

Autism.West Midlands

Gorse Farm

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 site visit took place on 16 May 2018 and was announced.

Gorse Farm 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 home provides accommodation with personal care for up to 14 people with a learning disability or autistic spectrum disorder. It does not provide nursing care. At the time of our visit 13 people lived at the home. Accommodation is provided in two single storey bungalows and one supported living flat. The home is located in Solihull.

The care service has been developed and designed in line with 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.

We last inspected Gorse Farm in June 2017 and gave the home an overall rating of 'Requires Improvement'. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was because risks associated with people's care and medicines were not managed consistently and safely.

We asked the provider to send us a report, to tell us how improvements were going to be made to the service.

At this inspection on 16 May 2018 we checked to see if the actions identified by the provider had been taken and if they were effective. We found improvements had been made and action had been taken in response to the breach in the Regulation.

The service had a registered manager. 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.

Improvements had been made to the way people's medicines were managed and administered. However, further improvement was needed. Action was planned to address this.

The provider's staff recruitment systems reduced the risk of recruiting unsuitable staff. Relatives were confident their family members were safe living at the home and there were enough staff available to provide the care and support people needed, and to keep them safe.

The management team and staff understood how to protect people from abuse and their responsibilities to raise any concerns. Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively. Staff received regular management support through individual and team meetings.

Risks associated with people's care and support, the premises and emergencies were regularly assessed. Risk management plans were up to date and provided staff with the information they needed to manage and reduce known risks. Staff followed the guidance provided and understood how to minimise risks to people's safety.

People's privacy and dignity was respected and their independence promoted. The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The home offered a varied range of individual and group activities which people enjoyed. Care records were personalised and informed staff how people wanted their care and support to be provided and how they chose to live their lives. People and relatives were involved in developing and reviewing planned care.

People received care that was responsive to their needs which was provided by staff they knew. People were supported to maintain relationships with people who were important to them. People's families were welcomed to visit the home at any time. Relatives felt staff were caring and dedicated.

Relatives told us positive changes had been made to the service provided and the way the home was managed. Staff enjoyed working at the home and felt supported and valued by the management team. Relatives felt able to raise any concerns with the registered manager and were confident these would be addressed.

The management team completed regular checks to monitor the quality and safety of service provided, and encouraged relatives and staff to share their views about the home to drive forward improvements.

People were encouraged to make choices about their daily lives, including how they would like to spend their day. When needed, people had access to health and social care services and staff worked with other professionals to support people to maintain their mental health, health and well-being. People chose what and when they would like to eat and drink and food provided reflected people's preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Improvements had been made to the way people's medicines were managed and administered. However, further improvement was needed. Action was planned to address this. Relatives were confident their family members were safe living at the home and staff were available to support people when needed. Risk management plans were in place which informed staff how to manage and mitigate risk. The environment was clean and safe. The management team and staff understood their responsibilities to safeguard people from harm. The provider's recruitment systems reduced the risk of recruiting unsafe staff.

Is the service effective?

Good 

The service was effective.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff supported people with their nutritional needs and to access health care when needed. Staff received induction and training that supported them to meet the needs of people effectively.

Is the service caring?

Good 

The service was caring.

Care and support was provided by staff who had a good knowledge of people's needs and how people wanted their care and support to be provided. Relatives felt staff were friendly, respectful and dedicated. Staff supported people to maintain their independence, and ensured they respected people's life style choices and rights to dignity and privacy.

Is the service responsive?

Good 

The service was responsive.

People were supported and encouraged to take part in a wide range of activities that met their individual needs and wishes. People and their relatives were involved in the developing and reviewing planned care. Care plans provided staff with the information they needed to respond to people's individual needs. Relatives knew how to make a complaint and complaints were managed in line with the provider's procedure.

Is the service well-led?

Good ●

The service was well-led.

Relatives felt positive change had taken place at the home. Relatives were satisfied with the quality of service provided and the way the home was managed. Staff felt valued and supported by the management team and enjoyed working at the home. Relatives and staff considered the management team to be available and approachable. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

Gorse Farm

Detailed findings

Background to this inspection

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

The inspection visit took place on 16 May 2018 and was conducted by two inspectors.

It was a comprehensive, announced inspection. The provider was given 48 hours' notice because the location is a care home for adults with a learning disability or autism spectrum disorder and our presence may have caused people to become anxious. Furthermore people who live at Gorse farm are often out during the day and we needed to be sure that someone would be in to talk to us.

Before our visit we reviewed the information we held about the home. We looked at statutory notifications the home had sent to us and spoke with local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no feedback they needed to share with us about the home.

We also reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require provider's to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our inspection visit we found the PIR was an accurate reflection of how the home operated.

During our inspection visit we spoke with one person, four care staff, including two agency staff, the activities co-ordinator, a service co-ordinator, the resource centre manager, the registered manager and operations manager.

People at Gorse Farm House had limited verbal communication and were unable to tell us in any detail about the service they received, so we also spent time observing how they were cared for and how staff interacted with them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific

way of observing care to help us understand the experience of people who could not talk to us. This was so we could understand their experiences of the care they received.

We looked at four people's care records and seven people's medicine records. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records. We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and registered manager made to assure themselves people received a good quality service.

Following our visit we spoke with four relatives on the telephone to get their views on the care and support provided to their family members.

Is the service safe?

Our findings

At our last inspection 'safe' was rated 'Requires Improvement'. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was because medicines were not always stored or administered safely and staff did not have the up to date information they needed to manage some known risks associated with people's care and support.

At this inspection we found the provider had made the improvement needed for us to remove the regulatory breach. However, further improvement was required to the way people's medicines were managed.

Staff told us they felt 'significant' improvements had been made to the storage arrangements and systems in place to support them to manage and administer people's medicine safely. One commented, "The changes have made me feel so much more confident (managing medicine). Things like having a daily checks means things are picked up straight away and dealt with."

The registered manager explained improving medicine management had been a key focus area. They said, "We have all worked really hard to get this right. We know it's working because the new processes and close monitoring has absolutely reduced the number of med's related safeguarding's." They added, "Even though things have really improved I know we have more work to do to ensure the changes are embedded."

During our last inspection we could not be sure people had received their medicine as prescribed. This was because we identified gaps on people's medication administration records (MARs) and where people had needed to take their medicine at a specific time, to ensure they were effective, staff had not recorded the time the medicine had been given.

At this visit most MARs confirmed medicines had been administered and signed for at the specified time and as prescribed. We saw one person's needed to take their medicine thirty minutes before food. This was clearly recorded on their MAR which had been signed by staff to show the medicine had been consistently given at 12 noon each day, thirty minutes before lunchtime.

We checked the stock of medicines and found some medicines were due to run out before the next weekly cycle was delivered by the pharmacist. The registered manager told us this was an 'historic' problem caused by a person accepting then declining their medicine which meant it had to be destroyed. We were concerned this could mean people's medicine was not available, for example if adverse weather prevented the pharmacy from delivering new stock. The registered manager gave assurance this was closely monitored to ensure people's medicines were available. They explained discussions were being held with the pharmacy and GP's to resolve this issue. Records confirmed this.

When we inspected the home in June 2017 the provider had not ensured staff managed medicines which require stricter controls, known as controlled drugs (CD's), in line with their policy and procedure. For example, the requirement for each CD administration to be witnessed by a second staff member had not been met.

CD records we reviewed during this visit confirmed all administrations had been witnessed and signed for by two staff. CD's were securely stored in a separate cupboard which could only be accessed using a key held in a key safe. Only authorised staff had the code to access the key safe. Records showed the management team completed regular monitoring of CD's.

However, daily counts of CD's were not being completed when the staff on duty changed. This was needed to ensure any errors could be quickly addressed and was highlighted as a required action at our last visit. We discussed this with the registered manager who took immediate action to implement these checks.

At our last inspection the environment where medicines were stored was not clean. Furthermore, temperature checks of areas where medicines were kept were not always being completed to ensure the temperature did not exceed the recommended 25 degrees centigrade. Exceeding this temperature can reduce the effectiveness of some medicines. This meant there was a risk of cross contamination and medicine could become ineffective.

At this visit we saw people's medicines were kept in a room in each bungalow specifically designed for the purpose of securely storing medicines. The registered manager had introduced daily cleaning schedules which staff were required to sign to evidence the areas had been cleaned. We saw both rooms including work surfaces and floors were clean and tidy. Pedal operated bins and disposable gloves were available to support staff to follow good infection control practice.

Records showed room temperatures were checked on a daily basis to ensure safe operating temperatures were maintained. Where temperatures were recorded at the recommended maximum 25 degrees centigrade action was taken to prevent this being exceeded. For example, on 21 April 2018 a fan had been placed in bungalow two because the temperature was recorded as 25 degree centigrade.

Staff also checked and recorded the temperature of the homes medicine fridge in bungalow one. However, during the morning of our visit we saw the fridge had been unplugged. Whilst there were no medicines requiring refrigeration, at the time of our visit, this meant the fridge was not ready to use should any be prescribed. We raised this with the registered manager who immediately plugged the fridge back in and to then spoke with staff to ensure it remained so.

The registered manager had implemented daily, weekly and monthly medicines checks. They told us, "Now any issues are picked up straight away and dealt with." Records confirmed this. For example, an audit dated 14 May 2018 had identified a staff member had failed to give one person their medicine. In response to this the registered manager had contacted the person's GP to seek advice and had notified the local authority. The staff member concerned had been removed from administering people's medicines pending an internal investigation.

However, we saw an audit completed on 15 May 2018 had not identified a missed signature on one person's MAR on 10 May 2018. Since our inspection visit the registered manager has confirmed additional training has been arranged for the staff member responsible.

The management team had also sought specialist external advice and support to improve medicine management. We saw a medicine audit had been completed by a community services pharmacy technician at the beginning of May 2018. An action plan had been devised following the visit to support further improvement. We found some actions had already been completed and further timely action was planned.

Since our last inspection changes had been made to the way people's medicines were stored. Medicines

were securely stored in individual lockable wall cupboards identifiable through a photograph of the person, their name and date of birth. One staff member told us, "I think it's much safer now each resident [person] has their own cupboard. It reduces the risk of being confused and giving the wrong medication."

Individual medication folders contained information to inform staff how the person preferred to take their medicine and which part of the body prescribed creams and lotions should be applied. For example, one person's folder informed staff they preferred to take their morning medicine whilst in bed with a glass of water.

Where people were prescribed medicine to be given on an 'as required' basis, protocols had been written to ensure people did not receive too much or too little of this type of medicine. For example, one person was prescribed 'as required' medicine to reduce their anxiety. We saw the protocol had recently been reviewed by the person's GP and informed staff what the medicine had been prescribed for, when it should be given and the signs staff should look for which may indicate the person was feeling anxious.

People's medicines were administered by trained staff and regular observations of their practice were completed to ensure staff remained competent. One staff member told us, "Observations are good. After my training I still felt a bit anxious but having observations and getting good feedback increased my confidence." Records confirmed this.

Previously, we found risk assessments were not up to date and lacked detail. This meant we could not be sure staff had the information they needed to keep people safe. At this visit we saw improvements had been made.

Risk assessments and risk management plans were up to date, were regularly reviewed and clearly identified risks to people's health and well-being. Assessments provided staff with the detailed guidance they needed to support people safely and staff demonstrated a good knowledge of the actions they needed to take to reduce and manage these risks.

For example, one person had a health condition which meant on occasions they ate non-food items, which could cause them harm, when they became anxious. The risk assessment informed staff of the need to ensure food items such as chopped up fresh fruit and celery sticks were available. Staff explained having this food nearby reduced the risk of the person eating items such as soil, leaves and plants.

Another person often became anxious and at this time displayed behaviours that could cause harm to others. To support the person to manage their anxiety staff knew it was extremely important the person followed certain routines and received consistent answers to questions that they asked. Throughout our visit we saw staff followed this guidance and the person remained calm.

A third person's sensitivity to everyday environmental sounds increased their anxiety levels which on occasions had resulted in them causing harm to others. To manage this risk when the person went out they were encouraged to wear headphones. Staff told us wearing the headphones was an effective way of reducing the volume of sounds which resulted in the person being able to effectively manage their anxieties.

The provider had systems to minimise risks related to the premises and equipment, such as periodic safety checks of gas, water, fire and electrical equipment in line with safety guidance.

Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Staff demonstrated they understood the provider's emergency procedure and the actions they needed to take in

the event of an emergency. We saw people had personal emergency evacuation plans in place (PEEPs). PEEPs provide staff and the emergency services with the information needed to support people safely in the event of a fire, or other emergency situation.

Relatives were confident their family members were safe living at Gorse Farm and there were enough staff to provide the support needed. One commented, "If I had any reservations about [name's] safety they would not be there." Another told us, "I know [name] feels safe because he always wants to go back." A third relative described seeing 'plenty of staff' during their visits. They added, "They do use agency but they tend to be the same ones who know the residents which is very important."

Most people who lived at Gorse Farm required one to one or two to one support from staff at all times to keep them safe. At the time of our visit there were enough staff to respond to people's needs in a timely way and to maintain their safety. When we asked staff if they felt there were enough staff on each shift they commented, "Yes, there is enough of us, the managers make sure the rotas are covered." and, "We have enough staff because we use a lot of agency but they know the residents so there are no safety risks."

The registered manager told us staff recruitment was one of their biggest challenges and meant permanent staffing levels needed to be supplemented with agency workers. They explained to ensure consistency for the people who lived at Gorse Farm they booked the same agency staff to cover staff vacancies and unplanned absences. One agency worker told us they had regularly provided cover at the home for over twelve months. They added, "In that time I have really got to know the clients and they know me. That's important."

The home had recently recruited a number of new staff and active recruitment was on-going. At the time of our inspection the home had 14 vacancies. The registered manager explained recruitment into these posts was difficult because they were 'determined to recruit the right staff, not just fill vacancies'. They said, "At interview I have to have very honest conversations. I tell candidates about our CQC rating and that the people we support can be very challenging." They added, "This is really important because if they [prospective staff] don't understand this they start and quickly leave which has a negative impact on the people we support and staff."

The provider's recruitment procedures minimised, as far as possible, the risks to people's safety. Staff confirmed their references had been requested and checked and they had not started working at the home, until their disclosure and barring (DBS) clearance had been assessed by the provider. One said, "I had to wait until my checks had been done before I could work here." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

People were protected from the risk of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Records showed staff had attended safeguarding training and they confidently described to us the signs which might indicate someone was at risk. One staff member told us this could be giving 'too much or too little medication'. Another told us they would report any concerns to the management team, and whilst they were confident their concerns would be addressed, if they were not they felt comfortable escalating them to 'CQC or the police'.

We saw the provider's safeguarding reporting procedure was displayed in communal areas in written and pictorial formats to ensure people, relatives and visitors knew how to report concerns if they felt unsafe.

The home was clean and well maintained. Our discussions with staff assured us understood their

responsibilities in relation to health and safety infection control. For example, one explained the importance of using colour coded mops to clean different areas of the home to reduce the risk of infection in line with best practice. They said, "We use red mops for bathrooms and green for the kitchen."

Accidents and incidents were recorded and timely action was taken to support people safely and to check for trends or patterns. For example, one person had caused harm to themselves on eight occasions in April 2018 as a result of an unplanned change to their routine. To reduce the possibility of a reoccurrence staff were working with the person and the local psychology service to develop a social story. A social story is a way of presenting information to support a person who has autism to understand and develop strategies to cope with certain situations which can cause them to become anxious.

Is the service effective?

Our findings

At our previous inspection, in June 2017, 'effective' was rated as 'Good'. At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Prior to moving to Gorse Farm, the management team completed an initial assessment of people's needs. We saw assessments included staff spending time with people to get to know them. Staff described this part of the assessment as 'essential' because it assisted in ensuring the home was the right place for the person to live and that their needs could be met by staff. We saw assessments contained detailed information about people's care and support need, levels of independence, life style choices, motivations, beliefs and preferences. Records showed people and their families had been involved in the process.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the requirements of the MCA. We found the registered manager understood their responsibilities under the Act. They had submitted applications to the local authority (supervisory body), to renew previously authorised DoLS in line with the legislation. This was because people continued to have restrictions placed on their liberty to ensure their safety. At the time of our visit three applications had been authorised and the registered manager was waiting for the outcome of the remaining applications.

Staff had received training to help them understand the MCA, including principles of the Act. They provided examples of applying these principles to protect people's rights, which including asking people for their consent and respecting people's decisions to decline care where they had the capacity to do so. For example, one staff member said, "(Person) sometimes refuses my help so I leave them and ask them a bit later on." Another told us, "People are encouraged every day to make their own choices. If they refuse that is there right to do so."

Records showed people who lived in the home had been assessed to determine whether they had capacity to make their own decisions. Where people did not have capacity to make specific decisions, appropriate discussions had taken place with those closest to them or their advocates to make decisions in their best interests. The outcome of these were clearly recorded to ensure staff knew the level of support people needed to make day to day decisions, who could make decisions on people's behalf, including those who had the legal authority to do so.

Relatives told us staff had the skills and knowledge needed to provide effective care and support to their family members. One said, "They [staff] know all [names] little habits, what makes him happy and what upsets him. They know what to do when he gets upset." They added, "The really good thing is if it doesn't work they don't just give up they try again or do it differently."

The provider ensured new staff completed an induction when they started work at the home. Staff told us their induction had included completing training the provider considered essential and shadowing experienced staff. They explained this enabled them to get to know people and learning about autism which had increased their understanding of what living with the condition was like for people.

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff spoke positively about the ongoing training they received and were confident this ensured they had the knowledge and skills to meet people's needs. In addition to refresher training staff were trained in areas specifically related to people's individual needs, for example, training to manage challenging behaviours which included using techniques to support people to remain calm and 'de-escalate' situations. One told us, "I've learnt a lot since I've been here. I've learnt to use different approaches to support people in different ways such as giving them time alone to calm down if they are anxious." We saw staff used these techniques and were skilled and confident in their practice.

The registered manager maintained an up to date record of training staff had completed. This included equality, confidentiality and bullying, managing challenging behaviour, management of infection control and autism awareness. We saw refresher training for some staff was overdue. However, the registered manager had identified this and training had been planned. Records showed the management team regularly observed staff to ensure they were putting their training into practice and were working in accordance with the provider's policy and procedures.

Staff felt supported by the management team and told us they had regular individual meetings (supervision) with their line manager to discuss their role and to identify any development needs. One commented, "The managers door is always open so I never wait for my supervision if there is something I want to talk about."

Staff also described the support they received through 'de-briefing sessions following an incident of challenging behaviour. They explained these sessions were held to enable them to talk about how they were feeling and also created an opportunity to reflect on what worked well and what lessons could be learnt. One staff member, "We are always offered debriefs as managing behaviour is part of the job. We talk about if incidents could have been handled any better."

People were supported to eat a nutritionally balanced diet and we found ample quantities of different foods including fresh fruit were available during our visit. Staff had a good knowledge of people's dietary likes, dislikes and preferences. For example, care records and staff told us one person really liked to eat cheese.

We saw the lunchtime meal service was positive for people. People were asked what they would like to eat and staff gave people the time that they needed to make their selection. Some people chose sandwiches and another person chose noodles. A staff member explained noodles were an important part of the person's cultural traditions and the home always ensured there were plenty in stock. We saw staff were

attentive, and provided the support people required to enjoy their meals.

The management team and staff worked in partnership with other health and social care professionals to support people to maintain their well-being and health. The registered manager told us, "Fractured relationships from the past are being built upon and things have improved. Working together and consistency is really important for the people we support." They added, "We are getting lots of support from behavioural therapists and psychologists who are very supportive which helps to give staff more confidence in their practice." Care records showed people were visited, or attended planned appointments, with healthcare professionals such as psychologists, as people's needs changed. We saw one person had recently received dental treatment after informing staff their mouth was painful.

Relatives told us staff ensured their family members could access and attend health care appointments when needed. One relative said, "I don't worry about things like that. If [name] needs the doctor or to go to the hospital they sort it. I always get a phone call to let me know he's going and another to tell me what happened. It's brilliant."

The provider had taken steps to ensure the design and adaptation of the premises met people's assessed needs. For example, accommodation was provided on one level enabling people to move easily between the privacy of their bedrooms and communal areas, including a sensory and masseur room. A large well maintained garden surrounded the home providing people with a secure outdoor space.

People were involved in making decisions about their home. For example, people had chosen the design themes and colour scheme for the refurbishment both bungalows. The registered manager said, "We were so excited about the refurbishment and that the guys chose how to re-decorate to make it really look like their home."

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

During our inspection we saw people were very comfortable with staff and enjoyed spending time and engaging in activities with them. Relatives spoke positively about the staff who supported their family members describing them as 'dedicated and caring'. One relative told us previously they had felt staff were apathetic. However, they added, "...but now they seem so much better. I can't stress how much better."

From speaking with staff it was evident they cared about the people they supported and wanted to do their best. One told us, "I feel privileged to be part of their life and helping them to live their life in the way they want." We asked staff what being caring meant to them. Comments included, "Knowing all the small details about people to support them well," and, "Understanding why people do the things that they do."

Throughout our visit people were treated with respect. We saw staff approached people in a friendly and familiar manner and encouraged interaction. For example, we heard one staff member ask a person, "How are you doing, are you having a good day today?" The person responded by smiling and reaching out to hold the staff members hand. Building on the positive response the staff member asked if the person would like to join them for a game of bowls in the garden which we saw they enjoyed.

Staff knew what support provided comfort to people and we saw appropriate distraction techniques were used when people became anxious. Staff told us because some people could not communicate verbally they watched their body language, to find out what people liked and disliked. Staff told us people's moods, needs and choices could change so understanding people's body language helped staff to know what choices people wanted to make and how they wanted their care and support to be provided.

All staff told us they enjoyed working at Gorse Farm and they were confident people received high quality care. Comments included, "Everything here is about the residents. I love coming to work." "All staff have good hearts they really care." and, "Staff are committed to good care." Two staff members explained because they had worked at the home for many years they had built up meaningful relationships with people and their families.

People were encouraged to maintain relationships important to them. One relative told us their family member was able to make weekly visits to the family home because staff 'dropped them off and picked them up'. Another relative told us they were welcome at the home at any time and there were no visiting restrictions.

Staff understood family and friends were an important part of the people's lives and recognised the positive benefit maintaining relationships had on people's well-being. For example, staff supported one person to use the internet to make weekly contact with their friends and family.

Staff had received training about equality and diversity and understood the importance of respecting people's life style choices, preferences, culture and beliefs. For example, one person was supported to visit their chosen place of worship each week. Another person had shared their interest in wearing alternative clothing and whilst through discussion the person had said they did not want to pursue this, at that time, staff were confident to support the person to continue to talk about and explore their thoughts.

The registered manager told us equality and diversity was explored during interview. They told us they always asked potential staff what they would do if they were asked to support a person with 'something' that did not fit with their own values and beliefs. They explained this was important because staff were expected to support people to live their lives in the way they chose.

At the time of our visit none of the people living at the home needed the support of an advocate. The registered manager told us and records confirmed advocates had, in the past worked with people to assist them to make important decisions and choices. An advocate is an independent person who is appointed to support people to express their wishes and then helps them to make informed choices and decisions about their life.

Staff understood Gorse Farm was the home of the people who lived there and understood the importance of respecting people's privacy and dignity. We saw staff knocked on people's bedroom doors and waited for permission before they entered and encouraged people to return to the privacy of their bedrooms when they needed assistance with personal care.

Relatives told us staff supported their family member's to be as independent as possible. One relative said, "The carers encourage [name] to do things. If at first it doesn't work out they keep trying."

During our visit the staff team demonstrated their commitment to continually supporting people to maintain their independence wherever this was possible. For example, we heard staff members asking people if they would like to prepare their own drinks and meals at lunchtime. A designated kitchen area was available at the home and staff told us people had opportunities to prepare meals and bake cakes to develop their independence further.

People's confidential information was kept secure so people were assured their personal information could not be accessed by others.

Is the service responsive?

Our findings

When we last inspected the home in June 2017 we rated 'responsive' as 'Requires Improvement'. This was because opportunities for people to engage in meaningful activities and to pursue their interests and hobbies were limited. At this inspection we found improvements had been made and the rating has changed to 'Good'.

Relatives told us there had been 'noticeable' improvements in the variety and quality of individual and group activities available to their family members. One relative said, "Without a doubt activities have improved. [Name] is now very enthusiastic which is having a positive impact on both of us." They went on to describe how their family member had independently completed a rock climb and that staff had feedback how 'fantastic' it had been to see the look on the person's face once they reached the top.

Other relatives told us their family members now enjoyed regular individual and group outings, fishing, crafts, cookery and music. One relative told us about a theatre production the home was planning which their family member had expressed an interest in. Another said, "[Name] has never been out so much since [registered manager and resource centre manager] started. They are full of ideas and energy."

People were supported to take part in social activities of interest which they enjoyed. During our visit we saw some people participated in a variety of activities such as playing computer games and sport such as bowling and a 'parachute activity' with the staff in the garden. During the parachute game we saw people took it in turns shaking and running underneath the brightly coloured parachute which made people laugh and smile.

Since our last inspection the provider had appointed a resource centre manager. They explained their role was to provide structured meaningful activities which reflected people's choices and interests. They explained in February 2018 they had asked people what social activities they wanted to participate in and at the time of our visit they were in the process of implementing personalised activity timetables in line with people's wishes. For example, we were made aware that some people enjoyed bike riding and a bike ride was planned to take place in a local park shortly after our visit.

Another person had expressed an interest in swimming. However, when this was arranged the person declined to go. The registered manager explained this may have been because the person did not like noisy crowded environments so they had made a request to book a local hydro therapy pool which would mean the person could enjoy the activity in a more private environment.

Relatives told us because staff knew and understood their family members they were able to respond to their needs. One relative said, "The staff definitely know [name] and how to help him. I am confident he is well looked after." Another relative told us, "[Name] can be difficult at times but they [staff] understand and try different things. They don't give up."

People were supported by staff they knew and who understood their care needs, abilities, habits, and

preferred daily routines. Through discussion staff demonstrated an in-depth knowledge of people's needs. For example, staff told us they ensured one person regularly visited a professional masseur because the person enjoyed pressure based therapy which supported them to relax when they were feeling anxious.

Another person's senses were stimulated by loud noises. Records showed they attended a weekly music therapy workshop and during this time chose to use musical instruments to make loud noises. A staff member explained how this has a positive effect on the person's wellbeing. They said, "It's lovely to see. They are really in their element banging drums and a gong; They smile all through the session."

Staff were responsive to people's needs. For example, the registered manager explained one person had difficulties 'tolerating change' so the person was being supported to go on holiday whilst necessary repairs were carried out to their room. They added, "We will send a swot team in to make sure everything is done and the flat is fit for purpose by the time [name] gets home."

Following certain routines were extremely important to some people who lived at Gorse Farm. We saw staff understood this and supported people to follow their preferred routines at specific times on specific days. For example, on Mondays one person visited a local shop to purchase the same three items and on Fridays they cleaned their bedroom at precisely 11am. If these routines were not followed staff explained the person would become unnecessarily anxious. Records confirmed this.

When we asked relatives if they were involved in planning and reviewing their family members care and support needs they said, "Yes, we have planning meetings. I am fully involved." and, "We meet to talk about [name]. About things he's done or wants to do. I'm very happy with how that is working." The registered manager explained they had arranged for one relative to join a meeting about their family member via a telephone link because they were unable to physically attend. They said, "I needed to ensure they were included."

People had up to date personalised care records which provided a clear and detailed overview of the person, their life history, support needs and things that were important to them. For example, one person chose to walk backwards when they were feeling in a good mood and another person chose to bathe twice a day because their personal appearance and 'feeling clean' was extremely important to them. During our visit staff supported the person to maintain their appearance by tucking in their shirt and tidy their clothing. Records confirmed staff had spent time with each person, their families and where required advocate to understand what people needed and wanted.

Staff attended a daily handover meeting at the start of their shift to exchange information about people at the home. One staff member said, "Handover is important as we need to know how people have been feeling and if they have any appointments so we can help them get them ready." Staff told us information was also shared through communication books where important messages and key information could be recorded for example, about up and coming birthdays or if people were running low on toiletries.

The 'Accessible Information Standard' [AIS] aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. The provider had recognised people's different levels of communication. Communication plans described the way people communicated and how staff should engage to ensure they provided responsive care. For example, some people used facial expressions and hand gestures to communicate.

Other people used Makaton. Makaton is a language that uses signs and symbols to help people to

communicate. We saw staff understood what these signs and gestures meant. For example, one person shook a staff members hand when they asked them a question. The staff member told us this meant the person was saying 'no'.

We checked how complaints were managed by the home. Relatives told us they knew how to make a complaint and would feel comfortable doing so. One said, "I know at any given time if I have a complaint I can speak to [registered manager]." Discussion with staff demonstrated they understood their responsibilities to support people to share concerns and make complaints.

Records showed the home had received two complaints in the previous twelve months which had been managed in line with the provider's policy and procedure. We saw the provider's complaint procedure was available in different formats, including pictorially, to support people's different communication styles.

The registered manger also kept records of compliments the home had received. One relative had thanked the home for supporting their family member to send a father's day card and birthday gift which they described as 'incredible...and so kind'. An ex staff member who had recently visited the home had commented they felt very emotional on seeing the bungalows looking and feeling like homes and hearing about the progress made with people who the home supported. They added their visit had been a wonderful and positive experience.

Is the service well-led?

Our findings

At our previous inspection in June 2017 we rated well-led as 'Requires Improvement'. This was because quality assurance systems were not always effective and people and relatives did not have opportunities to provide feedback about the service to enable continuous improvement.

During this inspection we found improvements in all areas had been made and the rating has changed to 'Good'.

The home had a registered manager. 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 management team used a range of audits and checks to monitor the quality and safety of the service, including checks to ensure care records were up to date, the environment was clean and safe, medicines were being managed and administered safely and that staff worked in line with the provider's policy and procedures. With the exception of one audit (action was being taken to address this) records showed checks were effective in driving forward improvements. The operations manager also carried out checks which identified what the home did well and where improvement was needed.

We saw the registered manager maintained a Service Development plan where a need for improvement had been identified. The plan was continually reviewed and updated to show when actions had been completed and those which still needed to be addressed. For example, the registered manager had identified some staff training was not up to date and training had been scheduled, relatives meetings had been held and work was underway to develop a computer room because people enjoyed using the internet. This showed continuous improvement was being made.

The provider ensured people and relatives were invited to provide feedback about the service through meetings and quality surveys. One relative told us, "Things are very different now. You are encouraged to say what you think and to share ideas." One relative explained following a survey in 2017 they had received a letter summarising the questionnaire findings and the actions planned to address these. They said, "Lack of things for [name] to do was one of my issues. Now [name] is out all the time. So they listened."

The registered manager encouraged open communication. Relatives described communication with the management team as 'much improved' and 'good'. One relative explained they were regularly updated about changes that had taken place at the home or were planned. For example, they had received a letter updating them about staff recruitment. The relative said, "Communication has never been better." We saw another relative had emailed the registered manager to thank them for providing an update about their family member because the relative was not able to visit regularly.

Since our last inspection the provider had recruited additional staff to strengthen the management team.

The registered manager explained this was in response to relative's complaints and the findings from our last inspection. They told us, "The old management structure did not meet people's needs. Now there is a member of the management team here seven days a week. It is working really well."

The new management structure included the registered manager, a resource centre manager and two service co-ordinators. The registered manager said, "We all share the same values and support each other."

The registered manager told us they were also supported through daily contacts and weekly visits from the operations manager. The operations manager explained since taking up post in July 2017 they had regularly visited the home to support the registered manager. They also used these visits as an opportunity to get to know and get feedback from people, relatives and staff. They said, "Relatives were made many promise in the past but these never came to fruition. We [management team] want to prove we are committed and we are making headway you can feel it."

Without exception relatives told us there had been improvements to the way the service was managed and the quality of the service provided. One relative told us they knew improvements had been made because their family member was now 'happy' at the home which had not been the case previously. They added, "Now [name] can't wait to get back. It's fantastic." Another relative said, "I would never have believed it could change, I was in despair, but it has." They told us they felt the positive change was the result of the commitment and dedication of the management team, including the operations manager who they described as 'Fantastic'.

Other relatives spoke highly of the registered manager and resource centre manager who they felt were approachable, open and honest. One relative commented, "Lots of managers have come and gone but [registered manager] is committed and has turned things around. I have nothing but praise for her and [resource centre manager] is doing a good job."

Staff spoke highly of the registered manager and their leadership style. One said, "[Registered manager] is very approachable and on the ball, I trust her and I have good faith in her ability." Another staff member described how the registered manager had taken time to get to know people and staff to find out what needed to be improved. They added, "She didn't make changes for change sake, she listened and then made small changes which people have been able to cope with." The staff member told us they felt this approach had benefited people who lived at Gorse Farm and had improved staff morale.

Staff told us they were supported and valued by the management team. For example, one staff member described speaking with the registered manager about difficulties they were experiencing supporting a person who displayed particular behaviours. In response the registered manager had allocated the staff member to work with another person. They said, "I feel so much better about everything now. I asked for support and I got it." Another staff member told us they attended staff meetings where they were encouraged to discuss their ideas and any proposed changes which made them feel valued. They said, "We talk about it and then get a chance to ask questions which makes me feel part of the team."

The registered manager kept their knowledge of current social care issues updated. They explained they did this through on-going training, attending conferences and monthly meetings with other manager's from within the provider group. The registered manager told us attendance at these meetings enabled them to, "Keep up to date with any changes, to discuss service challenges and suggestions about how these can be addressed." They added, "Everyone rallies round they are very supportive."

The registered manager understood their responsibilities and the requirements of their registration. For

example, they had notified us about important events and incidents that had occurred and had completed the Provider Information Return (PIR) as required by Regulations. We found the information in the PIR was an accurate assessment of how the home operated. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations into concerns.

We saw the provider had met their legal responsibility to display the latest rating we gave them within the home and on their website.

During our inspection we asked the registered manager what they were proud of about the home. They told us, "I am proud that residents now have a place they can be of proud that they can call home and that relatives are telling me they are feeling more confident in the service." They added, "I am proud we have an enthusiastic staff team who understand our values and focus, who want to support residents to achieve new goals and new challenges."

The registered manager told us, "The key is staff are now with us riding the journey to improve Gorse Farm."