Bradbury House Limited

Bendalls Farm

Inspection report

Bendalls Farm
Green Ore
Wells
Somerset
BA5 3EX

Tel: 01761241014

Date of inspection visit:
29 March 2017
03 April 2017

Date of publication:
22 May 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 29 March and 3 April 2017 and was unannounced. Two adult social care inspectors carried it out.

Bendalls Farm provides support for up to ten people with learning disabilities and/or mental health needs.

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

People were protected from abuse and avoidable harm; risks to people were not always fully assessed or well managed. People received effective support to help them manage their behaviour. People's diverse needs were well supported; they chose a range of activities, work placements and trips out. There were mixed views about staffing levels; this sometimes affected people's choices of trips out.

People interacted well with staff. Staff had built trusting relationships with people over time. One person said, "It's good here. Staff are really nice to you." Another person told us, "Yeah, it's ok living here. I get on ok with the staff."

Staff knew people and understood their care and support needs. Staff encouraged people to try new things and supported them to 'move on' if people chose to. People were part of their community and were encouraged to be as independent as they could be.

People, and those close to them, were involved in planning and reviewing their care and support. Some care planning needed to be reviewed. People made choices about their own lives, although their legal rights in relation to decision making and restrictions were not always upheld. Improvements were needed to ensure people had a homely place to live.

Staff were well supported and well trained, although on line training needed to be completed more effectively. Staff spoke highly of the care they were able to provide to people. One staff member said, "I would say our relationships with the guys here are pretty good really. It does take time to get to know them but once you do we get on well."

There was a management structure in the home, which provided clear lines of responsibility and accountability. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

The quality assurance systems in place were not fully effective. There were systems in place to share information and seek people's views about their care and the running of the home.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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 fully assessed or well managed.

People were protected from abuse and avoidable harm.

There were sufficient numbers of staff to keep people safe. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Requires Improvement

The service was not fully effective.

People's legal rights in relation to decision making and restrictions were not always upheld.

People were not always provided with a homely and well maintained environment.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions

about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. Some care planning needed to be reviewed. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon.

People were supported by staff who had clear lines of accountability and responsibility within the team.

People were supported by staff who were clear about the aims of the service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

Bendalls Farm

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 29 March and 3 April 2017 and was unannounced. Two adult social care inspectors carried it out.

We met all ten people who lived at the home. We spoke with six people about life in the home. We observed staff interacting and supporting people in communal areas of the home. We spoke with five care staff, the housekeeper and the registered manager. We looked at five people's care records. We also looked at records that related to how the home was managed, such as four staff personnel files, staff meeting minutes, staff rotas, staff training records, health and safety records, compliments, complaints, surveys and quality assurance audits.

We reviewed information we held about the home before our inspection. We looked at notifications we had received. A notification is information about important events which the home is required to send us by law. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR 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.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. The provider's approach to risk management needed to be reviewed and improved. Risks to people's personal safety were assessed but effective plans were not always in place to minimise risks or protect people from harm. For example, one person smoked in their own room, and although this was discouraged by staff, this person continued to do so. Three people we spoke with said this was "Against the rules and was dangerous." This person also had other behaviours which could significantly increase a fire risk. The risk assessment in place only rated the fire risk as "medium" and there were no effective measures in place to prevent them smoking in their room at these times.

Another person had recently started to have regular falls; they had injured themselves on occasions. There was no falls risk assessment in place and no consistent approach from staff to prevent the person from falling. Three staff members said they "Link arms" with the person when they were out walking with them; other staff said they did not do this. The registered manager told us this approach had not been assessed so staff must have taken it upon themselves to adopt this approach. This meant there were no consistent measures in place to prevent the person falling or an assessment of whether the method some staff were using was safe for the person.

Risks to legionella bacteria in the water were not being managed consistently. Legionella can cause serious lung infections. The Health and Safety Executive (HSE) says "Health and social care providers should carry out a full risk assessment of their hot and cold water systems and ensure adequate measures are in place to control the risks". Although we saw a test was carried out by an external water testing company in February 2017 and legionella was not detected, there was no risk assessment in place detailing the frequency of ongoing checks required to ensure the water remained safe. There were no records of the water temperatures being kept or the flushing of unused water outlets. The HSE says "The primary method used to control the risk from Legionella is water temperature control. Water services should be operated at temperatures that prevent Legionella growth". This meant people were not being fully protected from the risk of being exposed to legionella. These issues were discussed with the registered manager who agreed risk management needed to be reviewed and improved.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against the risks of potential abuse. Five people said "Yes" when we asked if the home was a safe place for them. One person said "I don't always feel safe." Through discussions with them we found this was when incidents occurred at the home. People did not raise any issues with us about how they were treated by staff. People were encouraged to talk about any concerns they had about their safety. We noted one person had raised a concern about their safety in December 2016 and staff acted upon this immediately to ensure the person was safe.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Each member of staff told us they thought the home was a safe place for people. Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "You look for the signs, bruising, change of behaviour. I know each of the service users well and know if things change. I would report it to the manager straight away and know I could report it to CQC. I have a lot of confidence [Name of registered manager] would manage it properly."

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission. The home's emergency plans provided information about emergency procedures and who to contact in the event of utility failure.

People had complex needs and behaviours which sometimes led to incidents occurring at the home as people could become anxious or aggressive. One person said, "It depends how stressed I am. When I get angry about things the staff are ok to me. They talk to me or back off and give me time to calm down. It's good here because you've got loads of space so you can just walk off across the farm if you want to." Another person said, "When I get angry the staff know to stay out of my way. That's the best way to calm me down. The staff don't restrain anyone here."

People had detailed behaviour support plans in place which identified what made them anxious, the signs that they were becoming anxious and how staff should respond. Staff had worked with people to implement strategies to reduce anxiety such as people writing things down and the use of colour coded cards to let staff know if they wanted to be left alone or if they wished to talk. The police were called if this was part of the person's plan. We saw these strategies in use during our inspection and they were effective. Staff told us these strategies had an impact and had led to a reduction in the number of incidents. The records we looked at confirmed this.

Each person's plan stated they could be restrained "as a last resort." All staff spoken with said restraint was very rarely used. One staff member said, "I think I've only used restraint once in the last two years. It's never really used here. We do everything we can not to have to use it." The records we looked at confirmed this.

Staff completed an accident or incident form for each event which occurred; these were entered onto the provider's computer system. All incidents were analysed by the provider's behavioural specialist who responded by offering suggestions and comments for staff to help improve their practice. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained.

People told us there were enough staff working each day to ensure their safety, but on certain days they had less staff and this could affect their plans for that day. One person said, "There's not always enough staff. It's safe but we can't always go out." Staff told us they thought there were enough staff available to keep people safe, but not always enough to ensure people could do what they chose to. One staff member said, "There are sometimes not enough staff really; we are sometimes a couple down each shift, running on four staff in the evenings, it's safe but hard work." Staff rotas showed staffing levels were occasionally reduced due to staff sickness or vacancies in the staff team. However, staffing never fell below the 'safe level' determined by the provider.

There were safe medicine administration systems in place and people received their medicines when required. One person said "The staff give me my tablets. I just have to ask." Another person told us, "I don't really take anything, only things like paracetamol if I have a headache and need it. I just ask the staff if I need it." People's medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely.

One person partially self-administered their medicines but required some support from staff. Other people had been asked if they wished to look after their medicines but had declined. Staff administered medicines to these people. Staff helped one person at a time, which reduced the risk of an error occurring. Staff received medicines administration training as part of their induction. Additional training was also provided which staff were in the process of completing. This was confirmed in the staff training records.

Medicine administration records were accurate and up to date. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. People understood the reason and purpose of the medicines they were given. A member of staff from the pharmacy who supplied medicines to the home visited in January 2017 to carry out a medicines audit. They had concluded that medicine storage and administration were safe.

Requires Improvement

Is the service effective?

Our findings

The service was not fully effective. People were able to make most of their own decisions as long as they were given the right information, in the right way and time to decide. One person said, "I can choose what I want to do. I don't want to look after my money or tablets so the staff do all that. I go out on my own, but only for an hour. I smoke as well." Another person said "I decide on things I suppose. I chose to move here. I smoke roll ups, I work on the farm and when it's closed I do other things with staff."

People were not able to make every decision for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The application of the MCA needed to be reviewed and improved. Restrictions on people had not always been reviewed to ensure they were in people's best interests and were the least restrictive option. Also, people's right to make an unwise decision was not being applied consistently.

Several people chose to smoke. They had capacity and decided to smoke although they knew it may be unwise. There were no restrictions on people who chose to smoke other than being asked to use the smoking area. However, the main kitchen was locked at all times as people may wish to overeat. People had to ask staff for access, although they had capacity and could chose to overeat if they wished to, although this may be unwise. Staff told us, "It's always been locked. It wouldn't be fair to give one of them a key. The large guys will go in and eat for the sake of eating" and "The doctor has said people are overweight." One person said, "It's always locked, we're only allowed in there with staff. We have to ask." Another person told us, "It's always been locked since I came here."

Whilst locking the main kitchen may appear a solution, and some people had capacity to agree to this restriction, not everyone could consent to this. People's legal rights under the MCA had not been fully considered. It was not clear if this was in people's best interests or other less restrictive options had been tried. There had been no best interest decision making process followed for people who lacked capacity to agree to this restriction. Also, people who had capacity had the right to over eat, even though this may be an unwise decision and detrimental to their health. This meant people's legal rights were not fully protected.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lack capacity can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had identified two people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant body. One had been authorised with conditions which were being complied with. The other application was still awaiting assessment. The registered manager told us they would review DoLS guidance to ensure each person's legal rights in relation to DoLS were still being promoted.

People told us they had asked for some parts of the environment to be improved. One person said, "We have asked for things at our [service user] meetings. We need a new sofa as one is broken, the crack over one of the doors needs doing, some of the sockets are damaged, some lights don't work and some places need painting." Another person told us, "Some of this has been like that for ages. We ask, but it doesn't always seem to get done." We looked at records of the house related meetings people had attended. These showed people had asked for new furniture, lightshades and tables, for the sockets to be repaired and for some areas to be repainted. The registered manager said the provider's maintenance team had been busy at another service where a lot of environmental damage had needed repairing. They acknowledged improvements were needed at the home. They asked one person to list the work which was needed on the first day of our inspection, which they did. This would be passed to the provider's maintenance team so this work could be organised.

People's health care was supported by staff and health professionals. Monthly health checks were completed by staff including weight checks, when each person last saw a GP, dentist, optician or chiropodist. Records confirmed people attended appointments when these had been arranged. One person said "I'm going for a blood test today" as they left the home with staff. People also had specialist support, such as from a psychiatrist and learning disability nurse, to ensure their health care needs were met.

Some aspects of people's health care needed to be clarified with staff. One person had epilepsy. Although this was well controlled and some considerable time since their last seizure there was no clear plan in place for staff to follow if they had a seizure. Staff were not clear on how to respond. One staff member said "If someone had a seizure I would put them in the recovery position and time the incident after 10 minutes I would call 999." Another staff member told us, "I would make the person safe and call for help and call the ambulance straight away." This was discussed with the registered manager who agreed to put a risk assessment in place with guidance for staff on how to respond to a seizure effectively. This has now been completed.

People said staff understood the care and support they needed. They had built good relationships with staff, particularly their keyworker (a named member of staff that was responsible for ensuring people's care needs were met.) One person said "I get on with the staff. I have a keyworker [name] and he's really good." Another person told us, "The staff are all ok. They let you get on with things but they are there if you need them."

People received care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support people who lived in the home. Staff told us the induction included a period of 'shadowing' experienced staff and reading people's care records. One staff member said, "We went through the day to day running of the home and I shadowed staff, they made sure I was confident." The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We viewed the training records for staff which showed all staff received basic training such as first aid, fire safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as how to support people who could become upset, anxious or distressed. One staff member said training was "Interesting, they are open to questions and to discuss things and they listen." The provider had introduced a number of on line training courses for staff, such as equality and diversity and infection control. Staff were struggling to complete them due to a lack of time or because of limited access to computers. The registered manager told us they were arranging for staff to complete these courses whilst on duty and would also ensure they had better access to computers to enable them to do this.

People were supported by staff who had supervisions (one to one meeting) with their line manager. The PIR stated staff were provided with "Regular supervisions and we are now implementing appraisals." The records we looked at confirmed this. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "They are every six to eight weeks, you can talk about anything, the service users, our welfare, the company's expectations, if you ask questions they come back with the answers." Staff told us they felt well supported by the registered manager, and other staff.

People told us they made choices about what they had to eat. They were currently changing the home's menu, with the new one based on healthier meal choices. People also wanted to stop using produce from the farm shop operated by the provider. One person said, "We have a new menu; healthy food. Some food comes from the farm shop but we want that stopped because we don't like it." If people did not want the planned meal on the day, they chose an alternative. People said they often bought their own food or snacks to keep in their rooms. They also had "fast food" when they were out. One person said, "I've been out for lunch today. I had a burger while I was out." Staff monitored people's food and drink intake to ensure each person received enough nutrients every day.

Good

Is the service caring?

Our findings

The service was caring. People told us they had good relationships with staff. One person said, "It's good here. Staff are really nice to you." Another person told us, "Yeah, it's ok living here. I get on ok with the staff." People chatted with staff throughout our inspection. They spoke about lots of different things such as their plans for the day, meals, appointments they had, work, their money and any problems or issues they had.

People received care and support from staff who had got to know them well. The relationships between staff and people demonstrated dignity and respect at all times. One staff member said, "I would say our relationships with the guys here are pretty good really. It does take time to get to know them but once you do we get on well." People were relaxed in each other's company and in the company of staff. People used communal parts of the home, the grounds (including the adjacent farm land) and also spent time in their own room if they wished to. Staff knew if a person wanted or needed time to themselves and they respected this. Staff checked on people in their own rooms; they knocked and waited for a response before entering the room. This showed staff respected people's privacy.

People were encouraged and supported to be as independent as they could. One person said "I try to keep my room clean. I'm doing some building out of wood in the corner of my room [to house a new pet they wished to buy]." Most people were independent in some aspects of their care, such as with their personal care. People were also encouraged to look after their home. People did household tasks such as cooking, cleaning and ensuring the recycling was done. We saw people make their own drinks; one person changed light bulbs and replaced the bulb in a fish tank during our visits.

Staff were aware of and supported people's diverse needs. Staff knew how to support people as these aspects of care were well planned. One person went to church with their family. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. People had also been supported by external professionals in relation to their sexual orientation and sexual identity.

People were involved in decisions about their current and future care needs. People said they spoke with staff every day. One person said "I have a keyworker [name]. He's really nice; I can talk to him about anything really." People's views were sought at house meetings, at their monthly review with their keyworker and at meetings with the people who fund their care. There was information for people displayed in the home and on the provider's website, such the complaints procedure. This ensured people had the information they needed.

Staff had a good understanding of confidentiality. Some people had signed to say they agreed to information about them being shared with others, such as being displayed on the provider's website. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in a private part of the home. People's individual care records were stored securely to make sure they were only

accessible to staff.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations. They were also invited to social events held at the home, such as the firework evening. One person said, "My family live in Yeovil. I see them quite a lot." Another person told us, "My mum lives in Bath. I get on well with her. I might go back to live with her soon."

Good

Is the service responsive?

Our findings

The service was responsive. People were supported to follow their interests and take part in social activities, education and work opportunities. Most people chose to work on the farm where a variety of groups were available. These included horticulture, animal care, woodwork, craft and cooking. Comments from people included, "I keep busy. I go out into Wells, I go out on my bike, sometimes I go out on my own and sometimes with staff", "Staff drop you in town and you get the bus back" and "There is a craft shed on site, they make candles I can access that." One person said they were thinking about going back to college; they had been discussing this with staff.

There were mixed views about staffing levels. One person said, "There's not always enough staff." One staff member told us, and "We are a bit short at the moment, shifts are covered we cope with four staff and use regular agency." We saw staffing levels were generally good and this meant that staff were available when people needed them. People were usually out during the day. The home had two vehicles to take people out in; some people could use public transport or a taxi if they wished. Occasionally staffing levels were reduced due to staff sickness or vacancies in the staff team. On these days people may not have as much choice in where they went, particularly trips into the community, but this was kept to a minimum. This was discussed with the registered manager who said two new full time staff were due to start working at the home once their pre-employment checks had been completed.

Staff provided support and encouragement to people to help them develop, try new things or "move on." The PIR stated staff worked in "Planning activities with the service user to do the activities they choose to do or experiencing new activities." People had meetings where they could discuss their goals and aspirations and the support they would need to achieve them. A key aim of the service was to help people develop independent living skills so they could move to less supported accommodation. One person said, "I am moving soon to Paignton. I want to live by the sea in my own flat. I will still need staff, but not all the time." Another person told us, "It's ok living here, but I'm hoping to move. I'm not sure where yet but I would like to have my own flat."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People kept in touch with their friends and relations. One person said, "I'm going to stay with my mum and dad at Easter; I staying for three days." Another person stayed at their family home on most weekends. Communication with people's relatives was good. We read comments from relatives about this; one relative said, "Thank you for chatting today with me about [name]. It really helps me to know what he's been up to and new things he's doing for when I talk to him."

People participated in planning their care as much as they were able to. Others close to them, such as their relatives, were also consulted if people wished them to be. One person told us, "I am involved in my care plan." One care plan had been recently reviewed and signed by the person. It included their comments and where they "lost interest" or didn't understand the question or area of support this was written as part of the

review.

We looked at four people's care records. People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. Care plans included people's routines, interests, likes and dislikes, behaviours and the support people needed with their mental and physical health.

Care plans did not always include up to date information; some parts of people's plan contradicted each other. Care plans therefore needed to be reviewed. For example, one person's plan said they required one to one support in the community. This person told us they were able to go out on their own (for up to an hour) and this was confirmed by staff. Another person's plan stated "No problems in this area" regarding their mobility but another section of their plan stated they "Regularly slip or fall" which staff confirmed they did. This was discussed with the registered manager who told us care plan would be reviewed to ensure they reflected people's current needs and were consistent throughout.

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People told us they had a monthly review with their keyworker. This enabled them to talk about what was working, what wasn't, risks and any aspect of their care they would like to change. The person, their relatives, a social worker and staff also attended formal care review meetings, usually held once a year. This helped to ensure people's care and support met their current or changing needs.

Staff told us communication was good throughout the team. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's care needs and progress was monitored.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain if they needed to. One person said, "I complained. I used [the provider's] website and complained through that. That way it goes straight to head office." People were asked if they had any concerns or complaints at their house meetings. There was information displayed for people in the home explaining how to complain and who to complain to. There had been no formal written complaints since our last inspection.

People's had been given information about the home's 'vision', to help them understand the aims of the service and the standards of care they could expect. The provider also had a document called a 'Statement of Purpose' which detailed the aims of Bendalls Farm and the people it could provide a service to. These details were also shown of the service on the provider's website.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These were not fully effective in ensuring improvements were carried out. One of the provider's senior managers carried out regular quality audits. We read the audits carried out in January and March 2017. These audits had identified improvements were needed in several areas including the environment, the frequency of service user meetings, care planning, staff supervision frequencies, staff training and staff personnel records.

Some action had been taken where audits had identified shortfalls, such as improving the frequency of staff supervision. Other areas had not been improved, with the same issues carried forward from one audit to the next. There was no clear action plan which described what needed to be done, by when, who was responsible and how each improvement would be measured. Improvements identified at one audit were not routinely followed up at the next. Some of the issues we found during the inspection had already been identified by the provider but not resolved. Others had not been identified by this process. This meant the provider's quality assurance systems were not fully effective.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was available to people and staff. We saw people who lived in the home often spoke with the registered manager about different issues. Staff also discussed things with them informally and asked their advice. This gave the registered manager insight into how people's care needs were being met and the ongoing support staff needed. The registered manager was keen to develop and improve the service; they encouraged people to share their views. They were supported by two senior members of the staff team who both had their own management duties.

The service had a positive culture that was person centred, open and inclusive. The provider had clear aims for the service including providing "A specialist residential service for adult males with learning disabilities and mental health needs who also have difficulties living in the wider community." It was clear the setting of the home benefitted the people who lived there. Staff understood the aims of the service and worked in line with them. One staff member described these aims as, "To be person centred and encourage people to be independent, supporting them when needed. To ensure people are happy and move them forward when they are ready."

Bendalls Farm is in a rural location, which suits the people who lived there. People were part of the wider community. They were part of community groups (such as weight loss or gender groups) and used community facilities such as local shops, supermarkets, cafes and pubs. People went out with staff during our inspection; it was a busy house with people coming and going at various times during the day. One person told us they had raised money for charity. They said "I did a charity car wash. I enjoyed it and raised

quite a lot of money washing people's cars. I'm going to do another one hopefully this year."

The registered manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us, "I think we are a good staff team. I think we are a strong team and that's why it works." Staff were very positive about the registered manager. Comments included: "I have no problem with [Name of registered manager] they are very approachable and will listen", "[Name of registered manager] is really good and completely approachable" and "A brilliant manager, very caring and knowledgeable. You can ask him any questions and he will advise he is very approachable."

Staff worked in partnership with external health and social care professionals. People required this support due to their complex needs. People had been supported by a consultant psychiatrist, learning disability nurse and behaviour nurse. This support was welcomed by staff by reported as reducing due to issues within the local authority or local health service. This was beyond the provider's control.

The provider supported the home. Regular visits were carried out by the provider's senior managers, where they spoke with people who lived at the home and with staff. There were regular managers meetings which the registered manager attended. This helped managers to discuss issues and share areas of good practice. The registered manager also had regular formal supervision from their line manager which they said was helpful and supportive.

The provider valued people's and staff member's feedback. The PIR stated "Quality Assurance questionnaires were given out" so people had opportunities to feedback their views about the home and quality of the service. This year's questionnaires had recently been given out so not all had yet been returned. We read the five which had been received. Most of the feedback was positive; some negative responses included the environment, people wanting to move home and the food served in the home.

Any compliments received were recorded. We read relatives had complimented staff on the care they provided and how they were communicated with. One relative had said, "Thank you for your care for [name], it is lovely to see the 'real' [name] emerging again." Another said, "Just to put on record our thanks to [staff member's name] and the rest of staff for their care to [name]."

The registered manager checked accident and incident reports; these were then sent on to the provider's behavioural specialist. Staff told us incidents were discussed as a team so staff could try to learn from them and try to prevent them from recurring. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. We used this information to monitor the service and ensured they responded appropriately to keep people safe.

This section is primarily information for the provider

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 11 HSCA RA Regulations 2014 Need for consent People's legal rights in relation to decision making and restrictions were not always upheld. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always fully assessed or well managed. Regulation 12(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon. Regulation 17(2)