Community Therapeutic Services Limited

Bridgwater Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 11 and 16 October 2017.

Bridgwater Court is a two storey modern property. It offers individual accommodation and care in single occupancy flats. The home is registered for up to 12 people who may have a Learning Disability and Mental Health difficulties. All of the flats are furnished to meet individual choices. There is a communal hallway which provides access to all the flats. The ground floor flats are accessible to those people who have mobility and access problems.

At the last inspection in March 2016 the service was rated Good. However two domains had been rated requires improvement and the service should have been rated as Requires Improvement overall. This inspection had been brought forward to check on the progress of the service. .

At this inspection we found the service remained Good.

At the last inspection people told us they did not feel safe, relatives said they felt staff were young and lacked experience. There was a high staff turnover and people lacked consistency of care. At this inspection everybody spoken with told us they felt safe living at Bridgwater Court both with other people living there and the staff team. We saw a successful recruitment programme had been carried out. This meant people were supported by a consistent staff team who knew them, well.

At the last inspection we found that although there were systems in place to monitor the quality of the service provided these were not being used effectively to drive improvement. People and relatives did not feel listened to. At this inspection we found people felt staff and management listened to them. The systems in place to monitor the quality of the service provided were being used to identify shortfalls and drive improvement.

There was not a registered manager in post, however an application for the manager to be registered with the Care Quality Commission had been submitted and was being processed. 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.

People felt safe at the home. They told us they trusted staff and knew other people living in the home well. One person said, "This is the place I feel safe and I don't want to go anywhere else."

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

Staff supported people to manage risk through education and discussing risk with them. They agreed ways with people to enable them to manage their own risk enabling them to access the community safely.

People received effective support from staff who had the skills and knowledge to meet their needs. People told us they thought staff knew them well and understood their individual needs.

Staff received an in-depth induction before they worked with people. The induction included training in identifying behaviours that might challenge and how to recognise individual triggers.

Staff were passionate about ensuring people's human rights were upheld and ensured their choices, decisions and goals were respected.

People received support from caring and kind staff. Staff were openly proud of the achievements people had made and clearly had a very good relationship with the people they supported.

The service was responsive and people were supported to make progress and achieve goals set by them so they could lead the life they aspired to. Staff looked at creative and innovative ways to ensure the support people received was responsive to their individual needs.

The service was well led. There were systems in place to assess and drive improvement that were embedded in the way the service was run. People and their relatives had an active say in the way the service ran and people were involved in day to day decisions and staff recruitment.

Staff said they felt supported by a management team that was open to suggestion and always approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service has improved to Outstanding.	**Outstanding** ☆
Is the service well-led? The service has improved to Good.	**Good**

Bridgwater Court

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 11 October 2017 and was unannounced. A second announced visit was made on16 October 2017 to complete the inspection. It was carried out by one adult social care inspector and a specialist advisor.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

At our last inspection of the service in March 2016 the service was rated Good overall however we found shortfalls in two domains, safe and well led. People told us they did not feel safe with both the people and staff at the home. There was a lack of consistency in staff teams due to a high staff turnover. Systems in place did not effectively identify shortfalls and drive improvement.

Bridgwater Court is a two storey modern property. It offers individual accommodation in single occupancy flats. The home is registered for up to 12 people who may have a Learning Disability and Mental Health difficulties. All of the flats are furnished to meet individual choices. There is a communal hallway which provides access to all the flats. The ground floor flats are accessible to those people who have mobility and access problems.

There were eight people living in the home at the time of the inspection. We spoke with three people, and four staff members as well as the manager and the organisations clinical psychologist. We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

People told us they felt safe living at Bridgwater Court.

At the last inspection we found people did not feel safe with other people living at the home and with staff. There was a high turnover of staff and this meant people did not receive a consist approach to their care and support. Relatives also said they felt staff were young and inexperienced in caring for people with the specific needs they had at Bridgwater Court.

At this inspection we found there had been an improvement in the way people felt and there was a staff team which ensured people received consistent care and support. One person told us, "I am very happy living here and feel very safe they [staff] are all very good." A recruitment programme had been carried out which meant there were sufficient staff available to support people in a consistent way. The manager confirmed they still used some agency staff however ensured they were booked in advance to make sure the same care workers were available to provide further consistency.

There were sufficient staff available to provide the support people required and expected. This meant people were able to be spontaneous and decide to go out if they wanted to as there were enough staff available to support them in the community if they needed a staff member with them. We observed during the inspection that one person decided they wanted to go out for a coffee and to do some shopping. Staff immediately informed the manager that they were going out with the person.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Bridgwater Court until their DBS check had been received.

To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. This training was carried out during staff induction training and before they started to work with people. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One support worker said, "We have a no tolerance approach to anything like bullying and abuse. I would not hesitate to raise any concerns and I know the manager would deal with it immediately. We are very proud of the service users' achievements and would hate it if anything set them back."

Support plans contained risk assessments which outlined measures in place to enable people to take part in daily activities with minimal risk to themselves and others. For example one person had a very clear support plan for the prevention of choking. They had very clear guidance from the Speech and Language Team (SALT). The information included a poster in the person's kitchen showing what they could and could not

eat. This poster had been developed with the person so they had a good understanding of how it affected them.

We found the risk assessments in place were specifically tailored to individuals, which meant staff enabled people to recognise the risk and understand the actions they needed to take to ensure they remained safe. The manager explained how they used education to inform people about risk and how they assessed the persons understanding of risk. For example one person when they had moved into the home was unable to access the community alone without staff support. They had been supported to understand the risk they were putting themselves into and how to remain safe. They were now accessing the community without the additional support of staff. One support worker said, "We are so proud of what [the person] has achieved. We would not have thought it possible when they first came to us."

We discussed with the manager how staff could be aware of "worse case scenarios," whilst still understanding people's rights to make an informed decision of their own. The manager explained how they had good community support, which included local community police, the shopping mall security staff, shop assistants and the local publicans. People also carried mobile phones and could contact the home at any time for support. The organisations clinical psychologists told us, "Staff have the time to develop trusting relationships with service users which helps to keep them safe and meet their needs. Staff demonstrate creativity and innovation and involve and enable service users to manage risk and keep themselves safe whilst at the same time recognising and respecting their lifestyle choices."

Prior to one person moving into the home a referral was made to the Multi Agency Public Protection (MAPPA) team in Somerset. This is a multi-agency approach, "In place to ensure the successful management of violent and sexual offenders." The service acted as an advocate talking on behalf of the person and tackling what they considered to be discriminatory attitudes towards the person. The person was able to move into the home and the service worked with that person around risk management and appropriate behaviour this resulted in them no longer requiring a MAPPA referral and being able to access the local community. The organisations clinical psychologist explained that this example showed how, "Promoting equality and human rights improves the quality of care. This case also provides evidence that we demonstrate courage and curiosity to challenge discrimination and promote equal access to services for individuals."

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. There were clear guidelines in place to make sure staff knew how each person liked to take their medicines. Some people were prescribed medicines on an 'as required' basis. Records showed there were clear guidelines for when these medicines should be used. We saw these medicines were only given to people in accordance with people's individual protocols.

There were adequate storage facilities for personal medicines and there were suitable arrangements for medicines which needed additional security or required refrigeration. Clear records were kept of all medicines received into the home. We saw the medication administration records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises. The manager explained they were looking at how people's medicines could be stored in their rooms when considered a suitable and safe arrangement.

To make sure people could be safely evacuated from the building in an emergency situation, personal evacuation plans were in place for everyone. The records were very clear about the amount of support the person would need and what to do if the person refused to leave the building. People were also involved in

fire drills and one person living in the home was a fire marshal.

There were service continuity plans in the event of an emergency situation, such as a fire or utilities failures. Maintenance staff and external specialist contractors carried out fire, gas, and electrical safety checks to ensure the environment was safe. The manager and senior team also carried out regular health and safety checks. The service had a comprehensive range of health and safety policies and procedures for staff to follow.

Good

Is the service effective?

Our findings

People continued to receive effective care.

People told us they felt staff understood them and how they needed to be supported. One person indicated a member of staff and said, "Not bad really they know me very well and know what makes me tick."

People were supported by staff who had undergone a thorough induction which also included all the organisation's mandatory training. The full induction programme including working supervised, took a month. This meant new staff could access all the required training and get to know people living in the home. Staff were not allowed to provide care and support until they had completed the induction. The manager confirmed the induction also included positive behavioural support training as part of their induction this meant people were supported by staff who understood specific protocols for recognising and preventing behaviours that challenged. One staff member said, "The induction was full on they certainly put everything in to make sure both the residents and staff are safe." All the staff spoken with confirmed they had attended an induction programme. The manager also confirmed the induction was in line with the Care Certificate. This is a nationally recognised training programme for all staff new to providing care. Staff confirmed they did not work alone with people until they were considered competent in their role. Staff also said that they could request a longer induction if they did not feel confident they could work alone.

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as, Working with people with a learning disability, working with mental health, boundaries, person centred care planning, equality and diversity and positive behavioural support training. The manager explained how they also had "bite size" training sessions during handover. The handover between shifts had been extended to one hour to enable staff to complete some element of training and discussion. If senior staff identified an area they felt staff need to revisit they included it in the handover as a bite size session. Staff confirmed they could also attend further training related to specific needs. For example, in the safe management of epilepsy and diabetes, some staff had also attended training in "living with autism."

People were supported by staff who received regular one to one supervisions. This enabled staff to discuss working practices, training needs and to make suggestions about ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. A matrix confirming staff had received supervision and had one to one meetings planned was readily available. The extended handover time also gave staff the opportunity to discuss the day to day running of the service and people's needs daily.

Records showed staff had received training and had been given easy to understand information about the Mental Capacity Act. 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.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff at Bridgwater Court were very proactive in supporting people to make decisions for themselves. People living in the home had received training in how to remain safe in the community enabling them to make informed decisions about what they wanted to do and how they would access the community.

Staff spoken with were passionate about how they supported people who had capacity to make decisions. They spoke about how they would talk to a person about an unwise decision explaining the risks they might face and how they would support that person if they chose to make an unwise decision. For example the manager explained how they could not stop a person from going out if they had the capacity to understand the risks but they could send staff to be in the area so the person had the support if it was needed. Support plans reflected the person's capacity to make decisions and how best to support them.

The organisations psychologist explained that, "Staff used innovative ways to make sure service users are involved in decisions about their care." For example staff worked creatively and innovatively with one person to enable them to overcome behavioural issues around their personal hygiene and health. The support they provided meant the person with their consent and involvement had been able to manage their personal hygiene effectively and they had visited a hair dressers and a dentist which was something they would not do when they first moved into Bridgwater Court.

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 principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had a good knowledge of the DoLS procedure and appropriate applications had been made by the provider to ensure people's legal rights were protected.

Some people required assistance with the preparation of food and planning a varied nutritious diet. Staff supported people to plan their menu and purchase the food they required to enjoy a nutritious diet. Some people chose to eat out in the community and had their favourite cafés.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Support plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists.

Good

Is the service caring?

Our findings

The service remains caring.

People said they were supported by caring staff. One person said, "They're ok, they do think about me and I think they are very caring." We observed staff to be very caring in their approach to people. There was a very relaxed and cheerful atmosphere in people's flats.

Staff spoke passionately about people and it was obvious they had built a close relationship with the people they supported. Staff did not talk so much about their own achievements but about what people had achieved when they had moved into the home. For example one staff member told us how one person had developed so much they did not need to put as much one to one support in as they had before. Another staff member told us how they supported one person to meet their personal hygiene needs without them becoming distressed as they had when they first arrived at the home.

There was a consistent staff team which enabled people to build relationships with the staff who supported them. People got to know the staff team supporting them and could choose who was in their team. One person had an special need to know who was in their team and who would be supporting them. They had specific staff members they liked to provide their support and staff rota's showed the manager endeavoured to accommodate this as far as was possible. The person understood that on occasions they could not have the person they wanted due to holiday and sick leave however they were kept informed.

Each person had their own self-contained flat within Bridgwater Court. This meant they could go to their own private area; however they also accessed shared gardens where they had enjoyed communal activities such as a BBQ in the summer. People said they liked the privacy of their own flat and we saw they had been decorated in the way the person wished so it was meaningful to them as a home. Staff were observed to treat people with respect when discussing their daily activity or support needs with them. Staff also spoke respectfully about people during handover and discussions about how their needs were being met.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Support workers supported people to follow interests and hobbies and maintain contact with their local community as far as was possible. People were supported to come and go throughout the day and follow their own interest. The home did not organise group activities as people preferred to follow their own hobbies and interests

There were ways for people to express their views about their care. Each person had their support needs reviewed on a regular basis which enabled them to make comments on the support they received and voice their opinions. Each person also had a keyworker who got to know them better and they could discuss their needs and how they would like staff to manage them. People had discussed the goals they wanted to achieve in life and systems had been put into place to help them achieve them. For example one person had wanted to attend college and this had been organised. Another person played football regularly and others joined an aqua aerobics group. Other people enjoyed visiting the local pubs, clubs and discos. People were

also involved in the recruitment of new staff. People were asked what questions they would like to ask prospective new staff. Suggestions included, "How would you find activities for me?" and "How would you keep me safe?" Following discussions with people the manager told us they were planning to enable people living in the home to complete a food and hygiene course.

Outstanding ☆

Is the service responsive?

Our findings

The service remained responsive.

Staff had a very good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said, "They know how to support me the way I want. They certainly know what makes me tick" Another person said, "It is really nice here I can do what I want and I don't feel they [the staff] stop me from making my own mind up about things."

Everyone who lived at the home received care and support which was personalised to their needs and wishes. Each person had a care and support plan. We read three support plans and saw they were very personal to the individual and gave clear information to staff about people's needs and how they made choices. Support plans also contained information about people's preferred daily routines to ensure staff knew about people's preferences. People contributed to the assessment and planning of their care, as far as they were able to. Hospital passports were detailed and provided sufficient information to ensure hospital staff were aware of peoples specific needs goals and support plans. Staff confirmed that if a hospital admission was needed the manager would enable them to accompany the person to liaise between them and the hospital staff. This meant the person could be assured of a consistent approach to the support they required and was agreed with them.

People's support plans clearly showed how staff responded to specific needs, for example. One person who moved to the home had specific needs around their personal hygiene and health. They had been in the care system a number of years before moving to Bridgwater Court and the support they had received previously had been prescriptive. This resulted in them being forced to shower and change their clothes when they did not want to or were frightened to. The organisation's psychologist told us how staff had approached the person's needs in a positive way. "Staff at Bridgwater Court have been given time to develop meaningful, trusting, and positive relationships with [the person]. During this time, they have been providing education regarding personal hygiene when the time is right for [the person] and have been extremely creative and innovative in exploring ways for them to attend to their personal hygiene and health. Staff have explored going swimming, spa days, and meals out to try to encourage [the person] to change their clothes." Staff told us how they had supported the person to have a haircut something they had not done before. They arranged for the person to meet the hairdresser, sit in the salon and build up a relationship. This meant staff supported them to build up the confidence to enable them to have their hair done. One support worker said they were so happy that the person was now happily giving consent to the activities they had put in place to support their specific need. The organisations psychologist said, "This is an outstanding example of how promoting equality and human rights improves the quality of care."

Another person moved into Bridgwater Court requiring two to one support in the community and one to one support in the home. They were unable to leave the home safely. Staff worked with this person educating them on how to safely access the community. One support worker told us this person now, "Attends college classes on their own and accesses the community without staff support. I am so proud of what they have

achieved." The organisation's psychologist told us, "[The person] now goes out into the community alone, they do their own food shopping, understands how to handle finances, and will return receipts to staff where they are needed. They can make wise and unwise decisions around their diet and is supported around this… The [person] attends college classes on their own and has formed friendships. [The person] has asked about sexual relationships and staff have sourced education material and had discussions around appropriateness, the right to say no, individual's choice, how to act and how to respect other people."

Another person experienced a specific type of epileptic seizure. They wanted to maintain their independence and visit their favourite cafes in the town. If they were accompanied by a member of staff they became upset and displayed behaviours that could challenge. Staff looked into ways they could enable this person to safely access the community. They embarked on educating the person in managing their own safety and stranger danger. The person would not use a mobile phone as they found it confusing so staff found a mobile home with only two buttons one to ring the home and one to ring the police. This meant the person could access the community safely and independently. They now regularly ring the home just to let staff know they are safe and when they intend to return.

The manager and one person's keyworker had also built up relationships with their relative. They had supported the person to strengthen their relationship and enabled them to write monthly about what they had been doing and the goals they had achieved. This meant the person had a consistent approach to their support and development which included family input. The home also provided emotional support for the person's relative when they were going through a bad time themselves. The relative fed-back to the provider that they really appreciated the manager providing reassurance and saying to them at the time, "Concentrate on getting your situation sorted out and we will look after [the person] for you, they are doing well, and we will keep you informed of everything".

One staff member had built up a professional relationship with a local dentist to ensure one person who lacked confidence in attending for dental care could receive the care and treatment they required. This meant the person successful received the urgent dental treatment in a relaxed way building their confidence and reducing any distress which could have resulted in them exhibiting behaviours that could challenge and refusing the treatment.

These examples show how staff responded to people as individuals looking at creative and innovative ways to support people in leading a fulfilled life in which they could choose and achieve their goals.

Changes to people's needs were recorded and discussed with staff and the person involved when identified. The service was part of the STOMP project, which looks at ways of, "stopping the over medication of people with a learning disability, autism or both." This was an NHS approach to reducing the use of psychotropic drugs in people with a learning disability and mental health. The home put in place closer monitoring to identify trends and patterns in the use of as required medicines (PRN). Their monitoring identified that one person was receiving PRN medicines on specific shifts. Staff were provided with training around identifying the person's specific triggers and alternative ways of managing certain behaviours. This meant the use of PRN medicines for this person was reduced and they were able to address the specific behaviours with a more holistic approach. This meant people's changing needs were recorded and medicines reviewed regularly to ensure they were truly in line with their needs.

Initial assessments were carried out with new people who wished to use the service. This enabled them to express their wishes and views. It also allowed the service to decide if they were able to provide the care requested. The manager explained how they were supporting one person to slowly move into the home. The

person was still in a hospital setting however over the previous three months they had visited the home extending the time they stayed there. At the time of the inspection they visited the home Monday to Thursday. This meant staff could get to know them and the person could decide if they felt the service would meet their needs. It also gave them and other people living in the home time to get used to each other without a sudden change. Following the inspection the organisation's psychologist informed us that the person had moved into the home following their discharge meeting. They told us, that they had received positive feedback from the funding area and the hospital, "Regarding the work done with [the person] over the past months, including: the transition that was put in place for, crisis plans moving forward, how well [the person] has done during transition, and the relationships that Bridgwater Court staff have built with [the person] over the last six months during the transition."

The home had built links with the local community police team with monthly meetings, the shopping mall security team and local shops. One person living at the home would introduce new staff to the shopping mall security team. They felt the community approach had enabled them to feel safe when they went out without staff support. Other people were supported to attend local support groups for example a group for vulnerable people with voices.

The home also had a learning disability nurse who was an accredited best interest assessor. They were able to liaise with the local learning disability team to ensure the support they provide followed the most up to date practices.

People told us how staff went above and beyond what was expected of them to support them in following their hobbies and interests. For example staff would give up their own time to support people with swimming, football going to clubs and taking holidays. People did not take part in group activities as they all had their own interests and preferred entertainment.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Staff said they would recognise when a person was not happy because they knew them all so well and support plans included triggers to be aware of. One person said, "I don't need to complain I am very happy." People were able to access the complaints policy in different formats including an easy read copy with illustrations.

Good

Is the service well-led?

Our findings

The service remained well led.

At the time of the inspection there was not a registered manager in post, however an application for the manager to be registered with the Care Quality Commission had been submitted and was being processed. 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.

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service They were supported by a team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. One support worker said, "We work well as a team. I have not been supported as well as this anywhere else I have worked." Another support worker said, "We have really come on the last twelve months the management support is brilliant and we know we can discuss anything at any time. It is great working here."

The organisations philosophy clearly stated, "Community Therapeutic Service [CTS] are driven by a philosophy that every individual with an intellectual learning disability, autism and mental health need should receive an outstanding ethical service. Our vision is to promote mental and physical wellbeing as well as inclusion for all individuals who use our services." This philosophy was shared with staff at meetings, supervisions and daily handovers and was reflected in how the service supported people. Staff spoke passionately about the way they enabled people to be meaningful members of the local community, planning and achieving goals to further their life experience. One staff member talked about how they hoped to be able to move people on and support them in the community. The manager confirmed they were looking at ways to help people move on and live in the community with minimal support.

The systems in place to monitor and drive improvement were well embedded in the running of the service. The service was supported by a quality improvement program, clinical audits, monthly file reviews, staff supervision and keyworker meetings. Unannounced inspections were carried out annually or more often if deemed necessary by a registered manager from one of the other organisations homes. These inspections followed the CQC key lines of enquiry. This meant the organisation could effectively identify were there were shortfalls and how they could improve the quality of service provided. For example, one medicines audit had identified that some people's PRN (as required medicines) protocols had not been fully competed. Records showed that this had been followed up and the appropriate paperwork was in place. Following the organisation's own inspection a business plan is drawn up which is shared with staff just before their appraisal so they can discuss their role in the further development of the service. Following an audit of complaints in 2016 staff training on managing compliments and complaints had been introduced. Staff said it was good they had revisited managing both compliments and complaints.

The manager confirmed a relative and service user survey was underway and they were awaiting responses.

The last staff survey carried out in 2016 had shown a poor response, so the manager explained they were being more proactive in engaging with staff. This meant they had introduced staff engagement through staff forums, a newsletter, more free training and improved systems of support and supervision. Staff said they felt the support they received from the management team had improved and they confirmed there was an open door approach to managing the service.

Bridgwater Court worked closely with other organisations and the local community. They had set up monthly liaison meetings with the local police community beat officer. "This involves the local police officer attending Bridgwater Court monthly and discussing any concerns regarding any risk/ and/or offending behaviour." The service had also built links with local shops, cafes and clubs that people living in the home go too after obtaining their consent to share information.

The manager and staff at the service kept up to date with changing legislation and best practice through being members of various organisations. The manager told us, "The service actively seeks out the most current best practice and uses this to drive improvements. CTS and Bridgwater Court is a registered ASDAN centre. ASDAN is an education charity that provides opportunities for all learners to develop their personal and social attributes through ASDAN awards and resources. One of the company directors sits on the Somerset safeguarding strategic board, MCA and DOLs subgroup, is a consultant for BILD, providing teaching and training, and provides teaching at the University of the West of England on their learning disabilities nurse program." This meant people were supported by staff who had up to date information and guidance on best practice within their specialist areas of learning disability, autism and mental health. The organisation also sought expert by experience feedback. This involved feedback from relatives and was referred to as the "mum test."

The manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

All accidents and incidents which occurred were recorded and a trend analysis carried out. This meant the manager and staff looked at the time and place of any accident/incident to identify any reoccurring themes such as time, place and staff member. This meant they could ensure staff had not missed possible triggers and any triggers identified could be added to support plans.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.