High Quality Lifestyles Limited

Rose Farm House

Inspection report

Haine Road
Ramsgate
Kent
CT12 5AG

Tel: 01843583380
Website: www.hqls.org.uk

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 15 June 2017. We contacted the registered manager the day before the inspection so staff could prepare people for our visit.

Rose Farm House is a detached property located in a rural setting close to Ramsgate and Margate. Staff provide 24/7 care and support for up to five people with learning disabilities and / or Autistic Spectrum conditions. There are three bedrooms in the main house and two one bedroom self-contained flats attached to the main house. On the day of our inspection there were five people living at the service.

High Quality Lifestyles Limited is part of the Priory Group. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had worked hard to increase people's independence and opportunities. People who were previously restricted or who had reduced opportunities due to their behaviours were now leading more fulfilled lives and were part of the community. However, the need for very clear and recorded assessment and agreement, by people, their loved ones and others, for the physical restraint being used for some people had been overlooked. People were being restrained by two or three staff with no assessment or thought given to the risks to people and with no recorded agreement and review of each incident.

Staff were committed to providing individual care to people and the aim of the service was to do things with people rather than for them. The registered manager was qualified and experienced. However, the governance and oversight had failed to recognise that restrictions had been imposed, including the use of restrictive physical intervention, without agreement, assessment and regular review. The governance, or oversight, of incidents of when restraint was used was lacking. The provider took action to address this after our inspection.

People's needs should be assessed before they moved in but this had not happened for everyone. Each person had a support plan, a behaviour support plan and health action plan detailing their needs. People and their loved ones had been involved in writing their support plans. Not all support plans were up to date

so staff may not have up to date guidance about people's support needs. Support plans were not readily available for staff to refer to as they were stored in a separate building away from the main house.

People were given choices in a way they could understand and staff knew about the Mental Capacity Act (MCA). Staff had not always worked in line with the principles of the MCA. People and their loved ones had opportunities to air their views and make complaints and these were mostly acted on although some issues remained unresolved.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

Staff knew about different types of abuse and who to report any concerns to. Most risks to people were managed although some risks had not been assessed. There were enough trained staff to meet people' needs and staff were checked before they worked with people. People had a say in recruiting the staff who might support them. Medicines were managed safely and people were supported to eat a healthy diet, to take part in cooking meals and to remain healthy. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the care they needed.

Staff were respectful and kind and listened attentively to people and celebrated their achievements. Staff respected people's privacy. People were supported to learn new independent skills and to achieve their goals. Information was produced in a way people could understand and people and their loved ones were supported to air their views. Staff carried out checks of the environment and some records and some people took part in these checks, although the issues found at this inspection had not been picked up.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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.

Risks to people were not always assessed and mitigated.

The use of restraint had not been assessed as necessary or agreed to.

There were enough staff, who had been recruited safely, to meet people's needs.

Medicines were managed safely.

The premises were clean and well maintained.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some restrictions were used that had not been reviewed to make sure they were the least restrictive option.

Staff were trained and felt supported.

People took part in planning and preparing meals.

People were supported to remain healthy.

Is the service caring?

Good

The service was caring.

People were treated with respect and encouraged to be as independent as possible.

People had the support they needed with communication.

People were involved, as much as possible and their choices respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

The provider's assessment procedure had not been followed.

People had support plans but some did not have up to date information.

People took part in a variety of activities and holidays.

Complaints were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits and checks had not picked up the shortfalls found at this inspection.

People's views were listened to and acted on.

There was a registered manager who staff said was supportive and approachable.

Rose Farm House

Detailed findings

Background to this inspection

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

This inspection took place on 15 June 2017 and was announced. The provider was given 24 hours' notice and we sent a photograph of the inspector beforehand. This was so that people would know who was coming and to help reduce any anxiety. One inspector carried out this inspection as it is a small service and more people may have caused people anxiety.

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 reviewed the information included in the PIR along with other information we held about the service including notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law, like a death or a serious injury.

We spoke and/or spent time with four people, three staff and the deputy manager and registered manager. We spent time in the garden and lounge areas and observed the day to day practice. One person showed us around the service. Some people were unable to tell us about their experience of care at the service. We therefore 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.

We looked at the results and comments from the last quality assurance survey. We spoke with a relative and had contact from another relative. We had contact and views from a care manager, a healthcare professional and the local safeguarding coordinator at Kent local authority.

We checked a variety of records including support plans, behaviour support plans, health action plans, medicines records, staff files, training records and quality assurance and audit records.

We last inspected Rose Farm House in March 2015 when the service was rated 'Good.'

Requires Improvement

Our findings

People told us they felt safe. People looked relaxed with staff and with each other. Staff could tell us about different types of abuse and the signs to look for. Staff said they would report abuse to the registered manager or to outside agencies including the local authority or to the Care Quality Commission. However, the registered manager and staff had not recognised that some of their practices may cause harm to people.

Some people could, at times, get angry, anxious and upset. At these times they might hurt themselves or others. Staff used restraint (or restrictive physical intervention, RPI) at times when people were angry or upset. The registered manager explained that some people needed to be held on the ground by two or three staff known as a 'two person supine' or a 'three person supine' hold. The registered manager got on the floor and demonstrated the 'hold' which involved placing a person on their back with arms outstretched, the person's arms would be turned so that their palms faced downwards with one staff member holding each arm with the staff member's knees in the person's thigh. The third staff member would hold the person's legs if needed.

This type of restraint or RPI should only ever be used as a last resort as it is a 'high risk' restraint placing the person at risk of harm. It should be assessed and agreed in advance by all involved including the person, their loved ones and other stakeholders including any social worker and/or healthcare professional. The RPI should be described very clearly- step by step in writing and any use of RPI recorded in writing so that the method of physical intervention, the circumstances when it was used and for how long can be monitored and, if necessary, investigated and reviewed.

In some cases, RPI, mostly the two and three person supine hold, had been used over 60 times in 2016 and over 20 times so far in 2017. We asked to see the assessment that was carried out showing the need for the RPI, who had agreed to its use and when. The registered manager said that they had not carried out an assessment for one person before the person moved to the service or subsequently. There was no assessment detailing why and in what circumstances RPI was necessary and no record of who had been involved in the decision and had agreed to its use.

There were no step by step guidelines to show staff about the safe use of physical intervention, there was just a list of types of restraint to use from a 'one person escort' to a 'three person supine' (three staff holding a person on the floor). There was no description or photographs to show how to carry out the different levels of restraint and for how long. This was contrary to what the registered manager had told us in the Provider

Information Return which stated, 'Clear guidance on complex behaviours is available to ensure the risk of incidents is minimised.' One person's relative told us that their relative had suffered bruises while being restrained. The registered manager sent us information after the inspection which showed a person had suffered scratches, cuts and bruises during incidents. The registered manager said that he had assessed that these incidents did not need to be reported to the local safeguarding team. We asked the registered manager to review this.

People, who needed one, had a positive behaviour support plan. These were quite wordy and kept in an external office in the grounds so could not be accessed in a hurry by staff who might need guidance in an urgent situation.

One of the behaviour support plans was out of date, it referred to using equipment that staff and stakeholders confirmed was no longer used. There were some new staff and, at times, temporary staff from an agency were used, so it was important to have up to date, very clear information about how to support people safely.

The positive behaviour support plans were not effectively reviewed. for example, one plan was dated 5 January 2017. There had been a number of incidents since this date and staff had used restraint. A review sheet had two entries dated 28 January 2017 and 4 May 2017 and stated 'all risk assessments up to date.' Support should be reviewed after each use of restraint to make sure it continued to be necessary and the least restrictive option. There was no review to look at the circumstances of the incidents and whether the restraint was necessary and whether the support should be changed.

Other less risky options were recorded including the use of medicine to calm people down, but this had not been used. A trigger for one person's behaviour was stopping an activity. The activity was sited at the top of the stairs on a communal landing. The person had become upset when asked to stop the activity and had been restrained here, in view of others. The provider had not moved the activity to a safer, more private area of the service. The person's relative told us they had been asking the registered manager for nearly two years for changes to be made so the activity could be sited elsewhere so it would be safer.

Staff who restrained people had been trained in a method accredited by the British Institute of Learning Disabilities (BILD). This accredited method must follow the code of practice of BILD. This required an assessment and agreement by all involved and good governance or checks. The provider was not following these principles which put people at risk.

The provider had failed to protect people from improper treatment. The provider had provided care that intended to control and restrain people that was not assessed, agreed, reviewed and was not always the least restrictive option. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection we informed the local authority safeguarding team of our concerns. We requested further information from the provider. The provider sent us some, but not all of, the information we requested. The registered manager told us they were arranging a meeting with some people and their loved ones to review the use of restraint and that behaviour support plans would be reviewed and updated. The provider told us the behaviour support team would visit the service to review the use of restraint.

People were supported to have as much control as possible of their money. Daily checks were made of any money managed by staff and receipts were checked and recorded. One person told us they liked to buy their own drinks and snacks and were saving up for a holiday.

Some potential risks to people had been assessed with guidelines in place for staff to follow to reduce or mitigate these risks. The risks posed to some people of staff using restraint had not been assessed. Some people had suffered injuries during incidents and the risks continued without assessment to look at reducing those risks.

Some risk assessments had not been reviewed for some time and other reviews noted 'up to date' or 'dates need to be changed' so there was no record of when and if the risk had occurred and whether the support to reduce the risks was still necessary or needed to be reviewed and changed. A week after the inspection the provider sent us a risk assessment for the use of restraint for one person and told us they would review the other risk assessments to ensure people's safety.

We asked to see the risk assessment assessing the risks to people of being restrained during and after the inspection. The provider sent us risk assessments relating to the risks to staff from incidents but not to people. The risks posed to a person from the use of restraint had not been assessed; therefore the risks had not been reduced or mitigated and continued.

The provider had failed to assess and mitigate the risks to the health and safety of people of receiving support. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were going out and about, shopping and to take part in activities and the risks associated with these activities were being well managed. People were supported and not restricted from going out and were leading fulfilled lives as part of their community. Staff supported people to learn about risks including the risk of fire. People took part in fire drills and there were smoke alarms, extinguishers and other equipment that was regularly checked to make sure it was working properly. The service was clean and well maintained.

Staff were deployed depending on people's activities, appointments and their needs. People's needs were assessed by the organisation paying for their support and staffing was arranged accordingly. Some people had one to one support from staff and some people had two to one support. This support was organised in advance with staff working with different people at different times of the day. Staff told us this worked well and that they all worked well together as a team. People told us they liked the staff, people appeared relaxed in the company of staff.

People told us that the staff were there when they needed them and we saw people going out to do their shopping and take part in activities with staff to support them. Information from the Provider Information Return showed that the vacancy rate was similar to what would be expected. The registered manager said they were currently recruiting to the vacancies.

Staff were checked before they started working at the service. Criminal background checks were completed as well as gaining references from previous employers. People had a say about who might be employed to support them. People met with prospective staff and had taken part in interview panels and given their feedback.

Medicines were managed safely. Medicines were stored in people's individual rooms and people said this arrangement suited them. One person said "Staff give me my tablets and sign the records; they always give them on time." Administration records were up to date and recorded properly. Some people needed medicines now and again for example, to reduce their level for anger or anxiety. One person's PRN guidelines were not up to date. The registered manager said they would address this. Since the last

inspection, there had been some medication errors made by staff. The registered manager had reported and investigated the errors and taken action including additional training and daily checks of records to make sure repeat errors were not made.

A healthcare professional told us "I find that care staff are quite prepared to question me and challenge my suggestions about medication: that I think is very healthy".

Requires Improvement

Our findings

People told us they thought the staff knew them and gave them the support they needed. One person told us "The staff here are pretty good, they support me." A relative commented 'My (relative) is happy and settled at Rose Farm, more than they have ever been in their whole life'.

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 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 were trained and had an understanding of the principles of the MCA. People were supported to make day to day decisions about who might support them, what time to get up and what to wear, what to do and what to eat. For bigger decisions, including dental or invasive healthcare treatment, if people lacked the capacity to make their own decision, best interest meetings were held and the person's loved ones and staff would make a decision in the person's best interests.

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 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.

Some people were constantly supervised and this had been agreed by the organisation paying for the person's care as part of their DoLS. Some people were subject to restrictions to their freedom and liberty, including the use of restrictive physical intervention or restraint. This had not always been agreed and consented to by people or by others in people's best interests. After the inspection the registered manager told us they were arranging meetings to review and agree all restrictions. A care manager confirmed that they had been invited to a review meeting; we will follow this up at the next inspection.

The registered manager arranged basic training for the staff team as well as training related to people's specific needs including epilepsy awareness and how to manage behaviours that might be challenging. The training was a combination of face to face training, e learning and reading then answering questions. Staff were knowledgeable about people's needs, they knew specific details about how people liked to be supported. We observed staff supporting people with understanding and empathy.

One person returned with staff from a shopping trip and was quite excited; staff showed a real interest in what they had bought from the shops and spoke with them calmly and in a soft voice so they did not get over excited. Staff talked to us about people with admiration and respect. Staff clearly knew people and their needs well.

New staff worked through an induction period and two new staff were working on the Care Certificate. One staff told us they had support from a colleague to complete the Care Certificate and that they had attended some face to face training. They had not yet attended training about how to support people with their behaviour, so until they had they said they would withdraw from any incident and allow more experienced, qualified staff to deal with the incident.

Staff had regular one to one meetings with a line manager for support and the registered manager was in the process of meeting with each staff member for their annual appraisal. The Provider Information Return noted and the registered manager confirmed that just over half of the staff team had completed their annual appraisal.

Everyone was involved in planning the menu and cooking meals. One person liked to work on the computer and prepared a weekly picture menu and this was displayed in the kitchen. A special keyboard had been provided to enable the person to do this. They proudly showed us the displayed menu they had produced. Snacks and drinks were available and people went in and out of the kitchen during the day to help themselves to hot and cold drinks and snacks. One person told us "I do cooking, I make curry for everyone."

Two people had their own kitchens as part of their own self-contained flats which were attached to the main house. We met one person in their flat who was washing up with staff support after making their lunch. They looked happy and relaxed and seemed to be enjoying the washing up.
Some people needed to eat special diets or required support with eating and drinking Staff were aware of people's needs and gave people the support they needed.

Each person had a health action plan which detailed their health needs and the support they needed. People were supported to attend health care appointments including the dentist and staff stayed with people if they needed to be admitted to hospital. One relative told us that their relative's health need was supported well and this had resulted in them leading a more active life. One person had been frightened of needles and they needed regular blood tests. Staff worked with the local community team and now the person was not frightened to have regular blood tests.

A healthcare professional told us there was a person centred ethos. They told us staff were flexible to people's needs and treated people as individuals. They told us they though the staff had a good understanding of people's physical and mental health needs.

Good

Our findings

People told us the staff were 'kind' and 'good.' Relatives told us that staff had built good relationships with their loved ones. One relative told us "Staff have taken the time to get to know and understand my (loved one)".

People were treated equally and with respect. Staff spoke about people positively and with thought for their well-being and were keen to tell us about people's achievements. People looked relaxed with each other and staff and chatted about their day and staff listened intently and with interest.

People's differences were supported so that people were at ease dressing and acting in a way that made them feel comfortable. Staff knew about people's backgrounds so had a good understanding of why people might behave in a certain way. People were encouraged to personalise their bedrooms. One person showed us their room; it was full of things that were important to them including photographs, certificates and medals they had achieved.

Information was displayed around the service about which staff were on duty, what was on the menu and other information of interest. This was produced in large print with photographs and pictures to make it more meaningful. People could go and find out for themselves what was for dinner or which staff would be on duty without having to ask the staff. Some people had been supported to use communication aids like pictures and charts. This helped people to have some control and have a visual reminder of what was happening each day.

Each person had a key worker who knew them well. A key worker was a named member of staff who took a key role in coordinating a person's support. People had the opportunity to meet with their keyworkers and discuss their ideas for activities and holidays amongst other things. Some people had been supported by independent advocates when they needed support to air their views and opinions. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People were supported to learn new skills and to increase their existing skills including cooking and managing money. Some people had previously found everyday things like food shopping difficult. With staff support and perseverance people were now taking part in activities that they never thought possible, including shopping, holidays and going to the gym. Everyone took part in household tasks and cooking with different levels of support, no one was excluded. Staff talked to us enthusiastically about wanting to help people develop and learn new skills and have a good quality of life. One relative told us "(My relative) has the

care and encouragement from the staff and management to give (then) a pretty good life."

Staff spoke about and to people with respect. We observed some very natural and warm exchanges between people and staff. Staff knew people well and people were happy to share a joke with staff. People had privacy in their bedrooms and any private meetings were held in an office that was sited in a separate building in the grounds.

Requires Improvement

Our findings

The provider 's policy was to carry out an assessment before a person moved into the service to make sure the service was right for the person and that staff could meet the person's needs. This policy had not been followed; the registered manager confirmed that they had not carried out an assessment for the last person to move in. The registered manager said they had met and spoken with the person, their care manager and their relative and the relative confirmed this, none of this was recorded so there was a risk the information would be lost and not shared with the staff team. We recommend that the provider reviews and adheres to their pre admission assessment procedure.

Each person had a support plan which outlined their support needs and gave information to staff about how to support those needs. People's daily routines were important to them; it was important staff knew about and supported specific routines. These were clearly detailed in the support plans we saw. For example, one person's morning routine was very clear and detailed with step by step instructions to staff including what the person could do for themselves. If people wanted one, their support plan was produced in a way that was meaningful to them for example; one had lots of colour photographs.

Support plans were kept in an office separate from and in the grounds of the main house. Although the manager said staff could access the office out of hours, the support plans were not easily accessible to staff if they needed information in a hurry and the provider should give thought to this.

Support plans included a review sheet and the registered manager said the plans were reviewed each month and recorded on the review sheet. For one person, most entries on the review sheet noted 'up to date' yet there had been a high level of incidents. The support plan had not been reviewed to check if further incidents could be prevented. Each area of the support plan had a sheet for staff to sign to say they had read and understood the contents. On some sheets only 4 out of 27 staff had signed. Not one of the staff signature sheets we sampled had been signed by all of the staff.

One support plan instructed staff to use certain equipment. Staff confirmed that this equipment was no longer used and that the support plan was not up to date.

The provider had failed to maintain an accurate and complete record about people's support needs. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People had an activity plan in their support plan and had their own version, if they wanted one, in the

bedroom. Activities were arranged in advance, or on the day and were based on people's hobbies and interests. People told us they enjoyed going out to cafes and shops and one person worked at a local shop. As well as a support plan each person had a goals and achievement folder. Achievement was celebrated; there were photographs around the house and in the office of people achieving their goals. Staff spoke proudly about people overcoming difficulties and prejudice to achieve goals that they might never had thought possible, including getting a job, going to a gym and climbing Mount Snowden.

Some people had previously had quite anxious behaviour which meant they could not take part in everyday activities like shopping and going to the gym. Staff had supported people in creative ways to overcome their anxieties, for some, over a number of years. People now enjoyed opportunities that they had not been able to take in previously. People enjoyed holidays, family get togethers and trips out that previously would not have been possible.

A relative told us "Staff are amazing here, I took (my relative) out today, I could never do that before."

Although everyone was registered to vote, no one had been supported to vote in the recent general election. We talked with the registered and deputy managers about this and about the different levels of people's needs and how staff might facilitate people's future involvement so people do not miss out on the opportunity again. The deputy manager said this was 'something I have never thought about.'

The provider had a policy for dealing with complaints and this was shared with people and their loved ones. The policy was produced in a way that was meaningful to people. The registered manager recorded any complaints with the action he had taken to investigate and resolve the complaints.

The records showed that recent complaints had been looked into and resolved, however, a relative told us that a complaint they had made was still not resolved after over eighteen months. The registered manager showed us records of the effort he was making to try to resolve the issue but had been hampered by delays by the provider organisation in agreeing to and supplying the right resources. After the inspection the registered manager informed us that the issue was now being dealt with as a matter of urgency.

Requires Improvement

Our findings

Staff were working hard to improve people's opportunities and people were now doing things, like going to family events and holidays, that they previously found difficult due to their level of need and behaviours. However, this hard work was overshadowed by the high use of restrictive physical intervention or restraint that had not been fully assessed, agreed to and kept under review. The risks to staff of using restraint had been assessed but not the risks posed to people. The registered manager did not have the oversight and scrutiny of the use of restraint that they should have, so the crucial governance of such high risk practice was lacking.

Records showed that there had been an increase in the number of incidents in May last year. The registered manager was unable to say why there had been a sudden increase in the use of restraint in May last year, and had not reviewed behaviour support plans and support plans in response to incidents. The support remained unchanged and the incidents and use of restraint continued. Some incidents had led to injuries. We asked the registered manager to review these incidents as no safeguarding referral had been made to the local authority and no notification had been made to CQC. The registered manager told us, after the inspection that they had assessed that no incident was reportable.

Although staff had attended training in how to positively manage problem behaviour, the registered manager had not checked and observed the staff to make sure they were following best practice guidance and always using the safest, least restrictive way of managing behaviour that might challenge.

Staff carried out checks of the environment and made daily checks of records including medicines records. People were supported, if they wanted to be involved in these checks. The checks had not identified the issues found at the inspection including the lack of an assessment before a person moved in and that some support plans were not up to date or reviewed effectively.

The provider had failed to maintain an accurate and complete record about people's support needs. The provider had failed to carry out effective audits. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

After the inspection, the registered manager and the provider sent us information about how they intended to improve and make sure that any use of restraint was assessed as necessary, agreed and kept under close review.

People told us they liked the registered manager and deputy manager. One person was keen to speak with the registered manager. Although the registered manager was busy with the staff handover and the inspection, they sat and spent time with the person, listening intently to the person and giving them the time they needed.

The registered manager said they had worked at the service for about eight years and had registered as the manager with the Care Quality Commission (CQC) since the last inspection. The registered manager had attended some management training in 2016 organised by the provider. They had also completed a course at a local university called 'Certificate in person centred support.' The registered manager had prepared people for the inspection. They had put a booklet together with large print and photographs so that people would be less anxious about the inspection.

There had been some recent changes to the structure of senior managers in the organisation and the registered manager said they had a new line manager since April 2017. This change had led to a risk of lack of oversight of the registered manager by the provider. The registered manager said they had not met their new line manager as they had not been to the service but had been in touch by email and phone. The registered manager said they had not had a supervision meeting with a line manager since March 2017 so he had not had the opportunity to meet and talk face to face with a line manager about any issues.

Although the registered manager met with other Priory group home managers in the area, they did not attend any local forums or registered manager's network meetings with managers from other organisations. They agreed this would be a good idea and would encourage networking and learning.

Rose Farm House is part of the organisation the Priory Group, whose website states 'The Priory provides care and treatments where every person is empowered and supported through a collaborative and person centred pathway. Our purpose is to make a real and lasting difference for everyone we support.' The staff we spoke with shared this ethos.

We observed staff and the day to day events throughout the inspection. The atmosphere was calm and relaxed with a sense of everyone being treated equally and all involved in the running of the service from recruiting new staff to cooking and cleaning. There were a lot of staff around due to people's needs; people had one to one or two to one support. Even though there was a lot of staff on duty, it did not feel intrusive, staff kept a discreet distance rather than following people around.

Staff spoke enthusiastically about people's achievements and knew people well. Staff talked about putting people at the centre and helping them to grow and develop. There was staff team of nearly thirty staff and they all worked with each other on day and night shifts to make sure people had the right support.

Staff attended team meetings and senior staff meetings and said they could make suggestions and give their views about the service. One staff member said they had suggested a barbecue on the beach. They told us that some people would not have been able to cope with this in the past, due to the open space, other people being there and noise levels. However, staff did not dismiss the idea but worked together and planned a barbecue which people were supported to attend and they enjoyed it so much another barbecue on the beach had been arranged.

One staff member told us "We want people to have the best quality of life so we encourage everyone to give their views and get involved." They gave us an example that the garden pond that had become overgrown. Staff supported people to make a plan to improve the pond and draw up a budget and a request to the provider for resources. Although the work on the pond had not yet started, people agreed that they were

looking forward to an improved pond.

People were encouraged to give their views at regular meetings with their keyworkers, surveys were also sent out to people's loved ones. The registered manager said that they had previously sent surveys to other stakeholders, including care managers and GP's but that this had not happened for over a year due a lack of response. They had not given thought to how else they might capture and act on stakeholders' views. The last survey sent to relatives was in May 2017. The responses were positive including 'Staff are getting it right for my (relative)' and 'Staff get (my relative) out swimming, walking, camping and want to stretch (them) further.'

The registered manager had collated the responses and written an action plan to address the issues raised which included a request for the installation to connect to the internet, to improve the pond and some redecoration.

CQC had been informed of any important events that occurred at the service, in line with current legislation.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate the risks to the health and safety of people of receiving support. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to protect people from improper treatment. The provider had provided care that intended to control and restrain people that was not assessed, agreed, reviewed and was not always the least restrictive option. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain an accurate and complete record about people's support

needs. The provider had failed to carry out effective audits to identify the shortfalls found at this inspection. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.