time with staff.

People were supported to eat a health, balanced diet with the level of help required. In the Grange people were supported to eat in a separate kitchen for safety reasons. Meal choices were selected using visual prompts. There were at least two or three options for each meal and the weekly menu had been designed around the likes and dislikes of each person. The service manager explained, although people move in with a list of likes and dislikes around food we like to offer choice. They explained recently a person had moved in with a narrow list of food they liked. In a relatively short space of time using this method they had discovered a wide range of food the person enjoyed.

In the other services people prepared meals in their own flats. Some people were independent whilst others had staff support. At all times staff promoted positive eating. They had the flexibility of choosing when they ate. There were communal places in some of the buildings. If people had specific dietary preferences then they were supported. One person had been a vegetarian until recently. Staff had supported them to follow a meat free diet and when their preference changed they respected this. Another person had attended a 'cooking from scratch' skills session to improve their independence.

Is the service caring?

Our findings

People were supported by kind and caring staff. During the inspection we saw people with limited verbal communication were comfortable around staff. At times they would seek them out and smile at the staff. One person said, "Staff listen to me and have time for me". Another person told us, "It's got a family community feel". Relatives had written about the services in surveys, "My son is always happy and well looked after", "The staff team all work very hard and provide an excellent level of care", and "I am very impressed with the level of care and how well my son is looking".

Staff were knowledgeable about the people who often had complex needs. They spoke warmly about the people they supported. One member of staff affectionately referred to the youngest person living in their service. One health professional told us, "I have found staff to be helpful" and continued, "[Staff] have a positive approach to people". One support worker, who had not worked in care before, stated, "I am impressed how people are treated and how much staff care; they have a love for them." Another staff member told us, "The clients are all so unique. We get a bond and help them develop".

Compliments reflected the positive relationships we saw. One healthcare professional had written, "I would like to say how professional and fantastic [person's name] support staff were throughout the process. They clearly have built a trusting relationship with [name of person] and their care for him was exemplary". One relative had written, "We have always felt assured that [person's name] had someone looking out for them that really cared".

People were able to make choices and staff respected them. When people were unable to express choices through verbal communication alternative methods were used. Some people used sign language to support their speech. Other people used a form of exchanging pictures to express their choices. All forms of expressing choices were respected by staff including pointing at their preferences. One member of staff said they, "Never assumed" and described ways they would encourage people to make choice. They would allow the person to "pick" and make sure they understood the options. Another member of staff told us about a variety of methods they used to encourage people to make choices. They had recently been learning about a sign language they could use to communicate with people who had limited verbal communication.

People were supported to maintain their relationships with family and friends. Some people regularly went to visit and stay with family members. Staff would support them to maintain contact in other ways.

People were supported to maintain their privacy and dignity. All staff knew to knock on flat doors before entering them. One member of staff told us they "Give people dignity and respect" when supporting them with intimate care. They explained how they kept them covered, involved the person and knew the importance of communicating with them. Another member of staff explained they promote independence in their service. When people required support then it was offered and the person was listened to. They said, "We support them in the best way possible for them".

People's religious and cultural needs were respected. One person attended bible classes and church

services. One member of staff said, "I am always respectful of beliefs and opinions". They explained they would never impose their views on the people. When people were from different backgrounds it was clear that these were supported by staff. One person had regular visits from their family who would bring food reflecting their culture. They enjoyed attending carnivals and this would be supported by the staff when it was possible. One member of staff explained they tried to make it part of everyday life for the person. They said, "Everyone respects differences. We are fortunate to have an open and educated team" to promote this.

People were valued by staff and they supported them in many ways to live a full and enriching life. When people had special occasions, they were celebrated. There was always an aim in the Courtyard, Priddy Farmhouse and Meadowlands to move people towards independence. When a person was ready to move it was acknowledged they had made friends. For example, staff had organised a farewell party for a person who was leaving The Courtyard. They had involved the person in organising the party. This included asking them what food and drink they would like to be available.

Is the service responsive?

Our findings

People participated in a range of activities to meet their needs and interests. Many of the people went over to the day centre on the site to participate in a range of activities. There was pottery and participation in tasks to help the working farm. One member of staff said, "The farm is there to provide people with meaningful activities. It develops their skills". In the Grange, people were taken out into the community at least once a day. There were opportunities to participate in sensory and craft activities. Some of the activities were to help people work towards employment and independence. During the inspection one person was supported to attend the job centre to discuss options. Other people were supported to develop skills they could use in the work place.

To promote a community feel there were events across the site. Each month one of the services was responsible for creating a social activity. This would allow people and staff to socialise with different homes. People's activity folders contained information on the social activities people enjoyed and had undertaken. For example, one person had been supported to undertake voluntary work for a local conservation group. Another person supported the service's fire marshal do their routine fire checks. Outings to local attractions and events were recorded. Visiting health professionals felt there were occasions records were not always reflecting the activities which people had an opportunity to participate in. The management had already taken this on board and were designing future ways to record activities.

People had care plans that were personalised to their needs and wishes. Each person's care plan had key details which provided guidance for staff to follow. One person's plan explained they liked to go on long drives and enjoyed having takeaways. There were 'communication passports' which listed how the person preferred to express themselves. Another person's care plan had information about their life history. This helped staff to understand their current behaviours and guidance on how to develop new skills. There were daily overviews which stated their preferred bed times and daily routines. Staff were aware of this guidance and knew what they needed to do to support them.

Staff knew the content of each person's care plan and the guidance it contained. One health professional said, "I am always impressed. [Name of service manager] has a good handle". They continued to explain there was a good knowledge of the people they supported.

One member of staff explained that one person was a 'key client'. This meant they regularly updated their care plan in line with the person's current needs. They also ensured all staff were aware of changes which were made. The member of staff told us, in detail, information about the person they were currently focussing on. This included their preferred activities and ways to support them when anxious. They had been liaising with the person's family and sourcing equipment suitable for them. As a result, the person had also reduced their weight by more healthy eating. Another person had increased the amount of community access they could manage.

One health professional gave an example about the positive impact staff can have for the people they support. They explained one person wanted to move away from their family home and move into a flat on site. The staff helped the person to become more independent and have some control of their life. When the

person struggled in areas of their life the staff were there to help guide them and make positive choices. Another person's care plan stated steps and support the person needed to take to become independent.

Individual support plans were discussed with people and, if able, they were asked to sign them to indicate their agreement with the content. One person's individual service plan recorded aims and goals that they wished and had achieved, including going on a cycling holiday and moving out of the service. Staff had supported the person to arrange the holiday and they were currently supporting them in finding future accommodation. Another person's individual support plan contained a 'service user discussion form' which recorded that staff had informed the person about data protection and had provided an easy read information sheet 'How we look after your personal information.'

Records seen indicated that staff responded to peoples changing needs. For example, staff had contacted a bereavement councillor to provide support for a person who had recently lost a close relative as they felt this had affected their mental health. They had also arranged for a review by a consultant psychiatrist as the person had begun to refuse to engage with staff and had stopped taking their prescribed medicines

We discussed with the registered manager and staff how they promoted communication in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand. A variety of strategies were used by staff to help communicate information. This included the use of simple sign language supporting speech, pictures, easy read documents and special stories which laid out the information in a way the person understood. All staff were clear they used communication strategies which reflected the person's understanding, needs and preferences. Examples were seen of how this was put into practice during the inspection.

A copy of the complaints procedure was available in each of the services. Monthly service user meetings were held where people were given the opportunity to raise any concerns they might have. For those with non-verbal or limited communication skills a specific form had been produced whereby they could indicate their responses using signing techniques. Questions on the form included 'do you feel safe', 'Do you like the staff' and 'Do you like the food you have.'

The complaints files at The Grange, Priddy Farm and The Courtyard were reviewed. Records seen indicated that the two complaints received in 2018 had been dealt with promptly and resolved.

The management told us they were beginning to discuss end of life wishes with people and their relatives. It was an area of work they wanted to do more about. They were considering contacting a local hospice because they were aware of an aging population. One person's health care file contained a section relating to end of life care. The person had refused to engage or be involved in the completion of the plan and had signed to confirm this.

Is the service well-led?

Our findings

At the last inspection we found a breach in Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and a breach in Regulation 18 of the Care Quality Commission (Registration) Regulations. This was because the quality assurance systems were not identifying concerns found during the inspection. The provider was not sending information about significant events in line with their legal obligations. Following the inspection, the provider informed us how they would make these improvements and within what timescale. During this inspection we found the improvements had been made in line with the action plan.

The registered manager, service managers and provider were aware of when notifications should be sent in line with current legislation. There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt or there had been incidents with people. There was a system which was in place to monitor all incidents.

The provider was now completing three monthly care quality assurance audits. The audit report for June 2018 for the Courtyard was reviewed. The audit was based on the CQC key lines of enquiry and associated regulations. Outcomes from the audit were documented and any actions required were prioritised as required to be met within three days, two weeks or by the next audit. Staff responsible for ensuring actions were completed had signed and dated the audit form on completion. The same process was seen in the other services.

Most concerns identified during the inspection were already known about by the management and action was being taken. For example, they were aware of the risk of one person propping open their flat door which was a fire door. They had been monitoring the decline of someone's health which was placing them at risk. The supplying pharmacy had recently completed a medicines audit. We found some action plans had been followed up. However, there were occasions others such as the monitoring of the fridge temperature had not yet been actioned. During the inspection the management followed up this and put a system in place.

People, visitors and staff were positive about working at the service and the management. One health professional said, "[Name of registered manager] is a very good leader". One member of staff said, "It was the best job I have ever had" and continued to explain they worked as part of a team. Another member of staff told us they loved working at the service and found it very rewarding. All staff were positive about the management team. One staff member said, "[Name of service manager] is brilliant, very approachable. The best manager I've had. She will come and get involved and work with us". Others told us, "I get on with them all [meaning the management team]. They're a fantastic team" and, "The manager is very helpful and understanding. They will pick people up when necessary and they're on the ball".

There was a clear staffing structure in the services which meant all staff felt supported and there were lines of accountability. One member of staff said, "I really enjoy my job" and explained they like the fact they can have progression opportunities. Each of the homes had a service manager who was overseen by the registered manager. Service managers had team leaders and other care staff to help them meet the needs of

people. They all felt supported by senior staff when on shift, even in working alone. One member of staff told us they felt supported. They said, "Someone is always at the end of a radio". Another member of staff told us they had regular supervisions with a team leader. They explained these were opportunities to check their knowledge around certain topics such as safeguarding. Additionally, they were asked questions about the people they supported and checks were made on their relationship with them.

People and their relatives were encouraged to provide feedback in the service which was provided. Recently a survey had just been closed to all relatives of people using the service. The purpose was to provide them with information with what was going well and what could be improved. One survey response read, "Very satisfied with the manager at the Grange, and all the loyal staff who are 'hands on' with [person's name] as he has complex needs and is sometimes hard to work with". A second response read, "We are very pleased that [person's name] has been able to have a place at The Courtyard. We feel that we have seen an improvement in his health, attitude and general wellbeing. As a family we are very satisfied with it all".

Staff spoken with reflected the same opinion. They felt listened to and that they could make suggestions to improve the service. One member of staff told us they felt supported. They were able to, "Query and challenge" things and said they felt listened to. The staff member continued, "[Name of service manager] is always open to new ideas. Feel my voice is listened to".

The management promoted the development of positive relationships with other agencies. One service manager said, "We have good relationship with Somerset Partnership. We have to work as a team otherwise service users miss out". This allowed them to develop strong working partnerships with multidisciplinary teams. Throughout the inspection we saw the constructive impact this had for the people. One health professional told us the management were, "Really transparent" and told us this included with relatives as well. They explained the positive approach was to work with the person and ensure it worked for them.

The provider was continuously trying to develop and improve the service people received. It was clear that improvements had been made since the last inspection. Work had gone into improving staff and management understanding for people who lacked capacity to make certain decisions. There had been positive work completed around the provider auditing tools to ensure the standards of care were high. One service manager said, "It has allowed us to improve the service we deliver".

Additionally, they had worked on improving other systems they had identified could be made better. For example, when it had been identified the management of behaviours which could challenge could be improved the systems were changed. A member of the provider was employed to analyse all incidents and accidents to monitor if there were patterns to behaviour. One member of staff told us it meant they had become proactive rather than reactive. They then gave us examples of how it had improved one person's life and led to a clear reduction in incidents. The member of staff said it was, "Above and beyond what we were expecting". It meant the person was able to, "Engage in more meaningful activities" and had a, "Better quality of life".

The provider ensured they were keeping up to date with current guidance for care. Staff told us and records demonstrated work had been done on familiarising everyone with the current care regulations. There was also a Parliamentary review on care and information on legislation and guidance such as safeguarding and human rights. There were updates on new processes in relation to the management of medicines and how information can be shared with people they support. Additionally, they had provided staff and management with case studies focussed on 'driving improvement' to provide suggestions about areas they could improve.

