Brookdale Healthcare Limited

Manor Farm

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Manor Farm is registered to provide accommodation and personal care for up to 10 adults. People who live there have a learning disability. The home is a refurbished farm house located on the outskirts of a small village. There are shared facilities including a lounge, dining area, sensory room and kitchen. Nine single bedrooms, each with an en suite shower room, are located on the ground and first floors of the main house. There is a small bungalow next to the home, which has one single bedroom with its own bathroom and a kitchen/lounge/dining room. A large enclosed garden at the rear of the home gives people space to play games such as football and grow vegetables and included a well-equipped sensory room.

This comprehensive inspection took place on 13 April 2016 and was unannounced. There were eight people living at the home when we visited.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run.

People were comfortable with the staff and people's relatives were happy with the support provided to their family members. Staff liked working at Manor Farm and were well-supported by the registered manager.

Staff had undergone training and were competent to recognise and report any incidents of harm. Potential risks to people had not always been assessed, which meant that people were at risk of not always being kept as safe as possible.

There were sufficient staff on duty to make sure that each person had the support they needed to do whatever they wanted to do. Staff had been recruited in a way that made sure that only staff suitable to work in this care home were employed. Staff had undertaken a range of training in topics relevant to their role so that they were equipped to do their job well. Medicines were managed well so that people received their prescribed medicines safely.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. For most people, appropriate applications had been made to the relevant authorities to ensure that people's rights were protected if they lacked mental capacity to make decisions for themselves. In one instance, a decision had been made by staff, which meant that the person's rights in this area had not been fully protected.

People's healthcare needs were monitored and staff involved a range of healthcare professionals to make sure that people were supported to maintain good health and well-being. People were given sufficient amounts of food and drink and the nutritional needs of people who required special diets were met.

Staff showed that they cared about the people they were supporting. Staff treated people with kindness, respect and compassion and made sure that people's privacy and dignity were upheld at all times. People's personal information was kept securely so that their confidentiality and privacy were maintained.

People's relatives were involved in the planning of their family member's care and support. Staff gathered as much information as possible about each person so that their support plans were personalised. This meant that people received the support they needed in the way they preferred. Staff did not always utilise identified ways of communicating as fully as possible with each person.

A wide range of activities and outings was organised with each person to make sure they were supported to do whatever they wanted to do. People were supported to complain, if they needed to. People's relatives knew how to complain and complaints were responded to in a timely manner.

The registered manager was approachable and staff were pleased with the improvements that had taken place since the registered manager had taken up their post. People and their relatives were encouraged to share their views about the quality of the service being provided to them in a number of both formal and informal ways. Staff were also given opportunities to share their views about ways in which the home could continue to improve. Audits of all aspects of the home were carried out by a range of the provider's staff to make sure that the best possible service was provided. Records were maintained as required.

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 always safe.

Not all potential risks to people were identified, assessed and managed, which meant that people were placed at some risk to their health and safety.

Staff had undertaken training in safeguarding and knew how to keep people safe from harm.

There was a sufficient number of staff on duty to make sure that people's needs were met and people were kept safe. Staff recruitment had been done in a way that made sure that only staff suitable to work in a care home were employed.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The rights of people who lacked capacity to make their own decisions were not always protected.

Staff had received training and support to enable them to carry out their role.

People's healthcare needs were monitored and met. People received suitable food and drink in adequate amounts so that their nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff supported people to maintain their dignity. People were given opportunities to make choices about all aspects of their daily lives.

People's confidentiality was preserved and their personal information was kept securely.

The staff were kind and caring in their interactions with people who lived at the home.

Is the service responsive?

Good

The service was responsive.

Personalised support plans were in place and gave staff detailed guidelines on the support needed by each person.

A range of activities and outings was arranged with people so that they had plenty to do to keep them occupied.

People's relatives knew how to complain and their complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post and the home had a clear management structure.

The registered manager was approachable and people, their relatives and the staff were encouraged to give their views about the service provided.

Quality assurance checks on various aspects of the home were carried out by a number of the provider's team of managers.

Manor 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 home, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by an 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-by-experience at this inspection was a carer for a relative with a learning disability.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As we arrived at the home, five of the people who lived there, with five staff, were leaving for a day at the seaside. One person had already left to attend their day service. We spent time with the remaining two people and staff, observing how they interacted with each other and how people spent their day.

We spoke with one support worker, one senior support worker and the registered manager. We spoke with five people's relatives on the telephone. We looked at two people's care records, records relating to medicine management and other records relating to the management of the home. These included complaints and compliments and some quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

People were not able to tell us that they felt safe but we saw from their body language that they felt comfortable in their home and with the staff. People's relatives had no concerns about their family members' safety. One relative said, "Safe? Goodness me, yes, it's very safe."

Staff told us, and training records confirmed, that all staff had received training in safeguarding adults. Staff had also undertaken training in safeguarding children in case any young people came to stay at the home. Staff demonstrated that they would recognise if anyone was experiencing harm and that they would know what to do. One member of staff told us they would "report up even if it was the [registered] manager." Another member of staff described how they had followed correct procedures to report an incident between two people who lived at the home. There were posters on display, including posters in a pictorial and easy-read format. These posters guided people, staff and visitors on who to contact if they suspected that a person might not be safe. One relative reported that there had been some altercations between their family member and another person who lived at the home. The relative was satisfied that staff had dealt with the matter appropriately. From our records we noted that any incidents had been reported to the relevant authorities as required.

There was a system in place to reduce harm to people. Staff had carried out assessments of some of the potential risks to people, including when they accessed the community and during the night. We found that the risk assessments covered the same topics for each person, so were not specific to each person. However, the assessments had been completed in a person-centred way and contained guidance for staff on how to keep each individual safe in each of the areas assessed.

We found that the information in the risk assessments was not always up to date. For example, one person had been assessed as needing two members of staff when they accessed the community. On the day of the inspection this person went out with only one member of staff. The registered manager said that staff were able to judge when the person was "in the right frame of mind" to go out with one member of staff, not two. Although this was commendable practice, the person's risk assessment had not been updated to reflect that this decision had been made. Another person had recently moved from the main house into the bungalow adjacent to the home. The risks to the person at night had been assessed and recorded in the support records prior to the move and had not been updated. This meant that there was no guidance available for staff about the management of any risks.

In the PIR the provider told us that people were supported to "take positive risks by engaging in a wide range of activities. These positive risks are managed by a staff member familiar with a service user being present to assist them through the activity." Staff told us about the activities people had been involved in. However, we found that not all risks to people had been assessed. The registered manager stated that assessments of potential risks relating to activities that people were involved in, such as swimming, rowing and going to the seaside, had not been carried out. This meant that people were not always protected from avoidable harm. The provider had recognised this shortfall. They stated in the PIR that within the next three months [from 11 March 2016], "Risk assessments are going to be created regarding all the activities that service users are

planned to be involved in."

Staff had undertaken training in a recognised method of preventing and managing behaviours that challenge to ensure that they and the people they supported were kept safe. They explained that the training had taught them how to calm a situation and to only use physical intervention as a last resort. One member of staff who had worked at the home for a number of years, said that they could not remember a time when physical intervention or restraint had been needed.

The home and its immediate surroundings had been converted to provide as safe an environment as possible. For example, the en suite shower rooms in people's bedrooms had been provided with a water supply and furniture to prevent flooding. The car park at the front of the home and the gardens at the back were completely surrounded by fencing, with coded access to the car park from the driveway. Doors to rooms such as the laundry, the cellar and the kitchen were kept locked when they were not in use and one relative told us, "I like the way the windows can't fully open." The registered manager and staff told us that all the required safety checks of the environment were carried out as required. For example, the fire alarm system was tested weekly by staff and at appropriate intervals by external professionals. Each person had a personal emergency evacuation plan in place. This meant that staff and emergency services knew how each person needed to be evacuated in the event, for example, of fire or flood.

We checked whether staffing levels met the needs of the people living at Manor Farm. The registered manager told us, "There are plenty of staff" and staff agreed. There was a minimum of one member of staff for each person at all times during the day. At night there were two waking night staff who had access to an on-call manager for advice or support. The registered manager said that additional staff were brought in to be on duty when people needed extra support, for example for a particular activity or if they were not well. On the day of the inspection we saw that there were enough staff to accompany the people who had gone out and to provide appropriate support for those who remained at home.

Staff told us about how they had been recruited. This had included the completion of an application form and an interview. They said that all the required checks, such as references from previous employers and a criminal record check had been completed before they were allowed to start work. Records confirmed this. The registered manager said that two new staff were starting work a few days after the inspection as all the required checks had come back. This showed that the provider had a robust procedure in place to ensure that only staff suitable to work in a care environment were employed.

We looked at how medicines were managed. We saw that medicines were stored safely and within the correct temperature range. Medicine Administration Record (MAR) charts showed that staff had signed to show that they had given people their medicines as prescribed. We checked the amounts of some medicines remaining in their original packets and found that the amounts tallied with the records. Any medicines not required had been disposed of correctly. One relative told us they checked their family member's MAR chart and said, "It all looks in order."

The provider told us, in the PIR, that all staff had undertaken a range of training relating to medicines and staffs' competence to give medicines had been observed. Staff confirmed this and described the process of re-training if any errors occurred. This meant that people were given their medicines safely and as they were prescribed.

Requires Improvement

Is the service effective?

Our findings

The registered manager explained that new staff undertook a thorough induction, which included two weeks spent at the provider's head office. During this time staff received training in all the topics the provider considered to be 'mandatory'. These included first aid; safeguarding; moving and handling; infection control; health and safety; and fire. New staff then spent time working alongside experienced staff, getting to know the support each person needed and reading support plans. New staff were monitored and only started to work unsupervised when the registered manager was sure that they were confident and competent enough to do the job properly.

A senior member of staff told us that they were responsible for making sure that all staff had undertaken appropriate training, including refresher courses when they were due. They said that all staff had completed the Care Certificate, which aims to equip care and support workers with the knowledge and skills they need to provide safe, compassionate care. They also told us that all staff were in the process of undertaking a further, nationally recognised vocational qualification (Qualifications and Credit Framework - QCF). Staff had received training in topics specific to the particular needs of people who lived at Manor Farm, such as looking after people with mental health illness.

One member of staff told us that the training had provided them with the skills and knowledge they needed to do their job. They said they had been particularly helped by being taught how to use non-verbal methods of communication and how to talk to a person to calm them when they were feeling agitated.

Staff said they felt well-supported so that they could carry out their role effectively. Staff told us they had regular one-to-one supervision sessions with their line manager, which they found very useful. They said they could use the sessions to discuss any problems they had, set goals and objectives for themselves and discuss how they were meeting them. They also had an annual appraisal during which, for example, they looked at whether they had met their objectives and if there was anything they wanted to improve on in the coming year. They said the registered manager and team leaders were also available at any time if they needed to talk to them.

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 so that they can 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 principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and the staff had undertaken training and demonstrated a good understanding of the principles of the MCA and DoLS. Staff told us and records confirmed that decision-specific capacity assessments had been completed for each person who lived at the home. Staff, supported by the speech and language therapist, had ensured they had used all possible communication aids to help people make decisions. Records showed that appropriate DoLS applications had been made to the relevant authorities when the assessment of the person's capacity had concluded that the person lacked the capacity to make a particular decision. For example, for one person we saw that they had been assessed as not safe to leave the home unaccompanied. A DoLS authorisation had been granted so that staff could accompany the person whenever they went out.

In one instance, a person's rights had not been upheld. Staff had placed a monitoring device in the person's bedroom so that they could hear if the person needed assistance during the night. Although the intention was to keep the person safe without disturbing them, the registered manager said that the person did not have capacity to agree to this. No capacity assessment relating to this decision had been undertaken. There had not been a 'best interests' meeting and staff had not considered whether an application for a DoLS authorisation should have been made to the person's local authority. The registered manager realised that this was "an infringement of [the person's] human rights". This meant that people's rights in relation to consent to their care and treatment were not always being upheld.

People were supported to have enough to eat and drink. Staff made sure that people were encouraged to make their own drinks and snacks throughout the day, but these were provided if the person did not want to assist. At lunchtime one person sat at the table with us and made it clear that they enjoyed the sandwiches and crisps that they had chosen. They said, "It's nice." We looked at the menus. One member of staff said that people chose what they wanted to have on the menu. They told us, "Each week the staff ask the [people who live here] what they want to eat." They said that people were not shown pictures of different foods and meals to assist them to choose, which meant people were not always given the support they needed to make an informed decision.

We noted that the menu for the week that we visited was not well planned. For example, on one day a chicken dish was offered as the main choice and another chicken dish as the second choice. Another day, rice was offered with the main course followed by rice pudding. There was a lot of processed meat such as sausages and bacon and there was almost no fruit or vegetables on the menu. The registered manager said that seasonal vegetables were always provided and there was always fresh fruit available. The registered manager showed us the menus for the coming weeks and the meals were much more nutritionally balanced and healthy. Special diets were catered for, including a gluten-free diet for one person and a culturally appropriate diet for another person.

People were supported to maintain good physical and mental health and well-being. Each person had a detailed Health Action Plan in place. Records showed that a range of health professionals, such as GPs, an optician, a podiatrist and a dietician were involved in supporting people to maintain their health. The provider employed a number of healthcare professionals such as a psychologist, a speech and language therapist and a psychiatrist. Staff had supported people to attend appointments and had been given advice and guidance, for example on the ways in which a particular diagnosis was affecting the person. This meant that suitable arrangements were in place to support people to maintain good health and well-being.

Good

Is the service caring?

Our findings

The time we spent at Manor Farm showed us that people were comfortable with the staff and enjoyed their company. People had warm, caring relationships with the staff, who showed that they liked being with the people they were supporting. One relative told us, "We are very happy with the care even though it took a time for [name] to settle. Staff seem to care in what they do." Another relative told us, "I am grateful for what we get. They [staff] do provide good care." A third relative said, "Sometimes I name one of the staff [to my family member] and ask [them] if they are nice. My [family member] will smile. I feel as a [relative] I would know. [Name] would always let me know."

Staff told us that the registered manager was very caring, both to people who lived at the home and to the staff who worked there. One member of staff said, "[Name of registered manager] was really supportive and compassionate when I had a [personal issue]." The registered manager showed that they were very proud of the staff. They told us, "I'm quite passionate about them. I think they're a good team."

We saw that staff showed concern for people's well-being and met their needs in a caring and compassionate way. For example, one member of staff spent time chatting with one person who became restless, gently trying to find out what was upsetting them. In the PIR the provider told us that staff knew when a person was becoming distressed by the noise and bustle in the shared areas and would support them to the quiet of their bedroom or spend time with them in the sensory room.

Staff called people by their preferred name and treated people with respect for their privacy and dignity. We saw that personal care was offered discreetly and bedroom and bathroom doors were closed when people were receiving personal care. The provider told us (in the PIR) that curtains or blinds remained closed during personal care in people's bedrooms. We noted in one person's records that they had recently started to use continence aids. The registered manager said the decision, which was to promote the person's dignity, had been made after consultation with a number of healthcare professionals and the person's family. They reported that the person was now far less embarrassed and much happier.

Staff told us that they supported people to make decisions about their everyday lives, as far as the person was able to. We saw that both people who remained at home were offered choices about everything they did, including where they spent their time, the activities they were involved in and what they ate. A relative told us, "[Name] goes to bed at any time when they are ready."

Staff encouraged and supported people to be as independent as possible, but showed that they knew when to offer assistance. For example, one person wanted mayonnaise on their sandwich at lunchtime. They attempted to do this themselves, found it difficult and indicated they wanted staff's help. The member of staff assisted them by showing them an easier way of holding the bottle and helping them squeeze the mayonnaise onto the sandwich. Each person was given the level of individual support they needed in the kitchen to make their own drinks and meals.

The registered manager told us that even though everyone who lived or stayed at Manor Farm had relatives

involved in their care, an advocacy service was available for people who needed the support of an independent person to act on their behalf. The advocate visited the home once a month. They spent time with people, individually and in groups, and spoke with the staff. The advocate joined in with whatever activities people were involved in so that they got to know people. In this way they would recognise if people needed their service, or if they needed the involvement of an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, including making decisions about where they live and about serious medical treatment options.

Staff supported and encouraged people to maintain contact with their families. People's relatives and friends told us they could visit whenever they wanted to. One relative told us "I am made to feel welcome, I can just turn up." Another relative explained that they visited on one particular morning each week, another of their relatives visited one evening each week and "[Name] comes home once a month." One person's relative said they always rang the home before setting out but that was only because they travelled a long way and wanted to make sure their family member was going to be at home when they arrived.

Care records were kept securely so that people and their families could be assured that people's confidentiality was respected.

Good

Is the service responsive?

Our findings

A thorough assessment of people's needs had been undertaken before people were offered a place at the home, whether for permanent residence or a respite stay. The registered manager told us they also took into account how each person would 'fit in' with the other people already living there.

Each person had support plans in place for all aspects of their life. These were based on the initial assessment and had been developed as staff had got to know the person. Support plans were clearly linked to risk assessments. Morning and evening routines for each person gave staff clear, detailed guidance about the way in which each person preferred to be supported. The support plans were reviewed every three months by the staff team, with the person when possible. There was an annual review to which the person's relatives were invited. Support plans were updated with any changes to the person's support needs. In the PIR the provider told us that staff "are given time to read and sign all of the policies and procedures as well as all the support plans."

The plans included the person's life story and there were communication passports in place, detailing the way each person preferred to communicate. For example, for one person there were details in place about the ways in which they would communicate if they were in pain. We noted that for some people, their communication passports indicated they used sign language to communicate. Staff told us they had undertaken training in sign language (a method called 'signalong'). There were posters on the wall in the dining area, showing the signs used and what they meant. However, we noted that speech was the only form of communication used by the staff and that staff did not use signs to assist the person's understanding. Staff did not check that the person had understood what they had said. One member of staff confirmed that staff did not use sign language with anyone, even though it was in some people's communication passports that this would aid communication. This meant staff were not using every possible means to communicate with people, to make sure that people had understood what they were saying and that they had understood the person's response.

We saw a behaviour management plan in each person's care records. The document started with the 'common values base', which reminded staff that 'a client's human rights remain paramount.' The plans were person-centred and gave detailed guidance to staff on how the person's behaviour could be managed so that the person, other people and staff were kept safe. Staff explained that they worked closely with the provider's therapeutic services team, as well as the person's relatives, to find the best way of supporting each person and helping them to manage their behaviour.

Each person who lived at Manor Farm had a 'key-worker'. Staff explained the 'key-worker' role and the additional duties the role involved. For example, the person's key-worker made sure the person's records were up to date, including that the support plans reflected the person's individual needs; supported the person to maintain contact with their family; took the person to buy clothes and other personal items; and bought the person a birthday present.

People were involved in a wide variety of activities. Staff told us there had been a lot of changes since the

current registered manager had taken up her post. They said that people were now doing what they wanted to do, when they wanted to do it. One member of staff said, "We do lots of activities and a range of things." The registered manager told us that they were moving away from set activity programmes. They said that more activities were being organised by the staff as external day services provided for some people were not meeting their needs. Although some activities took place on a regular basis, a lot of things were more spontaneous and based on what the person wanted to do at the time. The registered manager said they were "trying to get the guys out as much as possible." Some people had recently had a day out in Thetford Forest and, as we arrived at the home, a group of people were leaving for a day at the seaside.

Relatives were pleased with the amount and range of things to do that were organised for their family members. One relative said, "There is as much as [name] wants to do. [Name] has started going to the pub." Another relative told us, "There are many activities: swimming; walking; and the staff are looking into other things, like wall climbing." Relatives were also pleased that their family members were offered other options if the person did not want to do what was originally planned. One relative told us, "If [name] refuses to go to college, they take him to the bike park." Another relative said, "Activities are varied and there are lots of options. If A isn't wanted then the staff will try B." The provider told us (in the PIR) that one person's relatives had thanked the Manor Farm staff for "going the extra mile and providing a special moment" when staff had produced a photobook and a calendar for them.

The registered manager told us that people were supported to "do activities that anyone does". For example, everyone went to the hairdressers and small groups of people had started going to the local pub. People, with the support of the staff, had invited the village to join them at Manor Farm for the Macmillan coffee morning. Staff and the registered manager told us it had been a huge success and this was borne out by the comments the village residents had made in the comments book. Nineteen people had written in the book. Their comments included, "Thank you for inviting us, it was lovely to meet you all"; "Great to meet everybody. Very friendly atmosphere"; "A most enjoyable morning"; and "Lovely idea, nice to meet everyone, thank you." A member of staff said, "The guys absolutely loved the Macmillan coffee morning, the lounge was packed and the guys were really happy. It was really nice and everyone said how lovely it is here." The registered manager reported, "Lots of people came and spoke to the guys and now they speak to them when they walk round the village."

One person had started to attend college with staff support and several people had recently joined the local rowing club. They were being introduced to rowing and learning to row. Staff told us how much they had enjoyed it. One member of staff explained, "It's really nice to see that people can reach higher goals and do different things." Some people had had a holiday the previous summer. One relative told us, "Last year [name] was taken on holiday. It was just for them. I was sent photos." The provider stated that holidays were being planned for this year with people who wished to go on holiday.

The provider had a complaints process in place, which was advertised, including in a pictorial and easy-read format, in the home. There were a number of ways for people and their families to raise any concerns if they needed to. The registered manager had an 'open-door' policy and was happy to talk to relatives at any time and relatives were invited to reviews of the person's care. There was a 'suggestions box' in the hallway and staff knew how to document any compliments or complaints. Relatives told us they would know to whom they could complain. They said they felt they could talk about any concerns and the staff would listen. One relative said, "If I have a complaint I am listened to and it is acted on." Another relative told us, "If there was a problem I could email and there would be an answer." Staff also supported people to raise any issues. This showed us that the provider's complaints process was effective in enabling people to raise any concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager had been in post for about a year. People's relatives knew who the registered manager was and she was well liked and respected by people who lived at the home, their relatives and the staff. Staff told us how much the service provided to people had developed since the current registered manager had taken up their post. One member of staff said, "[Registered manager's name] is really approachable. [Registered manager's name] is always there if I need to talk to her, she has an open door policy." In the PIR the provider told us that the home had "a clear line of management" and that there was always a senior support worker on duty as shift leader.

One member of staff said, "I love it here, I love coming to work in the morning, it's so rewarding." Another member of staff told us, "I love [my job]. I like the service users, the staff and the stuff we do." They went on to say, "We're a good staff team. There's a good balance of staff with a range of differences (ages, culture, personalities). It works well and we all get on really well."

People and their relatives were given a range of opportunities to be involved in developing the home. An external advocate visited the home and spent time with people living there. The advocate had supported two people who wanted to respond to a written questionnaire that had been made available to people to give their views about the home. The written questionnaire had also been sent to people's relatives and the responses had been collated into a report. Staff told us that they had tried holding a weekly 'key-worker' meeting with each person but it had not been successful. They explained, "People don't want, or can't, interact on that level." Staff chatted with people more informally about all aspects of their lives.

Every three months staff sent each person's relatives a summary of the person's life during the previous three months, including what the person had been doing, how the person had been, their highlights and whether there had been any issues. Relatives were invited to respond or to visit and speak with the registered manager or the person's keyworker. Each year, people's relatives were invited to a review of the person's care, which was attended by a number of the provider's staff including therapy and clinical staff and the person's key-worker. The provider said, in the PIR, that "family involvement is not limited to these meetings and Manor Farm operates an open door policy relating to any issues that may arise".

The registered manager told us that "staff definitely have opportunities to put forward ideas" and staff agreed. Staff told us that the registered manager had an open-door policy so they could raise anything at any time. Staff understood what 'whistle blowing' meant. One member of staff told us that whistleblowing was "reporting incorrect practice, to the [registered] manager or above." They said they would follow the provider's whistleblowing policy if they needed to and were confident that "things would be dealt with confidentially." In the PIR the provider said that "Manor Farm operates a non - blame culture when it comes to mistakes that take place in the course of duty. Mistakes are discussed honestly and openly in supervision and personal reflection is encouraged".

People living at Manor Farm were developing links with the local community. Following the success of the Macmillan coffee morning, people and staff had decided they would invite the village residents to visit them

again in six months' time. Some people had started to use the local pub and several people often went for a walk around the village.

The provider had a system in place to make sure that the service delivered by the staff was of the highest possible standard. In the PIR the provider told us that staff carried out daily checks of "paperwork and the cleanliness of bedrooms and communal areas" and that monthly health and safety and drug audits were carried out. Each month a manager from another of the provider's homes carried out an audit of various aspects of the quality of the service provided. The provider's area manager also carried out a monthly visit and wrote a report. An action plan was developed, with timescales, and the registered manager demonstrated that actions were completed.

Records were maintained as required and kept securely when necessary. Records we held about the home confirmed that notifications had been sent to CQC as required by the regulations.