

Cocklebury Farmhouse Homes Limited

79 Malmesbury Road

Inspection report

79 Malmesbury Road
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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Good



Overall summary

This inspection took place on the afternoon of the 17 April and the morning of the 21 April 2015. The provider was given notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

Seventy-nine Malmesbury Road is one of three homes belonging to the provider, Cocklebury Farmhouse Homes Limited. Malmesbury Road provides accommodation and care for adults who have a learning disability, mental health or more complex needs.

Support is designed for people who have previously experienced difficulties in being able to live within a community environment. Therefore, care is generally provided for a long-term period and this benefits people who require higher levels of guidance and support.

The service had a registered manager who was responsible for the day to day operation of the home. 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 and

Summary of findings

associated Regulations about how the service is run. The registered manager was present on the day of the inspection. The provider is also a registered manager of the service.

Malmesbury Road is registered to provide care and support for up to three people. At the time of our inspection an extension was being built onto the home. The provider had applied to the Care Quality Commission to increase the number of places from three to five.

People and their families praised the staff and registered manager at Malmesbury Road for their kindness and the support given to people and families alike. People had developed caring relationships with staff and were treated with dignity and respect. People had been supported to become as independent as they were able to be. People told us they enjoyed a very high quality of life and relatives and staff agreed.

People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe. There was a monthly meeting where staff and people would talk about how to keep safe.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

There were systems in place to ensure that people received their medicines safely. Risk assessments were in place to ensure that people received safe and consistent care. The environment was safe and well maintained.

Good



Is the service effective?

The service was effective. People received effective care and support to meet their needs. People were supported to have enough to eat and drink.

People were supported by skilled and knowledgeable staff. Staff were supported to develop their professional skills to ensure they were competent to meet people's needs.

Staff received regular supervision and an annual appraisal which identified on-going training needs and development.

Good



Is the service caring?

The service was caring. We saw that people were comfortable in the presence of staff and had developed caring relationships. People and relatives were very positive about the staff and said they were treated with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Staff supported people to make their own decisions about their day to day life.

Outstanding



Is the service responsive?

The service was responsive. People received care and support which was specific to their wishes and responsive to their needs.

People and relatives said they were able to speak with staff or the manager if they had a complaint. They were confident their concerns would be listened to.

Care records clearly identified how people wished their care and support to be given and people told us they were very happy with all areas of their care and support.

People achieved positive outcomes and had independence and choice to live the way they wanted to.

Outstanding



Is the service well-led?

The service was well led. People and their families told us they thought the service was very well led.

Good



Summary of findings

There was an open and transparent culture and the manager and staff welcomed the views of people and their families.

There were systems in place to monitor the quality of the service provided and to promote best practice. Staff were actively involved in findings ways to continually improve the service.

79 Malmesbury Road

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 the afternoon of the 17 April and the morning of the 21 April 2015. The provider was given notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. This inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had knowledge of learning disabilities and complex needs

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a

notification. We spoke with each of the three people who live at Malmesbury Road. We also spoke with two relatives about their views on the quality of the care and support being provided.

During our inspection we spoke with the registered manager and the provider. We also spoke with the deputy manager and two senior care workers. We spoke with the cook who was based at a sister home of the provider. After our visit we contacted people who visit the home to find out what they thought about this service. We contacted four health and social care professionals and two people who commission services.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of three people, we looked at staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

People told us they felt safe living at Malmesbury Road. One person said “Yes of course I feel safe, I know how to keep myself safe”. Another person said “I trust the staff because they understand and always listen, I feel safe and don’t feel I’ll ever get hurt”. We spoke with two relatives who both confirmed they were ‘more than happy’ and ‘absolutely no concerns’ about the safety and welfare of their family members.

Each month people living at Malmesbury Road held a ‘house meeting’. On the agenda at each meeting was ‘keeping safe’. The emphasis was on people letting staff know if they see something which was not safe or if they did not feel safe themselves. The minutes of the meetings evidenced that people and staff talked about what to do in the event of a fire and how to evacuate the premises. Staff had discussed keeping safe in the kitchen and people told us they were confident in using the kitchen equipment safely. A member of staff explained that one person loved to mow the lawn. To keep the person safe, the person and the staff member went through safety checks of the lawn mower to ensure it was safe before it was used. The person told us they knew how to use the lawn mower safely.

People had risk assessments which identified risks in relation to their health, independence and wellbeing. For example, using public transport, taking part in outdoor activities such as canoeing or assessing the risk of not taking prescribed medicines. One person told us, “I can get upset sometimes but the medicine makes me better”. A member of staff told us “we know when people don’t feel safe, of course they will tell us but we can recognise this in their behaviour, if something is worrying them”.

People told us they were involved in their care planning around keeping themselves safe and talked with staff about the risks they could face and how to prevent risks. Staff told us they were confident the risk assessments kept people safe while enabling them to make choices and maintain their independence. Staff felt they had developed positive relationships with people which enabled them to encourage people to take risks and challenge themselves.

There were no restrictions placed upon people and their independence in the community. One person said “I go wherever I want to, of course I tell staff where I’m going and

when I’ll be back and I have a key to get in and I take my mobile with me”. During the day we saw that people went out independently into the community for work or leisure activities.

The home was very clean, well maintained and safe throughout. The layout of the building promoted people’s independence, dignity and safety. The communal areas of the home were clutter free and spacious. At the time of our inspection, a new extension for two bedrooms was being built on the ground floor. One person showed us around and highlighted to us areas which were not safe to go into and pointed out the ‘yellow sign’ for a slip hazard.

There was a safeguarding and whistleblowing policy and procedures in place which provided guidance to staff on the agencies to report concerns to. Staff had received training in safeguarding to protect people from abuse and training records confirmed this. Staff were able to describe what may constitute as abuse and the signs to look out for. A member of staff told us “keeping people safe is also about looking out for the not so obvious signs, such as a change in the person’s behaviour, if they become withdrawn or seeing that their belongings have gone or they have new things they didn’t buy”.

All of the staff we spoke with told us that any concern, no matter how small was discussed with the management team as soon as it arose. They were encouraged by the registered manager to speak up if they felt people’s safety was at risk. All staff had responsibility in ensuring people were safe and the management team told us they had “complete confidence that keeping people safe was a priority for staff”. Previous safeguarding records evidenced that the registered manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made. Notifications had been made to the Care Quality Commission (CQC) as required. During 2014 there had been no incidents occurring within the home and the home’s records confirmed this.

There were appropriate staffing levels in place to support people who live at Malmesbury Road. We saw that staff were visible and available to people. Two new people were soon to be moving into Malmesbury Road and the registered manager told us they would review the staffing numbers based upon the needs of the new residents.

Is the service safe?

People using the service could be confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about the type of medicines which people took and why they were prescribed. People told us what medicines they took and why they took the medicine. One person told us “I have reduced my dose of [name of medicine] and am feeling really well; I know I can talk about my medicines with the staff if I feel my medicine isn't working for me”.

Medicines were stored in an office in a lockable cabinet which only certain members of staff had access to. Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an ‘as and when needed basis’ (PRN medicines). Staff who had had responsibility for administering and disposing of medicines undertook training and annual competence checks to ensure they remained competent to deal with medicines.

When people visited their relatives and were away from the home. The registered manager completed a form to say what medicines the person was taking home with them and the amount. The person or a family member signed the form to confirm the medicine had been taken or if not, how many tablets were being returned. The registered manager told us this procedure gave them assurance that people were following their medicine routine and enabled them to have a clear audit of where medicines were and the stock levels.

All of the staff employed at Malmesbury Road had worked for the service for many years. The registered manager told us they would soon be recruiting for two new care staff in response to two people moving into Malmesbury Road. Current staff records showed there were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The provider had risk assessments in place for the environment and facilities, such as ensuring that the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Fire equipment was regularly tested and there were personal evacuation plans in place for people in the event of a fire. People did not use any specialised equipment, however household equipment such as televisions, the toaster and microwave had been tested to ensure they were safe to use. Staff reported any maintenance issues to the management team and we saw from documentation that repairs were carried out swiftly.

Should the premises need to be vacated in an emergency, alternative accommodation had been arranged for people in one of the provider’s other homes. There was also a contingency plan in place should staffing levels be affected by sickness or adverse weather conditions.

Is the service effective?

Our findings

People told us “staff do their job well” and “they know what is in my care plan and how I want things to be done so I get the support I need”. The staff we spoke with were competent in their understanding of how to provide safe and effective care to people with complex needs.

A senior care worker told us that many staff either had or were working towards a national qualification in health and social care at level three. Training records evidenced that staff undertook mandatory training as set by the provider. In addition there was more specific training which underpinned the spirit of the service to enable people to 'live the life they choose'. Such as, person centred care planning, positive behavioural support, epilepsy support, sign language and communication.

Staff told us they had a really sound understanding of mental health, autistic spectrum disorders and how to support people with social communication and interaction. Integral to this was the support people received to be able to better understand their emotional states and cope with new situations or routines. Our observation of staff interaction and practice confirmed they were skilful in providing appropriate support in line with people's needs.

The management team consisted of a deputy manager and two registered managers, one of whom was the owner/provider of the service. Staff felt very supported throughout the learning process and in applying that learning. One care worker told us “the training we get is excellent and is linked to best practice. As well as direct learning we also do reflective learning, where we review how the learning has been implemented and incorporated into our daily practice”. Another member of staff said “the management team are always there for us, fantastic in guiding us. Staff are praised for their work and are listened to when we have something to say. We are encouraged to question our practice. Managers leave decisions to us, they never say something is wrong, but will always acknowledge and suggest other ways of doing things, if for example we have not had the outcome we were striving for.”

Individual meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of

care for people living in the home. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. Annual appraisals were carried out to review and reflect on the previous year and discuss the future development of staff.

Staff told us they were very happy with the supervision and support they received. A care worker told us “we have an excellent team who are all very supportive. We can text or telephone any of the manager’s including the owner at any time of day or night. If you are working a night shift, the owner telephones the home every night, without fail to see how everything is. The managers are very ‘hands on’, every member of staff receives superb support”. Staff told us they had many opportunities for sharing information through team meetings, monthly home meetings with people, the daily staff handovers and daily informal manager discussions.

Communication between staff and the management team was seen as paramount in ensuring that people received timely and appropriate care and support. A member of staff told us “it’s all about communication; we make sure that we pass on information to our line manager, even if it’s the smallest thing. If a person is quiet or not themselves, then this could be an indicator of something else. Some of the people we support can be challenging. If we have any concerns we discuss this with the person themselves and with the manager. We look at the best way forward and with agreement from the person, put an early intervention plan into place. Care plans and auditing documents evidenced there had been no incidents involving people in 2015 or the previous year. People had received preventative intervention and support before situations escalated to a state which impacted on the health and well-being of the person(s) involved.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Consent to care and treatment was always sought in line with legislation and guidance. At the time of our inspection there were no applications in place to deprive people of

Is the service effective?

their liberty. Staff recognised their responsibility in ensuring people's human rights were protected and described how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint. A commissioning team told us "staff understand the principles of the Mental Health Act in relation to the mental capacity of each service user in different respects".

Staff told us that at times people's behaviour may put them or others at risk. There were appropriate risk assessments in place which people had been involved in putting together. Care records documented how staff had communicated with the person and how the final decision had been arrived at. In all cases, the least restrictive option had been put into place. Such as, when one person felt negative emotions, they would arrange to visit one of the other homes and give themselves permission to be 'unhappy' just for that day.

People told us they felt very involved in making decisions about their care and support. Care plans evidenced that people had communicated their wishes and consent had been sought. A care worker told us "people are involved first and foremost, no decision is taken without the involvement of the person".

Healthy eating was promoted by staff and people were supported to have a balanced diet. One person said "I am on a healthy eating plan, we always eat healthy food but I am trying extra hard, I have lost a stone already just with watching what I eat and walking". People told us they enjoyed the food and had enough to eat and drink. Fresh fruit, drinks and snacks were readily available to people if they were hungry. There was a seasonal selection of food on the menu and people choose the type of food they wanted to eat with the menu's changing every four weeks. The menus were varied and included fresh vegetables and fruit. One person told us "we are deciding what the menus will be for the spring and summer because there will be lots of different salads and fruit in the shops".

One person who really enjoyed cooking, told us they had achieved their food hygiene certificate and were supported by staff to cook meals for other people living at Malmesbury Road and friends who visited them. They also enjoyed working two days a week supporting the main cook at another of the providers' homes.

Eating and meal times were seen by people as a social affair. People had the option of deciding when they ate and

where; however people told us they always ate together as they 'liked to'. People had opportunities to go out to local restaurants, invite relatives or friends to have a meal with them at home or go out for a picnic. On the day of our inspection, one person went out for the day and a member of staff helped them to prepare a packed lunch.

Staff who prepared the meals at Malmesbury Road had received training in food hygiene and preparation. They were confident in their knowledge of the different types of food allergies people could have and of specialised diets, but told us that people did not have any individualised needs apart from food likes and dislikes. Staff told us that people were supported by staff to maintain a healthy weight.

Records showed that people's day to day health needs were being met. People told us they saw their GP when they needed to and we saw that each person had a copy of their annual health check. This document contained information about the health professional's people had seen, the outcome and any follow up treatment required. Staff were diligent in ensuring people were supported to attend appointments and that after care was followed up. Records evidenced that people were supported by staff to access preventative healthcare such as having a 'flu' jab; breast or cervical screening.

Adaptations had been made to the premises and people's needs and wishes had been taken into account. Two people who currently lived at one of the provider's other homes would soon be moving into Malmesbury Road. They told us they had suggested this to the provider because 'the two friends spent a lot of time with them at their house'. The provider told us they had spoken with people and explained there were no spare bedrooms so this was not an option. However, after consideration they had decided to build a two bedroom extension onto the home.

One of the new bedrooms was specifically purpose built to accommodate the person moving in. This was as a response to their changing needs as they become older. The person now required en-suite facilities during the night time and looking to the future, the risk of falls had been a deciding factor in ensuring this person had a ground floor bedroom.

Is the service effective?

When we visited Malmesbury Road, one person excitedly showed us around, two new bedrooms with walk in wet rooms, a new laundry room and a sun lounge.

People told us they were 'so excited to have their friends moving in'. One person said "they came and stayed the night to see if they would like it, and they did and now they are moving in, we can't wait, we all have so much fun together". Relatives we spoke with were equally happy with

the arrangement saying, "my son is really looking forward to this, it will be more company as there are only three people in the house at the moment" and "my daughter is ecstatic and so happy they will have more house mates". One person told us that when their friends moved into Malmesbury Road, one of the mums was going to visit and cook them all a meal and said "we can't wait, we might have a party to celebrate".



Is the service caring?

Our findings

People told us they were very happy living in their home and commented “I love living here, the staff are brilliant” and “the staff are all excellent”. Relatives had nothing but praise for the service and the staff. One relative told us “It’s just excellent care, couldn’t fault them. Staff are more like friends, really fantastic staff. My [family member] is always so bubbly and loves living at Malmesbury Road. We feel really involved, they [the staff] are so dedicated and listen to us and are always there”.

Another relative said “They [the family member] are very very fortunate to be living where they are and they are really happy there. All of the staff are ‘in tune’ with the people they support, so kind and really caring. When my son comes home to visit, they really enjoy their stay, but can’t wait to get back home. The service cares about us as a family; they talk to me as a person and not just as the relative. If the service had not been able to support [family member] to visit us, we would not have moved. They are there for us as well, and my son is so content”.

People, their families and staff spoke very highly of the provider and the time and commitment they had in the running of the Cocklebury Farmhouse homes, of which Malmesbury Road was one of three. People, staff and families from across all three of the locations spent time together on activities or at social gatherings, some of which the provider held at their own home.

Staff told us “the care we give is outstanding, I’ve worked in other homes but nothing like this” and “we all look forward to coming to work because we care about the people we support. There isn’t a member of staff who doesn’t feel that way”. Staff told us they felt part of a big family. Many staff gave their free time to socialise with people and people knew the families of staff as an extended network of friends. People confirmed they spent time with staff out of their working day for example, going to the theatre or enjoying spa days.

Relatives we spoke with told us that their family members had ‘really developed as individuals and had lots of independence’ from cooking meals, getting on an aeroplane to visit family, going out to work and accessing the local community. A member of staff told us “people get the best out of life, everyday people do something different, they are truly involved in deciding what they want

to do and we work towards and encourage that independence”. One person said “we do things on the spur of the moment. The other week, I was asked what I wanted to do that day and I said ‘let’s go to Weston Super Mare’, so we did and we had a lovely day. I have my freedom and go where I want, I love to get on a bus by myself and visit the local villages”. At the time of our visit, people and staff were talking about the forthcoming general election, information was available to people and staff would be supporting people to vote if they wanted to.

Throughout the visit, we saw that all of the staff treated people with respect and dignity and people told us they felt valued and respected. A care worker told us “there is absolutely no discrimination for people or staff, it just wouldn’t happen, we all have [people and staff] different faiths, beliefs or disabilities, there is respect for everyone here”.

When we spoke with people they confirmed there was a supportive environment which enabled them to practice their faith or keep in touch with their culture. Staff were very knowledgeable about people’s preferences and past histories and what was important to them now. People’s care records reflected what staff had told us.

People told us that staff always had time to listen to them. From the interactions we saw, conversations were caring and meaningful and staff were very approachable. It was clear that positive relationships had developed and people and staff knew each other well. A member of staff told us “[person] is great, they have such a wicked sense of humour, and we get on so well”.

Staff recognised that at times, people’s well-being could be affected by their mental health. We saw that guidance to reduce or avoid distress was available to care workers within the person’s care plan. A care worker told us “we [staff] are aware that some people have bad days and we know how to support them through this. One person told us that staff were always there, especially if they did not feel ‘themselves’.

During our visit we saw that when people wanted privacy they retired to their room and staff respected this. People told us they staff never entered their room without knocking and people could lock their rooms for privacy if they wished.

The service supported people to express their views and to be actively involved in making decisions about their care.



Is the service caring?

Information about advocacy services was available to people in a pictorial easy English format. People had access to an advocacy service and were able to tell us how an advocate could support them. Records confirmed that some people had previously accessed the services of an advocate and the registered manager had fully supported this.

People told us they were involved in the planning of their care and how they wished that care to be delivered. One

person showed us a copy of their care plan which was person centred and evidenced their involvement, their expectations and their wishes. Each person had a plan for their end of life care which documented how they wished to be supported at that time. The plans were in a pictorial and easy to read format and gave spaces for people to put pictures in of the things they wanted, such as pictures of home or hospital, important people, poems and music they liked.



Is the service responsive?

Our findings

When we arrived at Malmesbury Road, each person shook our hand, invited us into the lounge and asked if we would like a cup of tea. We could see that staff supported people when required but the focus was on this being 'people's home'.

People were supported to be active members of the community and had a wide network of friends including the families of staff who worked for Cocklebury Farmhouse homes. People accessed a range of hobbies and personal interests, some people were in employment and everyone participated in household tasks such as going food shopping, cleaning and cooking. In the morning, people and staff took part in an exercise and motivation session to help them start the day in a positive frame of mind.

One person told us "we all [people living in each of the three cocklebury farmhouse homes] know each other really well, we are friends and we like spending time with each other". People took part in activities within the community including various sports and enjoyed swimming, cycling and walking. Each person had a season pass to a theme park called Longleat. The provider told us "people really enjoy going to Longleat, they have a lot of fun and this was one of the places people said they wanted to go back to. A season pass lets them go when they want".

People took part in water activities at the local water park and many had achieved a certificate in Kayaking. The registered manager told us that people belonged to the canoeing club and were soon to meet up with a reporter who was going to write an article for the club magazine to celebrate people's achievements. The next thing which people were going to try was a form of 'banana boat' riding on the water. One person said "It's going to be brilliant".

People had set up their own skittle teams and played matches at the local pub. According to people's interests, they visited the theatre, went to festivals, attended steam engine rallies and motor car events. People were fully supported to visit their families and go on day trips and holidays with friends or staff were routine. Effective staffing levels meant that people had the flexibility of doing things on the 'spur of the moment'.

Individually, people followed their own interests and hobbies such as gardening, football, cooking, computers, photography and visiting the countryside. Two people were in part-time employment, working in an office and in catering.

Relationships with the local community were 'excellent' according to a member of staff. People volunteered to feed the neighbours rabbits when they were away and would put out a neighbours waste bins for the rubbish collection. In return, the neighbours shared their home-grown vegetables with the home. Staff told us that all of the neighbours were friendly and very supportive of people. People and staff invited the neighbours to social gatherings which they joined in with.

The complaints policy and procedure were displayed in the foyer of the home and each person had a copy of the documents. The procedure was in a pictorial, easy to read format which meant that everyone could access this information. People told us that all of the staff listened if they were unhappy. Any problems they had were always resolved quickly and to their satisfaction. At the time of our inspection people told us they had no complaints. Within the home's documentation, we saw that staff had recorded in the daily or staff handover notes, any issues people had raised. Prompt action had been taken to speak with the person and document their issue and how they wanted the issue to be resolved. Relatives praised the registered manager and staff for the way they listened to and responded to any concerns they raised.

Two people who at the time of our inspection lived at one of the provider's other homes were shortly to be moving into Malmesbury Road. Before this had been agreed by the provider, people had tried overnight stays to see if people would get on. One person told us "we all get on brilliantly". The registered manager told us that people had known each other for many years and were highly compatible; however, they did have an action plan in place to monitor the dynamics of people living together and to seek people's views as to how well the move was working.

We looked at the three care plans which were very person centered and clearly showed the involvement from the people using the service. People had given their goals and aspirations and detailed how they were going to achieve



Is the service responsive?

them. A health and social care professional told us "people are supported to develop their independence skills through on-going activities and their lifestyles are in keeping with each of their interests, preferences and needs".

Each care plan was individual to the person with comprehensive information about their preferred routines and what was important to them. Some people had complex needs and required more structured and supportive routines, again these were detailed with clear boundaries and guidance for staff on how to meet people's needs.

A relative told us " my [family member] has come on 'leaps and bounds with an all round improvement in their behaviour', all their needs are more than met, they now have clear boundaries and they are now able to manage their anxieties.

Another relative praised the care and support their family member had received regarding their mental health and emotional wellbeing. Staff reported there was an improvement in this person's behaviour, a decrease in anti-psychotic medication and they had been helped out of a depressive cycle of unwanted behaviours. This was due to the on-going behavioural support which was in place. Staff commented that this person was enjoying life more because they were more willing to be involved in the home

and take part in activities organised by the home, while still enjoying personal independence and freedom. During our discussion with this person they told us they were happy and well.

People were fully consulted and involved in every aspect of their care and support. People had a copy of their care plan which was in a pictorial and easy to read format. One person told us "I have my own freedom, I am very happy with my life, my family and friends. I have a copy of my care plan, I decide what goes in there, and if something changes we talk about it".

From our observations of the staff interaction with people, it was clear that people were supported as they wished to be. Staff had an excellent understanding of people's values and beliefs and how they wanted their care and support to be delivered. Staff knew how to meet people's preferences which meant that people had an improved sense of wellbeing and quality of life. A healthcare professional told us "service users have a positive rapport with staff and staff have a good insight into each person's interests, needs, personality and behaviours".

People were supported to develop their life skills and the care plans documented many positive outcomes for people. Such as one person who now walked to work after going through the route with staff. Relatives told us that their family members had developed as people, were now more independent, had a sense of worth and confidence in their ability to do things.

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability throughout the organisation. Staff were able to tell us about their roles and how each part of the organisation worked. All of the staff we spoke with were positive about the provider and the management team. Staff told us they felt proud to work for the home. A care worker said “I have worked here for ten years, I love it, I love the job and this type of work. I think we offer people an excellent quality of care, I can’t imagine any better anywhere else”.

Staff told us they felt valued by the people they supported, the provider and by all other staff. A care worker told us “as a team we are really positive and work really well together”. The deputy manager said “I feel really proud of the job we do and the quality of life we support people to have”. The registered manager and provider agreed.

A relative told us “we often joke with [family member] that if they ever move out, we’ll move in, they [the service] are just wonderful”. Another relative told us they had recommended the home to other families. Staff commented “I would definitely recommend this home, I’d like to live here” and “I would love this place for my relative”.

The management team told us the provider takes a very personal approach to the way the service is managed, commenting ‘their enthusiasm for the homes is infectious and generates a vibe of inclusion and ownership by each member of staff. Staff are led by example and because of the leadership, they want to be involved in constantly improving the service to the benefit of each service user. They go over and above their role as a provider and registered manager and they are accessible to all staff at any evening and weekends for support and assistance, either by telephone or in person. They include people that have an interest in activities that he attends and he regularly has them join him on personal outings’.

Staff were aware of the organisations visions and values and a care worker told us “People are at the centre of the service, we offer a high quality of really person centred care. We have a track record of being excellent and we have developed and matured a positive culture”. Staff told us they felt supported by all of the management team and the provider. The registered manager told us they promoted an

open and transparent culture through staff training and supervision and were very confident that staff put people first at all times. As an incentive scheme, staff received a bonus if they did not have any sickness during the year. The registered manager told us that 55 per cent of staff achieved this last year.

The provider had a system in place to monitor the quality of the service people received. This included monthly and quarterly audits which covered areas such as record keeping, environmental safety, staff training and supervision, care plan reviews and people’s views, management of medicines and incident recording. The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. For example, to enhance the support staff could offer to people, all staff were to receive training on being able to counsel and support people through a bereavement.

A member of staff told us “we have a very open and honest culture, the manager’s and staff talk daily about any issues raised, if mistakes are made then learning comes from it. The registered manager told us that they and the deputy manager work with the care team. If they see any practice which could be done a different way, they will discuss this with the member of staff. Staff confirmed that the manager’s were very good at making suggestions for improving their practice or bringing in new ways of working.

People and their families were able to provide feedback about the way the service is led. The last satisfaction survey for people which was in a pictorial and easy to read format was carried out in early 2015. Relatives were also consulted. We saw from the survey returns there were only positive and constructive comments.

The registered manager told us that all staff were at the forefront of ensuring that the home continually strived to improve the experience for people who lived there. They had introduced staff to the new model and approach to the CQC adult social care inspections. Minutes of staff team meetings demonstrated that the new ‘fundamental standards’ had been incorporated into staff learning and development.

The service worked in partnership with key organisations to support the provision of joined up care. Statutory notifications were made to the CQC as required. Care

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planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The registered manager was proactive in working with local initiatives such as the learning network, skills for care and provider meetings.

Following a recent meeting with the provider's bank, the bank manager had given their feedback on the home as 'a fantastic service, which is all down to the leadership and commitment of the management team'.

To keep up to date with best practice, the registered manager accessed resources and information from websites such as the CQC, National Institute for Clinical Excellence, the Social Care Institute for Excellence, the British Institute of learning Disabilities and Skills for Care. Managers were currently looking at the new care certificate prior to the recruitment of two new members of staff.