Crystal Care and Support Limited

Orchard Lea

Inspection report

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Date of inspection visit:
29 April 2016

Date of publication:
07 June 2016

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 April 2016 and was unannounced.

The service is registered to provide accommodation and support for up to six people with a learning disability or autistic spectrum condition. At the time of the inspection there were six people living in the home with a range of moderate learning disabilities and other associated physical or sensory needs. People had a range of verbal communication skills, some were unable to speak due to difficulties associated with their learning disabilities. People were able to carry out most of their own personal care with prompting and occasional support from staff. People generally needed staff support to go out into the community to help keep them safe from avoidable harm or abuse.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of inspection the registered manager was on leave but the provider's nominated individual, who was a company director, was present throughout. The nominated individual was passionate about improving people's life experiences. She said the service philosophy was "To provide a nice family home environment. Staff respect it is the people's home. We support people to do what they want to do and to lead the kind of life we would want for ourselves. We want to up-skill people if they are able to learn new things and above all for them to be happy".

There was a very friendly and caring family style environment within the home and everyone got on really well together. All of the interactions we observed between people and staff were caring and supportive. It was clear from our discussions with people, relatives and staff that both the nominated individual and the registered manager were focussed on achieving the very best for people who lived in the home.

People exercised choice and control over their daily routines to the extent they were able to. Staff encouraged people to express their views and respected and acted on the decisions people made. Where people lacked the mental capacity to make certain decisions the service knew how to protect people's rights. The views of close relatives and professionals involved with people's care were actively sought and listened to.

People were encouraged and supported to regularly access the community, maintain relationships with their friends and relatives and to participate in a wide range of activities to suit their individual needs and preferences.

People, relatives, staff and outside professionals all said the nominated individual and the registered manager were very open, caring, accessible and supportive. They could speak with either of them whenever

they needed help or advice.

Staff were very affectionate toward the people who lived in the home and they spoke in glowing terms about the provider's management team. The service employed a small close knit team of dedicated staff who were highly motivated and knowledgeable about people's individual needs and preferences. There were always sufficient numbers of staff to meet people's needs and to keep them safe. Staff received training and supervision to ensure they had the knowledge and skills to provide the care and support people needed.

The provider had a comprehensive and thorough quality assurance system which ensured the service maintained high standards of care and promoted continuing service improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient numbers of staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead more fulfilling lives and to remain safe.

Is the service effective?

Good

The service was effective.

People received good care and support from staff who were well trained and dedicated to meeting their individual needs and desires.

People were supported to maintain good health and well-being and were supported to access health care services whenever needed.

People were encouraged to make as many of their own decisions as they were able to. Where people lacked the mental capacity to consent to certain aspects of their care, the service acted in line with current legislation and guidance.

Is the service caring?

Good

The service was caring.

People were supported in a relaxed, homely, family style environment by a caring and considerate management and staff team.

The service was focused on achieving the best possible outcomes for people.

People were treated with dignity and respect and were supported to maintain caring relationships with their families, friends, staff and each other.

Is the service responsive?

Good

The service was responsive.

People experienced a good and varied lifestyle. Each person had their own daily routines and activity plans.

People had choices and their individual needs and preferences were listened to and acted on.

People, relatives, staff and other professionals were able to express their views and the service responded positively to any feedback.

Is the service well-led?

Good

The service was well led.

People were supported by a passionate, 'hands-on' management team and care staff who were dedicated and highly motivated.

The service promoted a caring and supportive culture focused on achieving the best possible life experiences for the people who lived in the home.

The provider had a comprehensive quality assurance system that ensured the quality and safety of the service was maintained and improved.

Orchard Lea

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 inspection took place on 29 April 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's 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 the improvements they plan to make. The service was last inspected on 22 May 2014. At that time, the service was meeting essential standards of quality and safety and no concerns were identified.

During this inspection, we spoke with three of the people who lived in the home, a visiting relative, four members of care staff and the provider's nominated individual. We also observed staff practices and interactions with the people they were supporting.

We looked at the responses to the provider's most recent quality assurance questionnaire, including feedback from five relatives and two external professionals involved with people's care. We reviewed four care plans and other records relevant to the running of the home. This included staff training records, medication records, complaints and incident files.

Good

Is the service safe?

Our findings

We observed people were very well treated and appeared relaxed and at ease with the staff supporting them. People and their relatives told us the service provided a safe and secure home. One of the people who lived in the home said "I'm happy here, no one treats me badly". Another person said "No one's nasty to me". A relative told us "I've no concerns at all [person's name] is safe here. They are always happy to go back to Orchard Lea after visiting home". A relative commented in a recent quality assurance questionnaire "My [relation] feels safe and secure at Orchard Lea and is very well supported".

People were potentially vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. There were posters on the office notice board informing staff about arrangements and telephone contact numbers for reporting abuse or for whistleblowing. Staff told us they had no concerns at all about any of their colleagues' practices, but they would not hesitate to report something if they had any worries. Staff were sure the management team would deal with any concerns straight away to ensure people were protected.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Care plans contained risk assessments with measures to ensure people received safe care and support. There were risk assessments and control measures for anxiety and aggression, pressure sores, epileptic seizures, road safety, transport, and people's finances. For example, the plans for supporting people when they became anxious or distressed included the circumstances that may trigger anxiety and ways of reducing the likelihood of these incidents. Staff also received training in positive intervention to de-escalate situations and keep people and themselves safe. These risk prevention measures helped to protect people from avoidable harm while enabling them to lead more fulfilling lives.

Any incidents were investigated and plans were put in place to minimise the risk of recurrence. The provider met their statutory requirements to inform the local authority safeguarding team and the Care Quality Commission of notifiable incidents. The service had a low number of incidents. Comments from external professionals to the provider's recent quality assurance questionnaire confirmed the service was good at reporting incidents and at communications. One professional said "Incident and behavioural reports are always shared promptly with us".

Staff knew what to do in emergency situations. For example, there was a protocol for responding when a person experienced an epileptic seizure. Staff received training in providing the required medicines and knew when and who to notify if the seizures were prolonged. Staff said they would call the relevant emergency services or speak with the person's GP, or other medical professionals, if they had concerns about a person's health and welfare. There were personal emergency evacuation plans for each person in

the event of a major incident, such as fire or flood. Regular fire drills and evacuations also took place.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. An external consultant also carried out an annual health and safety risk assessment of the home. The service had a comprehensive range of health and safety policies and procedures for staff to follow in order to keep people safe. Management also carried out routine health and safety checks on a weekly and monthly basis.

There were always sufficient numbers of staff to meet people's needs and to keep them safe. The service employed a small team of permanent care staff who were knowledgeable about people's preferences and behaviours. There was always at least two care staff on duty and either the registered manager or the nominated individual. During the day there were often three care staff, the number depended on people's planned activities. At night there was one waking night staff and one sleep-in member of staff. The nominated individual and the registered manager operated a 24 hour manager on-call rota for additional advice or support whenever needed. Staff said there was always someone available if cover was needed for short notice absences. A member of staff said "[Registered manager and nominated individual's names] always come in when needed and we have two bank staff. We stay on for extra shifts if we need to. Everyone mucks in together".

Systems were in place to ensure people received their medicines safely. Staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. All medicines, including 'as required' medicines, were prescribed by the individual's GP. Medicines were kept in secure storage cabinets and people's medicine administration records were accurate and up to date. Extra security and recording arrangements were in place for certain medicines that required additional security. Staff checked people's medicines on a daily basis and the manager carried out weekly medicine checks. An annual medicines audit was carried out by a local pharmacy. These checks ensured the right medicines were available and were administered safely to the right people at the right time.

We observed all areas of the home were clean and tidy and there were no unpleasant odours. The service carried out regular comprehensive infection control audits to ensure good practices were maintained. These audits covered the environment, infection control practices, hand hygiene, waste disposal, personal protective equipment, laundry, and infection prevention and control policies and procedures. This ensured the potential risks of infection were kept to a minimum.

Good

Is the service effective?

Our findings

Feedback from people and their relatives demonstrated the service was effective in meeting people's needs. A relative said "They notice when something is not quite right and take them to the doctors". In a recent quality assurance questionnaire a relative commented "[Person's name] is spoken to with respect, listened to and encouraged with tasks. They have grown in confidence and are happy at Orchard Lea, this speaks volumes". Another relative commented "Staff are well trained, confident and competent". A person who lived in the home said "I'm quite happy here and the staff are all nice".

We found numerous examples of people receiving effective care and support which ensured their health and well-being improved and they experienced a better quality of life. The nominated individual and the care staff told us they were very proud of the progress people had made since moving to Orchard Lea. For example, we were shown a behavioural assessment by an external psychologist for one of the people who had a history of high levels of anxiety and self-harm. The assessment stated the person had "shown huge progress in appearing more settled and less anxious" since moving to Orchard Lea. They needed consistent, predictable and patient responses and the assessment stated the service "already provide this incredibly well". The impact on this person was a reduction in episodes of self-harm from around four a day, prior to moving to Orchard Lea, to one or two less serious incidents a week. On the recommendation of a specialist occupational therapist, the service had also introduced new sensory items which helped to soothe and comfort the person when they became distressed.

One of the triggers that made the person anxious was being unable to see their personal belongings. This resulted in them constantly opening and closing drawers and banging wardrobe doors. We observed the service had purchased an open canvas wardrobe and an open shelving unit for the person's room. This meant the person could always see their clothes and this had significantly reduced the episodes of anxiety.

The person used to be very withdrawn and insecure. Now they enjoyed participating in a range of activities and were happy to socialise and had even started to show signs of affection toward staff and the other people in the home. Another major step forward was the person previously only talked about things in the present and they became anxious if past events were mentioned. However, they now felt secure enough to talk about the past and, for the first time, also talk about plans for the future.

Another person used to be on high dose medicines to control a chronic medical condition and to manage their anxieties. With patient and effective support from staff, the person was helped to establish positive friendships with the other people in the home and to build trusting relationships with the staff. This had reduced their anxiety levels so significantly they were now able to attend day services in the community twice a week. The amount of 'as required' medicines they needed had reduced significantly and there had been an improvement in their medical condition. They also slept much better at night. The service continued to provide a waking night member of staff to ensure the person was safe and their medical and health needs were monitored throughout the night.

We were told of a third person who used to become very anxious and distressed whenever they went out.

They now had the confidence to go out with staff and use public transport without getting over anxious or upset. Staff supported the person to visit their relative every week. With the person's and their relative's agreement, staff stayed with the person to help facilitate the conversations. For example, they were able to prompt the person to talk to their relative about things that had happened during the week. It also reduced the person's anxieties as they used to worry a lot about when staff would arrive and collect them to go back to Orchard Lea.

The person's pain management for a chronic medical condition had also improved. Staff were able to tell by the person's body language and choice of footwear when they were in pain. As the person became more settled and secure at Orchard Lea they had started to tell staff when they were experiencing pain. This enabled staff to give the person their prescribed pain relief medicine when it was needed on an 'as required' basis. Staff also took the person swimming twice a week as this was known to help with their pain management.

Staff were knowledgeable about each person's needs and preferences and provided support in line with people's agreed plans of care. Staff received comprehensive training to ensure they had the necessary knowledge and skills to provide effective care and support. One member of staff said "We get training in basically everything. I've never been to a place with such good training". This included generic topics, such as: fluids and nutrition, safeguarding, first aid, infection control, administration of medicines, and the Mental Capacity Act 2005. Person specific training was also provided to meet individual needs, including: epilepsy, positive intervention techniques, dysphagia (risk of choking), and autism awareness. The provider used internal and external training resources to ensure people received the most effective care based on current best practices. The provider encouraged and supported staff to undertake continuing training and development, including vocational qualifications in health and social care.

Staff knew how to communicate effectively in ways people could understand. Some of the people who lived in the home were unable to express their feelings and choices clearly through speech. We observed staff were very patient and they persevered, without rushing people, to understand people's wishes. A speech and language therapist carried out assessments and suggested appropriate communication tools to assist with people's understanding. Photographs and pictures were used to assist two people with their understanding and a third person used their own form of sign language to communicate. People also used physical communication methods, such as pointing, leading staff, or other gestures and body language to make their feelings known.

Staff told us they had a one to one supervision session with the registered manager every couple of months. They told us additional supervision sessions could be arranged at any time, either at the request of staff, or if the manager wished to discuss a specific issue or care practice. Staff also had an annual performance and development appraisal meeting with the registered manager. This was a chance to review their performance, to acknowledge achievements and to identify any future training or development needs.

The service had a small permanent team of highly motivated care staff. The registered manager and the nominated individual also worked full care shifts, and did whatever was needed to support people and the staff. Staff said they could turn to them for advice or assistance at any time. Everyone said they worked well together as a close-knit, friendly and supportive team. We were told people's individual care and support needs were regularly discussed at shift hand-overs, staff supervision sessions and team meetings. This helped ensure people continued to receive effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found care staff received a very thorough in-house training in MCA and DoLS and they all demonstrated an exceptionally good understanding of the principles and requirements of the legislation and guidelines. Care records showed the service followed a best interest decision making process when people lacked the mental capacity to make certain decisions about their care. An external professional commented "I am kept fully informed of outcomes as well as being consulted regarding MCA and Best Interests".

DoLS applications had been submitted for all six of the people who lived in the home. This was because certain restrictive practices were necessary to keep people safe from harm. This showed the service followed the requirements in the DoLS. At the time of the inspection, authorisation decisions were still awaited from the Supervisory Body. There were associated risk assessments and best interest decisions documented in people's care plans. We were told restrictive practices were regularly reviewed with a view to reducing the number and impact of any restrictions on people's freedom, rights and choices.

People were encouraged and supported to have a balanced diet and received sufficient food and drink. People's weight was monitored each month to ensure they maintained a healthy body weight. People told us the food was always good and they had choices. For example, one person always chose to have boiled potatoes when others were having jacket potatoes. A relative stated in a recent quality assurance questionnaire "Food and drink meets their preferences completely and choices are always on offer". Staff knew and acted on people's individual dietary tastes and preferences and any special dietary needs. For example, staff explained one person chose to have a vegetarian diet and another person was prescribed a soft diet due to swallowing difficulties and the risk of choking.

People's food choices were discussed at monthly residents meetings and also at their monthly one to one discussions with the manager or their keyworker. Meals were based on people's preferences but as much variety as possible was introduced. We were told most of the people enjoyed a wide variety of meals but there was always a back-up choice available, although this was rarely needed. People were also free to help themselves to any foods from the kitchen cupboards.

People were supported to maintain good health and wellbeing. People had their own named social worker and they were supported by a range of external healthcare practitioners, including a local GP practice, learning disability and epilepsy specialist nurses, psychiatry and psychology services. Other specialist support and advice was sought from relevant professionals when needed. We saw records of multi-disciplinary assessments in people's care plans.

Good

Is the service caring?

Our findings

People, relatives and external professionals all said the management and staff were very caring. One person said "I've got lots of favourite staff". Another person said "People are nice and kind. The staff are all OK and so are the residents". A relative said "They are very caring and compassionate. They listen and they don't judge. They make you feel like one of the family. We've never known [their relative's name] to be so happy". In a recent quality assurance questionnaire a relative commented "They are so supportive and so thoughtful. From effective teeth cleaning and care, to shopping for clothes, to lovely birthday parties laid on for all the service users – the list goes on".

On the afternoon of our inspection, we observed a pre-arranged birthday tea party taking place for one of the people who lived in the home. Although invited, their relatives were not well enough to attend but all of the other people in the home and the staff made an appearance. In addition, other off-duty staff arrived at the home in time for the birthday celebration and some even brought their children with them. This showed the dedication of staff and their fondness for the people in the home who they considered part of their extended family. The provider arranged a food buffet and soft drinks for the tea party. We observed some people, visitors and staff were socialising together in the home and others were sitting out and playing in the home's large garden. We then heard everyone singing a rousing chorus of "Happy Birthday" to the delight of the person. There was a lovely family party atmosphere and everyone appeared to thoroughly enjoy the experience.

All of the staff spoke warmly and affectionately about the people they supported. For example, one member of staff said "The residents care for each other, it's really sweet. They look out for each other and interact together. I love working here and I love the guys. It's amazing". A relative said their relation felt so at home at Orchard Lea that "For the first time ever [person's name] asked, when are you taking me back to my place" after spending an overnight stay at the family home.

Following a visit by an external health professional, they wrote to the service stating "I would like to recognise the excellent support you and your team have, and are continuing to provide for [person's name]. It is clear the home environment is warm and supportive, and staff appear respectful and intuitive in their roles. [Person's name] appears to have trusting and playful relationships with staff and appeared happy and contented".

A person centred culture was evident throughout our inspection. The nominated individual was passionate about providing person centred care and all of the staff were highly motivated and committed to this approach. Staff spoke to people in a kind and considerate manner and respected their wishes. They had an in-depth appreciation of each person's individual needs but they always asked people for their views or choices without presuming they knew best. We heard staff consulting people about their daily routines and activities and no one was made to do anything they did not want to. For example, we heard staff asking people if they would like to go to the birthday party but no one was coerced to attend. A member of staff said to a person "You can come down and join us if you like, but in your own time". People were encouraged to make their own decisions, as far as they were able to. Staff offered people choices and then acted on the

person's wishes. We observed people could choose to spend private time alone in their rooms or join others in the communal areas of the home, as they wished. However, staff were always on hand when people needed their assistance.

The service was clearly dedicated to ensuring the best quality of life for people in the home. For example, one person sometimes needed to wear incontinence pads due to a medical condition. The authorities initially said the person had to pay for the pads themselves, even though the person had very limited monies. After strenuous efforts and negotiations by the service, an arrangement was agreed by the provider and the local NHS. These pads enabled the person to stay dry and to use the WC without needing staff assistance. This greatly enhanced the person's privacy and dignity and helped them to be more independent and self-confident.

The service promoted people's independence in other ways. For example, staff supported and encouraged people to become more independent with personal care, such as having a shower. We heard how some people used to be fully dependent on staff for their personal care needs when they first moved to the home. With encouragement and support they had now become more independent and only required occasional prompting from staff. We were told of another example where the service had arranged for the provision of new orthotic shoes for a person, and how this had greatly improved the person's mobility and independence.

Staff promoted and respected people's privacy and dignity. For example, personal care was only provided in the privacy of people's own rooms or in the communal bathroom. Each person had their own ensuite WC and shower facilities where personal care took place. One person who preferred a bath used the communal bathroom instead. Staff told us they ensured doors were closed and curtains or blinds drawn when personal care was in progress. We observed people were assisted in discrete and respectful ways. For example, one person who was prone to involuntarily dribbling was provided with fashionable neckerchiefs to help keep them dry and maintain their dignity. A community professional commented that the service "Advocate well for service users. I observed all carers (staff) showing great care, respect and dignity when supporting service users".

People were supported to maintain continuing relationships with their families and friends. All but one of the people had regular contact with a member of their family. Relatives told us they could visit or call the home more or less as they wished and there were no unreasonable restrictions. Visits by family members and friends were very much encouraged and they were regularly invited to visit the home for lunch, tea or birthday parties. Some people were regularly taken for trips out by their family members and others were supported by staff to visit their family homes, where this was agreeable to all concerned. This helped people to maintain relationships with the people who cared most about them.

Care plans included any known information about people's cultural or religious beliefs and their end of life preferences. Staff were aware of people's beliefs and preferences and respected their views and choices. For example, some people were supported to attend local church services. The provider was in the process of sensitively discussing end of life arrangements with people, their relatives and social workers. The people in the home were generally healthy and the age range varied considerably. End of life arrangements had already been agreed for some of the people. Arrangements were at an earlier stage for others, as some people's relatives felt uneasy about having these discussions.

Staff were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships. For example, care plans were kept in the staff office and the door to the office was locked when staff were

not present. This ensured other people could not access any of the private and confidential details in people's care plans.

Good

Is the service responsive?

Our findings

People's needs and preferences were understood by staff and the staff acted on people's choices. One person said "No problems. I can choose things". Another person told us they could go out when they liked and come back when they wanted to. A relative said "They don't talk at people, they talk to them. They don't dictate, they negotiate with [person's name] and us. They are flexible and involve us a lot". In a recent quality assurance questionnaire another relative responded "The staff maintain their professionalism at all times, communicate well, are easy to reach, and are there for reassurance and support". People and relatives told us the management and staff were always available to discuss any matters or issues.

People experienced a good and varied lifestyle. Each person had their own daily routines and activity plans. We were told people generally liked to stick to their planned routine but they could refuse, or choose a different activity, if they decided they didn't want to do something. A member of staff said "Service users have choices and decide what they want to wear or when they want to get ready for bed. They all have their own mind and will say no if they don't like something".

We found many examples of the service responding to people's individual needs. For example, one person was partially sighted and had been provided with a talking watch. Another person was provided with incontinence night bags to help them sleep through the night without being disturbed. The service had worked closely with a younger person's relative to help them transition from college to more appropriate day place venues five days a week. As a result, the person was now significantly less anxious and more settled.

People participated in a range of activities to suit their interests and needs. This included group and individual activities such as: going for walks, car journeys, shopping trips into town, pub meals, horse riding, swimming, attending various day centres, college, social events at a local church, sensory experiences, and other leisure activities. For example, one person loved trains and was supported to go on a steam train journey at least once a month. We observed a train set and a picture of a steam train in the person's room.

People had their own individual bedrooms with ensuite WCs and showers. One person with a medical condition had a large wet room which made it easier for staff to support them. There was a communal bathroom which people could use if they preferred a bath to a shower. People's rooms were a good size and were well-furnished. Each person's room was decorated to suit their personal tastes and choices. People's rooms contained many personal belongings; such as pictures, models and soft toys; to make the rooms even more homely. We observed people were free to use any of the communal areas or to return to their rooms whenever they wanted time on their own.

People received care according to their assessed needs and wishes. Each person had a comprehensive care plan based on their needs. The nominated individual said people's needs were thoroughly assessed before moving to the home. This was to ensure the service could meet the person's needs and that they would be compatible with the other people who lived in the home.

Care plans provided clear guidance for staff on how to support people's needs. For example, there were individual risk assessments identifying potential hazards with appropriate control measures to minimise the potential risks. Care plans included people's likes and dislikes, their circle of support (people close to them or involved with their care), events and reports, health needs and appointments, and personal finances. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express their wishes, the service consulted people's close relatives, or appropriate professionals involved with their care. Care records showed people had regular meetings and assessments with their social worker and with a range of health care professionals.

Each person had an assigned key worker. This was a member of staff they trusted and enjoyed being with. The key worker had special responsibility for ensuring the person's individual needs and preferences were identified and acted upon by all staff. They were responsible for ensuring the person's care needs were met, including attending health and other appointments, shopping for clothing and toiletries. A member of staff said "I take [person's name] to his doctor's appointments. I usually go in with him but it's up to him, it's his choice really".

Care plans were reviewed by the keyworker on a monthly basis and were discussed at one to one meetings with the person. Plans were then updated to reflect any changes in people's needs or preferences. The service used a monthly checklist for keyworkers to follow to ensure they covered all of the important aspects of a person's care. The registered manager carried out regular audits to ensure people's care plans were tailored to their current individual needs and preferences. Feedback from relatives and external care professionals showed the service had a good understanding of people's individual support needs.

If people had a preference, they were able to choose a particular member of staff on duty to support them. For example, one person particularly liked a male member of staff and this member of staff was assigned as their keyworker. Staff members of the same gender were available to assist people with personal care, if this was their preference. We were told in practice this tended to be more the person's family's choice. As long as the person was happy with this, the service respected and acted on the family's decision.

People, relatives and staff said the registered manager and the nominated individual were both very accessible, open and approachable. They said they could go to them anytime and any issues would be resolved appropriately and quickly. One person told us "If I had any problems I would talk to any of them really". Another person said "I would talk to [registered manager and nominated individual's first names] if I had a problem".

An easy to read service user guide, with pictures and symbols to assist people's understanding, was circulated to people and their relatives. This contained information on how to raise a concern or make a complaint. The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. The service had not received any formal complaints in the last 12 months.

Good

Is the service well-led?

Our findings

Feedback about all aspects of the service from people, relatives and external professionals was very positive. Relatives said management and staff were very caring, approachable and effective. One relative told us "We are just so pleased and happy [person's name] is here, it's really home. Both [the nominated individual and registered manager's names] are very on the ball, fair and pro-active". Another relative stated in their response to the provider's recent quality assurance questionnaire "Staff are well managed by the owner and her manager who are a great team".

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. On the day of inspection the registered manager was on leave but the provider's nominated individual, who was one of two company directors, was present throughout. The nominated individual was passionate about people's well-being and made sure people were at the heart of the service. She told us the service philosophy was "To provide a nice family home environment. Staff respect it is the people's home. We support people to do what they want to do and to lead the kind of life we would want for ourselves. We want to up-skill people if they are able to learn new things and above all for them to be happy".

Staff practice, behaviours and our conversations with them demonstrated this ethos was part of everyday life in the home. Both the nominated individual and the registered manager were hands-on and they led by example to promote this person centred approach. They were both happy to work care shifts when needed and people, relatives and staff told us they were visible around the home. This enabled the management team to monitor the standards of care experienced by people and to obtain their views.

Staff were glowing in their praise for the provider. They told us both the registered manager and the nominated individual were always accessible, approachable and supportive. One member of staff said "[Registered manager and nominated individual's names] are always available and happy to come down and help. It's like a second family; we are a really close team. They are the best employers I've ever worked for". Another member of staff said "Management are great, they are all for the guys (meaning the people who lived at the home). They fight their corner and are always supportive of staff. It's just a lovely place to work". A third member of staff said "The management are fantastic and they go the extra mile. Every single service user here has improved so much in so many areas. The whole staff team is constantly improving. I've never been anywhere so person centred".

People lived in a home which was well led and efficiently run. The registered manager and the nominated individual were both working toward a level 5 national vocational qualification in leadership and management. Staff told us they felt very well supported and said they had access to excellent training, regular supervisions and annual appraisals.

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability; from care staff to the registered manager to the provider's directors. Staff said everyone worked really well together as one

close-knit, friendly and supportive team. They told us management always provided excellent support to the staff team, particularly at times of change. For example, when a new person moved to the home, management worked alongside the staff team to ensure the correct support was in place. In this way, they led by example and by encouraging the staff they helped to build their confidence.

Staff told us they were regularly praised and appreciated by the management team. For example, the nominated individual frequently gave them little thank you gifts, like chocolates, and also funded nights out for all of the staff. This approach ensured people were cared for by a happy and motivated staff team who had a real sense of pride in their work and consequently delivered good quality care.

The provider had a comprehensive quality assurance system to make sure people were safe and their needs were consistently met. This included a written quality assurance policy detailing a comprehensive programme of checks and audits of all key aspects of the service. The frequency of each audit and the person responsible for carrying out the audit were clearly stated. Audits covered: accidents, incidents, medicines, environment, health and safety, resident meetings, staff supervisions, support plan reviews, training and other key areas. For example, we saw a very detailed infection control audit tool, identifying where standards were achieved or not achieved. If a standard was not met, the reason had to be given and any areas for improvement identified, for example a need for specific training. Action plans were then prepared based on the findings of the audit with clear lines of responsibility and timescales for actions. These were followed up at the next audit to check progress on implementation. These quality checks and audits were effective in ensuring people continued to receive good quality care in a safe and homely environment.

The nominated individual and the registered manager promoted an ethos of honesty, they learned from mistakes and admitted if 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. External professionals confirmed the service had shared all incident reports with them promptly. The service also met their statutory requirements to inform the local authority safeguarding team and the Care Quality Commission of notifiable incidents.

People and their close relatives were involved in decisions about their care and about the running of the home. This happened through day to day conversations, monthly one to one meetings, care plan review meetings, residents meetings and an annual quality assurance questionnaire. The latest questionnaire, sent out in March 2016, was based around CQC's five key questions relating to safety, effectiveness, caring, responsiveness and leadership. Replies had been received from five of the six people's relatives and two external care professionals. The responses were all positive and showed relatives were very happy with the care and support provided. External professionals commented on the service's good communications and incident reporting. Relatives and external professionals found the management to be very open and responsive and thought people's health and well-being needs were being met to a high standard. Specific comments from the returned questionnaires are included in other sections of this report.

The provider participated in various forums for exchanging information and ideas and fostering best practice. They were active members of the Registered Care Providers Association (RCPA). The nominated individual had close links with other local care homes. They worked closely with a local training provider and provided training, mentoring and support to managers from other homes. In turn, the nominated individual used a senior individual from another group of care homes to act as her mentor and for them to carry out external audits of her service. The provider's management and staff attended other relevant service related training events and conferences. Various online resources were also accessed for information and advice. These included: Care Focus, Somerset County Council, Skills for Care, CQC and an independent

consultancy service.

Monthly team meetings and internal training events were held to discuss and disseminate information and ideas and to keep staff informed about new developments. The provider had a comprehensive range of policies, procedures and operational practices based on current best practices to ensure people received safe high quality services.

The service worked in close partnership with local care professionals. For example, they had very good relationships with local social work teams. Two social work managers had nominated the service as an example of an excellent small care service. They were subsequently visited by senior Council officials and received very positive feedback about the service. The service also had close links with health professionals including the local GP practice, learning disability and epilepsy specialist nurses, and NHS psychiatry and psychology services. Other specialist support and advice was sought from relevant professionals when needed. This ensured people's complex health and wellbeing needs were met on the basis of advice and treatment from specialists in their respective fields.

The service encouraged people's involvement in the wider community to promote people's independence, improve their quality of life and to help avoid social isolation. Most of the service's links with the local community revolved around people's activities. People were supported to engage in the community, to the extent they were able to. Some people were independent enough to go to activities unaccompanied. Other people who needed or wanted staff support were supported to access the community on most days of the week. This included social and leisure activities, visits to a variety of day centres, events at a local church, trips out to places of interest and family visits.

Relationships with the home's neighbours and with the wider local community were described as "fine" by the nominated individual. Their aim was for the home to blend in with its residential setting and to maintain people's privacy. The only obvious sign that it was a residential care home was the RCPA membership plaque which was discreetly fixed inside the entrance porch way.