Crediton Care & Support Homes Limited

Burridge Farm

Inspection report

Sandford
Crediton
Devon
EX17 4EL

Tel: 01363775167
Website: www.autismcare.co.uk

Date of inspection visit:
28 November 2018
29 November 2018
11 December 2018

Date of publication:
21 February 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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 unannounced, comprehensive inspection took place on 28 and 29 November and 11 December 2018. We carried out the inspection as we had received concerns about some of the care at the home. This was in relation to:

- one person being restricted in terms of their movement around the home,
- restrictions about the times when one person was allowed to eat;
- restrictions about the frequency and times of when one person was allowed to smoke;
- one person not having a choice about whether they wished to shave or not and how they spent their money
- insufficient staff to meet people's needs and keep them safe and
- a culture at the home which did not support staff being listened to when they raised issues and concerns.

Similar concerns had also been raised by the same complainant about two other homes owned by the same provider. The concerns about the other homes were not addressed during this inspection, but have been considered separately in line with our inspection methodology.

Prior to the inspection, we had raised a safeguarding alert with the local authority about the concerns we had received. The local authority undertook their own investigations into each of the allegations during the same time period as the inspection. Since the inspection, we have received outcome information from the local authority, who have closed all the safeguarding concerns. The outcomes described how either the service had worked with them and where necessary, taken action to address the concerns.

We did not find evidence of unnecessary restrictions being placed upon people, although some formal processes had not always been followed in line with the Mental Capacity Act (2005) and documentation did not fully describe these restrictions. This meant there was a risk that people were being restricted without the legal requirements and authorisations being in place.

We did not find evidence that there were insufficient staff to meet people's needs and deliver good quality, safe care.

We found no evidence to support the claim that staff were not listened to when they raised issues and concerns.
At the last inspection in February 2018, we rated the service as requiring improvement overall as we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not kept completely safe as the service did not have fully robust recruitment procedures. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions "Is the service safe?" and "Is the service well-led?" to at least good. At this inspection, we found there were systems in place to ensure appropriate checks were

carried out before a new member of staff started working at the service. We also found that audit processes to monitor these systems were in place. This meant the requirements of Regulation 19 had been met.

Burridge Farm is a residential care home for people who live with a diagnosis of learning disability and/or autism. Some people living at Burridge Farm also have physical disabilities. The service is registered to provide accommodation with personal care (without nursing) for up to six people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the service, there is a main building with six bedrooms and communal areas. Across a courtyard from the main building is an annexe which provides living and sleeping accommodation for one person. On the same site, but slightly further away is another registered care home, Kite House, owned by the same provider. Kite House is managed by the same registered manager and most staff work in both care homes. Another building located beside Burridge Farm provides office space for the registered manager, senior staff and administrative staff who work across both the homes.

At the time of the inspection, there were six people living at the service, five of whom had lived at the service for several years. The sixth person had come to live at the home in 2018. In addition to these six people, two other people received regular respite care at the home, though not at the same time. One of these people needed support with personal care, such as washing and dressing. The other person who had respite did not need any support with their personal care but did require support with day to day living activities. This meant that when one of these people was having a respite stay, there was a seventh person living at the home. The registered manager said they had phoned the CQC's national call centre and been advised by them that the home was still operating within the requirements of their registration. This was because one of the people who lived permanently at the home did not require support with their personal care.

The home had been designed in line with the values that underpin the Registering the Right Support (RRS) and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. During the inspection we observed that staff worked with people promoting their choice and independence. They supported people to do activities of their choice within the home and in the local community.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The registered manager and staff had undertaken training to understand the requirements of the MCA including what was needed to be done if a person was restricted by staff. However, we found that the service was not always ensuring they met all the requirements of the MCA. We found there were some restrictive practices at the home which were put in place after best interest meetings and best interest decisions had been made with health and social care professionals as well with the person (where possible) and their families.

However, some restrictions relating to one person had not been clearly documented. We also found the application for a Deprivation of Liberty Safeguards (DoLS) authorisation did not meet all the requirements of the MCA. The application for a renewal of the DoLS, which had been made to the person's local authority, did not fully describe all the restrictions that were being made on the person at times when they displayed behaviour that challenged others.

Other restrictions that were in place in relation to when people could eat and smoke had been assessed and documented appropriately.

Staff showed kindness and compassion to people and there was a relaxed and happy atmosphere in the home. People said they liked living at Burridge Farm and were supported to do activities they enjoyed. People were supported to do a range of activities both in the home and in the local community. Care plans were personalised and had been written, as far as possible, with the involvement of the person concerned as well as with their families. Where people did not have good verbal communication, staff used alternative methods to communicate with them.

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

Most staff said they were supported by the registered manager and other senior managers, who they said were available when they were needed. However, a few staff commented that they felt it would be beneficial if the registered manager and their deputy spent more time working alongside them. The deputy manager said they did do a shift working in a caring role about once a fortnight. They also explained that a new management structure had been recently implemented to improve day to day support and communications for care staff.

Although staff meetings were scheduled, these were not always well attended. The minutes of one meeting did not provide sufficient detail to enable staff who had not attended to be aware of what actions and decisions had been agreed.

There were sufficient staff to meet people's needs, including those people who required one to one support. Staffing levels were adjusted according to the activities planned as some people needed two staff to support them when they were in the community. New staff were recruited safely and underwent an induction which helped ensure they were competent before they were allowed to work with people on their own

People said they enjoyed the food and could make choices about what they ate. People were supported to remain healthy and visit health professionals when necessary. This included visits to the GP, the dentist and other health services.

People's risks, needs and preferences were assessed when they first came to Burridge Farm. Risk assessments and care plans were developed with the person, and where appropriate, their families. When there was a change in a person's presentation, their risk assessments and care plan were reviewed to ensure they still met the person's requirements. Staff were knowledgeable about each person, their history and family background. Staff worked to ensure that people's rights in relation to the Equality Act (2010).

The administration, storage, record keeping and auditing of medicines was safe. People's personal information including care records were kept secure.

We made two recommendations one about communication systems between management and staff and the other regarding meeting the requirements of the Accessible Information Standard.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as some restrictions place on people did not follow the requirements of the Mental Capacity Act 2005. Documentation to evidence that the restriction had been done in the person's best interest and with the involvement of the person, their family, as well as health and social care professionals was not in place.

Further information is in the detailed findings below. 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?

Good

The service was previously rated as requiring improvement. However, improvements to their recruitment systems had been made the therefore the service was Safe was now rated as Good

Staff were now recruited safely. This was because they were not allowed to work at the home until checks to ensure they were suitable to work with vulnerable people had been completed.

People were kept safe as risk assessments were completed. Care plans took account of these risks and described how the person should be supported to keep them safe.

People received their medicines safely as staff were trained how to do this. Medicines were stored, administered and recorded safely. Audits of medicines were undertaken to check the safety of medicines administration.

The home was well maintained, clean and free from infection.

People were protected by staff and the registered manager who understood how to keep vulnerable people safe from the risks of abuse.

Is the service effective?

Requires Improvement

Improvements were needed to make the service fully effective.

People were restricted without documentary evidence that the restrictions were the least restrictive as possible. This meant that people's human rights were not always fully protected.

Deprivation of Liberty Safeguard authorisations for each person in the home had been applied for, although in the case of one person, the application did not fully describe the restrictions fully.

People said they enjoyed the food and had a choice about what they ate.

People were supported to attend appointments with health professionals. Staff contacted health professionals including

people's GP and dentist when they had concerns about the person.

The home provided a comfortable environment which had been adapted to meet the needs of the people living in the home.

People were supported to do activities they enjoyed.

Is the service caring?

Good

The service remained Good.

Staff showed kindness and care for the people living at Burridge Farm

People's dignity and privacy was respected by staff.

People were supported to express their views and be involved in decisions about their care and support.

Is the service responsive?

Good

The service remained Good.

People received personalised care from staff who understood their strengths, levels of dependence and preferences.

People were encouraged and supported by staff to stay in touch with their families.

People were communicated with using their preferred communication methods. This included staff using pictures and storyboards to support people's understanding where they were unable to communicate verbally.

There was a complaints policy and procedure. People and their families said they could raise concerns and these were listened to and acted on.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led as quality assurance systems had not identified shortfalls in the documentation relating to people's care.

There was a registered manager in post who worked with a team of senior staff to provide support and guidance to staff.

Audits and checks were routinely carried out to monitor the

quality and safety of the service. There was written evidence that when issues were identified, actions were taken to address them.

Burridge Farm

Detailed findings

Background to this inspection

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

The inspection was prompted in part by concerns we had received about some of the practices at the home, which included restrictive practices which were not in line with the legislative framework of the Mental Capacity Act 2005.

Prior to the inspection, we had raised a safeguarding alert with the local authority about the concerns we had received. The local authority undertook their own investigations into each of the allegations during the same time period as the inspection. Since the inspection, we have received outcomes from the local authority who have closed all the safeguarding concerns.

This inspection took place on 28 and 29 November and 11 December 2018 and was unannounced. The inspection was carried out by an inspector and an inspection manager on the first day. The inspector returned on their own on the two subsequent days of inspection.

Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us.

We had also sent the registered manager details of the concerns raised and asked for a response to the allegations. They had sent a written response which we reviewed prior to the inspection.

The provider had not been requested to send a Provider Information Return (PIR) since the previous inspection in February 2018. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met six people people, who lived at Burridge Farm We spoke with three of them. One person living in the home did not have verbal communication skills; we therefore spent time in communal areas informally observing them and their interactions with staff and other people. We also observed another person who did not wish to talk with us.

We talked with the registered manager, their deputy, an administrator and eight care workers including an agency care worker. We met and spoke with two directors from the provider's organisation. After the inspection we spoke with two relatives of people living at Burridge Farm. During the inspection we met a health professional who was visiting a person at Burridge Farm. We had discussions and email exchanges with health and social care professionals in the local learning disability team during, and after, the inspection. We also contacted and spoke with staff in two local authority Deprivation of Liberty Safeguards teams.

Good

Is the service safe?

Our findings

At the last inspection in February 2018, we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as recruitment processes were not fully robust. This was because new staff had been allowed to work in the home before all necessary checks had been completed.

At this inspection we found the requirements of Regulation 19 were now met as recruitment arrangements protected people. Checks were now completed prior to staff working with people in the home. Checks included references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's suitability to work with certain groups of people. However, proof of identity information had been checked but then removed from the files. The registered manager agreed that this information would be kept in future.

Two new staff confirmed that they were supernumerary to begin with until they felt comfortable and safe working at the home. This showed that new staff were not being included in the staff rotas before they had completed the necessary training and supervision.

We had received concerns that staffing levels were not sufficient to keep people safe and provide them with good quality care. However, we did not find evidence that this was the case.

Staff rotas and observations during the inspection showed there were sufficient staff to support people both in the home and when they went out. The registered manager and deputy manager ensured that where people required one to one support when in Burridge Farm and two to one support when in the community, staffing levels were arranged to accommodate this. Staff confirmed that there were enough staff to support people. For example, one member of staff said people were "always staffed right." Another described how staff were used flexibly across both Burridge Farm and Kite House which was co-located on the same site. They said, "At times, we have an extra member of staff who works where there is a particular support need." They explained that this was extremely useful as it also enabled people to have some choice about which member of staff supported them for a particular activity. For example, they described how one person "particularly likes me to help when he's having a bath."

Staff had been trained and understood their responsibilities to keep people safe and protect them from the risk of abuse. Staff could explain what actions they would take if they had a concern about potential abuse. This included reporting any issues to the senior care worker in charge. Where staff had identified a possible safeguarding issue, they had followed the correct procedures. This included reporting the concerns to the local authority safeguarding team and working with this team as required.

A care worker spoke of one person's risk in terms of sexual abuse. Staff described how the person would often introduce themselves to a member of the opposite sex when they were out. This could potentially place them at risk. Therefore, the member of staff had talked to them about just saying 'Hello' in order to keep safe. Their care plan referred to their safety when in the community.

Individual risks to people had been assessed when they first moved into Burridge Farm. These risks were monitored and managed by staff to support people to remain safe. The risk assessments helped people receive care and support with minimum risk to themselves and others. Care plans contained clear guidance to explain to staff how to support people in the management of these risks. Staff were knowledgeable about people's individual needs and the strategies and protocols which helped to support them. This included supporting a person when they presented with behaviour that challenged others and maintaining their personal hygiene. Where a person's risks changed, the risk assessments were reviewed and action taken to ensure they remained safe.

People's finances were kept safe. There were systems in place where people needed support with their finances. This included helping them to keep cash safe, as well as supporting them with their budgeting. We talked to one person, as concerns had been raised about the way they did not have access to their money. The person talked about how they were supported by staff to manage their money and save some of it, which they were pleased about. Detailed records of any expenditure were kept and these records were regularly audited.

There were systems in place which staff followed to ensure the proper and safe use of medicines. This included the storage, administration and disposal of medicines. Medicines were neatly stored and labelled in a locked medicine cupboard. Temperature checks on the medicines were recorded. Medicine administration records (MAR) were completed by staff. Two staff administered medicines to people to reduce the risk of incorrect medicines being given. One member of staff would read out what the medicine was and the other one counter-checked that the medicine matched this. This was in line with best practice. Each person was given a drink when taking their medicines and staff ensured the person had swallowed the medicine before signing the MAR sheet. Audits were completed to ensure that the stock of medicines matched the records kept. People's MARs were also audited. Where staff had not completed these correctly, they underwent further training. During the inspection, a pharmacist from the dispensing pharmacy visited the home to carry out an audit. At the end of the visit, they commented they had not found any significant issues with the medicines administration at Burridge Farm.

The home was clean throughout the inspection without any malodours present. Staff knew how to keep people safe by ensuring appropriate hygiene practices were followed. For example, using clearly marked equipment and cleaning products to clean different areas of the home. Staff used personal protective equipment such as disposable gloves when supporting people with personal care.

On the second day of inspection, we discussed with the registered manager the workings of the laundry room. Although this room was kept locked, some people did use it to do their laundry. Cleaning materials which are potentially hazardous to health stored in this room. Access to the sink in the room was also difficult. We discussed whether these posed any risks to people who used the laundry room. The registered manager said people did not use the room unless they were accompanied by staff. However, by the final day of inspection, improvements to the storage and to the sink area had been made to make it safer for people and staff to use.

The registered manager and staff analysed incidents, accidents or near misses when they occurred and considered ways to reduce the risks of similar incidents occurring. Where necessary, they also involved health and social care professionals. Learning from the analysis of incidents and accidents helped to improve the way the service delivered care.

Requires Improvement

Is the service effective?

Our findings

We had received concerns that one person was being restricted at times in terms of their movement around the home. We found evidence that there were restrictions on the person, including restricting the person to limit which parts of the home they could access. Records showed and staff confirmed that when this occurred, this was being carried out to ensure the safety of the person, other people in the home and staff. However, the person's care records did not provide adequate information about the involvement and advice of professionals in determining that the restriction was the least restrictive way to support them. For example, the care records did not contain documents which showed the restrictions had been considered as part of a best interests' meeting which had led to a best interests' decision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take a particular decision, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the requirements of the MCA. Applications for DoLS authorisations had been made for every person living at Burridge Farm. One person's DoLS had been authorised and was still in date. Two people had authorisations which had expired, although the home had applied for a re-authorisation for both of them within the expected timeframes. One person had been assessed but the home had not yet received the authorisation paperwork. Two other people had not been assessed yet.

However, not all the approaches to support people were well documented, particularly when the person was behaving in a way that could be challenging to others. Risk assessments and care plans did not always include evidence of best interest meetings and decisions. Applications for DoLS authorisations had been made, but did not always provide sufficient information about some restrictions.

For example, one person had their own self-contained living space which included a living room, bathroom and bedroom. This person could, at times, be verbally and physically aggressive. We had received a concern that the person would be taken to their living space, they would give their electronic key fob to staff and would then be unable to leave their accommodation. This meant the person had restricted movement as they were unable to move out of their living area. Because of this serious concern, we looked at this aspect of the person's care in detail. We found restrictions had been placed upon the person which meant that they were at times locked in their living area.

Records showed that this type of event occurred at least weekly and sometimes more frequently. We spoke

with staff who had been involved in these incidents. Staff described how they asked the person to go to their rooms and hand over their key fob. Staff said they had never had to physically restrain the person to do this, although they would sometimes guide them to the living area, by walking alongside the person. Staff described how on occasions the person would hand over their key fob willingly, but on other occasions would throw it at staff. Staff said although on occasions the restriction would be for a very short time of under 10 minutes, on occasions it could be for as long as 40 minutes. Staff also said that if the person did not hand over their key fob, the person would stand at the door of their living area and bang the door open and shut. Staff described how they would remain close by, offering verbal support to the person until they became calmer. Staff also said that they would on occasions offer medicine to help the person calm down. They also said the person had never refused the medicine. Staff showed how they were able to offer medicine to the person through a window which could be opened only from the outside.

Although the care plan for the person did describe some of the restrictions, there was insufficient detail to ensure that staff applied them consistently. This meant that staff might not always support the person using the least possible restriction and may not be consistent in their approach.

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

During the inspection, the registered manager and senior staff met with relatives of the person and a member of staff discussed the restrictions with the local learning disability intensive Assessment and Treatment Team (IAAT). The registered manager also contacted the Deprivation of Liberty Safeguards (DoLS) team in the person's local authority. Although a DoLS authorisation had been in place, it had expired. The home had submitted a new application prior to the expiry which had not yet been assessed or authorised. The application however had not been explicit in describing all the restrictions that were currently being used. During the inspection the deputy manager took immediate action and spoke to the DoLS team and explained all the restrictions that were placed on the person. The deputy manager said the DoLS team had noted the additional information and said they would consider this when they undertook an assessment to see whether a DoLS authorisation should be granted. We contacted staff at the local authority, who confirmed the deputy manager had contacted them during the inspection and discussed the restrictions. Staff at the local authority also confirmed that the information would be assessed by a senior member of their staff, who would determine when an assessment for a DoLS would be undertaken. The deputy updated the person's care plan to include more detail about what staff should do if the person needed to be restricted. This meant that staff had better information to ensure they worked with the person in the least restrictive way possible

This showed that the registered manager and senior staff had taken action to ensure that the correct legal processes were followed and reasons for restrictions were better documented.

We had also received concerns about one person who had restrictions on their freedom to eat when they wanted; another person who was restricted on when they could have a cigarette and a third person who was not given a choice about whether they were shaved or not.

One person did have some restrictions in place about their meals, but this had been agreed with IATT as part of a best interest decision making process. Care staff knew what was written into the care plan and were clear what guidelines they had to follow. Staff said the person was being weighed regularly and was not losing weight. Staff also explained that the person was encouraged to finish their evening meal and go up bed so they were able to have a good night's sleep. They said this helped the person to get up and do the activities they wanted to do the next day. Staff also said that the person also sometimes chose to take a

snack, such as a yoghurt or some fruit with them when they went upstairs.

We therefore did not find evidence to support the claim that the restriction on eating for this person was being done inappropriately.

One person who smoked had agreed regimes in place regarding when they would have a cigarette. Staff had initially tried to encourage the person to have a cigarette whenever they wanted. However, the person had found this too stressful. The person therefore carried their own cigarettes in a tin, but usually had a cigarette on the hour, which they appeared to be happy with. Details of the person's smoking habits had been clearly documented in their care plan along with advice to staff about why the restrictions were in place within a best interests process which had involved health professionals who knew the person.

One person had chosen to grow facial hair in support of the 'Movember' campaign, which is a campaign to raise money for charity. This person described how they were going to have a shave after November was over. When we met them in December, the person had shaved. This showed the person's choices were respected by staff.

Staff had the knowledge skills and experience needed to ensure they were able to deliver safe, effective care. New staff were expected to complete an induction when they first joined the service. The induction involved completion of both online and face to face training as well as shadowing more experienced staff over a number of shifts. This helped new staff to learn about each person living at the home and how to support them effectively. The induction was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers. Staff confirmed that they had shadowed other staff when they first started working at Burridge Farm. One new member of staff said they thought the home was "lovely, every day was different." They also said they had been given time to build relationships with people as well as time to read the care plans and other relevant information. The member of staff said they felt well supported.

Staff refreshed their training periodically to ensure they maintained knowledge and skills in line with best practice. Staff also undertook specialist training from time to time. This meant they were trained in how to support people living with a learning disability and/or autism as well as conditions such as epilepsy. Staff completed training in control and restraint techniques which could be used to restrain people who displayed behaviour that could challenge others. However, staff said they had not had to use these techniques to restrain anyone at Burridge Farm. One member of staff described how they would "always use the least restrictive way possible, such as helping the person "to move away from a situation by gently guiding them with a touch on their arm."

Staff had also been supported to undertake nationally recognised qualifications in health and social care.

We observed people eating at various times during the inspection, both at usual mealtimes and in between. For example, we observed one lunchtime when the atmosphere was relaxed. There was lots of cheerful banter between people and staff. People decided what they wanted to eat and when they wanted it. One person requested a ham and tomato omelette, another had baked beans on toast. People usually had a main meal in the evening which was prepared by the chef. Most people ate their meals at a big communal table in the kitchen, although one person ate their meal in another part of the house. Staff said this helped the person to remain relaxed and focussed on the meal.

People were happy with the meals provided and commented that they were involved in the selection and

choice of food on the menu. One person said, "The chef is a good chef." People also said that they helped with shopping and cooking food which they enjoyed. Some people were supported to help themselves to a drink while others were offered a drink often. Staff were observed talking to one person saying, "Here you go, a nice mug of tea." The person responded by taking the cup and smiling in appreciation, clearly enjoying receipt of it.

People were supported to eat healthily, for example one person said they were helped to manage portion sizes as they needed to lose weight.

People received care to support their physical and mental health needs. Appointments with their GP and optician, as well as other specialist health professionals were organised by staff, who helped people attend the appointments made. For example, during the inspection, one person was accompanied to their GP by a care worker.

The staff worked effectively with other organisations to deliver effective care and support. For example, where there were concerns about one person, the staff had worked with member of staff from IAAT as well as the person's consultant to ensure they provided care in line with best evidence and practice. Staff were working closely with a mental health team to support one person who was experiencing distress.

The home was well maintained and comfortable. People's bedrooms were decorated and furnished in colours and styles of their choosing. There were three main communal areas, a large sitting room, a kitchen/diner and a dining/craft area. People were supported to move between these areas as well as to their bedrooms as they wished. One person preferred to not eat with others so was supported to eat in the sitting room at times. Access in and out of the home as well as to bedrooms was done using an electronic key fob system. Each person had their own key fob, which had been programmed so that they could access communal areas and their bedrooms. Some people had also been assessed as safe to be able to access the outside environment without support. Their key fobs had therefore been programmed to enable this to happen. Safety features including water temperature regulators, radiator covers and an induction hob had been fitted which kept people safe from the risks of being burned. There was a well-maintained garden and courtyard which people were able to use when the weather was nice. On the site, there was also a barn where people could do woodwork.

Good

Is the service caring?

Our findings

The service continued to be caring.

One person said, "I am very happy here and I want to stay here until I die!" Another also said they were very happy at the home. They were very appreciative of staff saying; "I really love [staff name] they help me with my room."

People looked relaxed and happy with the care staff. Throughout the inspection, people approached staff and chatted comfortably with them. Staff described in detail, people's likes and preferences, and how they were supported with these. For example, one person enjoyed smoking, but was not unable to light this for themselves. Staff described how the person felt anxious if they did not know which member of staff would light their cigarette. Staff therefore ensured that the person was told which staff was working with them on each shift. This helped the person be confident when they wanted a cigarette.

Staff were very compassionate with people and went above and beyond to help and support them. For example, a member of staff had come in on their day off to take one person to the dentist. The staff member described how the person was very anxious and had wanted to be accompanied by them. We talked to the person who said they were worried about the dentist but felt reassured as a member of staff who knew them very well was going with them. After the appointment, both the person and the care worker said that it had gone well and been as stress-free as possible. The person said, "It was alright in the end, but I was really glad that [staff member] came with me."

Staff were empathetic and provided emotional support to people when they needed it. For example, one person was very distressed during the inspection about shopping they wanted to do. Staff spent time, helping them with their distress. They took time to explain to the person that they would be able to go shopping. They also encouraged the person to think about other happy things which helped to divert their anxiety.

Staff had also supported one person who had had a family bereavement. Two staff had accompanied the person to the funeral. This meant they were able to meet with family and share in the celebration of the person's life. Staff described how they had made sure throughout the funeral and the wake that the person was not too distressed to continue. One member of staff described how they had been really pleased for the person as they had managed to attend the ceremony as well as the wake.

Staff were very actively engaged with people and involved them in their own celebrations. For example, a member of staff had held family parties in the fields around the home. All the people living at Burridge Farm were invited to attend, which they had enjoyed. During the party, people had been supported to use the bouncy castle, meet the care worker's friends and family while taking part in a picnic.

A care worker was also training their dog to be a therapy dog, and so had been visiting the home with the dog since it had been a puppy. Two of the people living at the home really enjoyed walking with the dog.

People were actively engaged in decisions about their care and support as far as possible. For example, one person described how they were "quite messy" in their bedroom and "kept lots of things." They said they had agreed that staff could support them twice a year to tidy the room and look at what they wanted to either keep or throw away. They said they were very pleased about this and had sat down with staff to discuss this before it had first happened.

People's privacy and dignity was respected and promoted by staff. For example, one person enjoyed having quiet time in their room without staff being around. Another person enjoyed taking a long bath, with part of the time soaking spent on their own. Records showed, and observations during the inspection confirmed, that this happened when each person wanted it to occur.

People's information was treated confidentially in a way that complied with legislation. Staff were aware of the need to be mindful about maintaining privacy and confidentiality with people's records.

Good

Is the service responsive?

Our findings

Each person had a care plan which was personalised. The care plan contained information about the person's physical, mental health and personal care needs. The care plan also described the person's preferences and ambitions and how these could be achieved. Staff were able to describe how they provided individualised care. For example, one person enjoyed outdoor activities followed by going for a coffee. Records showed and staff confirmed that the person would visit a local garden centre as well as go out for local dog walks which they enjoyed. Other activities the person chose to do included playing skittles, bowling and coffee mornings on occasions.

People's care plans described how the people were supported in a way to ensure it was in line with the protected characteristics in the Equality Act (2010). People were able to express a preference about their spiritual and cultural wellbeing such as their choice of religion. For example, one person's care plan described how they enjoyed attending church sometimes. Staff had supported the person to visit a local church to attend a first world war memorial service.

One care worker said they tried to enable people's independence. They said they enjoyed encouraging people in the kitchen to achieve some activities. They did this by asking the person about the steps needed in a task, such as making a cup of tea. For example, the staff member said, "What else do you need for the cup of tea?". Another person needed prompting with having a shower, and the member of staff explained how they encouraged them to do this, whilst recognising the right of the person to refuse.

People were supported to have work opportunities. For example, one person, supported by staff, worked at a local hairdressing salon which they enjoyed. Some of the people at Burridge Farm chose to attend a farm centre each week, where they were supported to undertake countryside activities including animal husbandry.
Staff also worked with outside organisations who provided activities for people. For example, some people visited a local organisation who provided a number of activities including working in a café and sports activities.

People were encouraged to remain in contact with family and friends. Staff accompanied some people to visit their family. Families and friends were also welcomed to the home and given space to meet with their relative in private if they wished. People were also supported to communicate with their family via phone calls. People were also supported by staff to remember significant dates such as relatives' birthdays. One care plan described how the person's key worker was responsible for supporting the person to buy cards and presents for relatives.

The registered manager and staff understood the requirements of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. Everyone living at Burridge Farm had a learning disability which had some level of impact on their means of communication. Some people at Burridge Farm could not communicate verbally

and were not able to read and write. Care plans described how people should be communicated with. For example, one care plan contained information including "[Person's] comprehension skills are limited and although he can understand basic, clear instructions he will still require constant verbal prompts from his 1-1 staff to support the task in hand." The care plan also described how a communication board was used to ensure the person was able to see when activities would be happening, which helped reduce their anxiety. Another person was supported in their understanding of their care using easy read sheets which included pictures to help them understand what was happening. Staff were able to describe how they communicated with each person. During the inspection, staff were observed using appropriate communication methods when working with people. However, care plans were not written in format which would support people to understand them.

There was a complaints policy and procedure. This included an easy read version which supported some people to better understand how to raise a concern. People and their families were supported to raise issues and concerns, which were listened to and taken seriously. There had been no formal complaints since the last inspection.

We recommend that the service explore good practices around accessible information and how this relates to care planning.

One person had unexpectedly died at the home since the last inspection. The registered manager and staff had followed good practice to ensure that the family and appropriate authorities were contacted. Staff had also supported other people in the home to deal with their grief.

Requires Improvement

Is the service well-led?

Our findings

Prior to our inspection we had received concerns about the culture and practices of the service. The concerns described how staff were not encouraged or allowed to be actively involved in developing systems relating to the running of the home or the ways in which care for people was delivered. The concerns also described how senior staff were dismissive of, or ignored, staff when they raised issues and concerns and that senior staff imposed restrictive practices on people which were illegal.

We did find some evidence to support the concerns about the practices in the home. This was because some systems were not fully robust in ensuring restrictive practices were carried out within the legal framework. Some restrictions which had been imposed on some people were not fully described in care plans. Applications which had been submitted for Deprivation of Liberty Safeguards (DoLS) authorisations also did not include all the details of the restrictions. This had not been identified as part of any audits undertaken. However senior staff took immediate action to address the concerns by discussing the restrictions with health and social care professionals as well as family. They ensured that details of restrictions were documented more fully. They also contacted the person's local authority's DoLS team and advised them of the restrictions in more detail.

However, we found evidence that the culture in the home did support and encourage staff to be actively engaged in developing systems. Senior staff did communicate with and respond to staff when they raised issues and concerns.

We are currently looking into a registration issue that was raised during the inspection.

There were policies and procedures to support the running of the home. These policies had been adapted from a set of policies provided by an external support agency used by the provider. We discussed with the registered manager and one of the providers whether all the policies that were in place were necessary. For example, one policy described the wearing of jewellery by staff. Some staff were not adhering to this policy as they were wearing more jewellery than the policy said was allowed. The registered manager said they would review all the policies again to ensure they were appropriate for Burridge Farm.

The service had a clear vision and strategy to support people who were living with a learning disability and/or autism. Their website described how people in their care "are individuals entitled to the same rights and respect as everyone else…" It also described how each person had a personalized care plan which was based on their needs and interests, enabling activities both in the home and within the local community. The home's Statement of Purpose stated that the service offered "Full and comprehensive support while still helping them to promote their own independence and retain their freedom and right to choose." We found evidence to support these statements. Each person had care plans which described each person's risks, needs and preferences and what staff needed to do to deliver care which met these, using an empowering approach. During the inspection, we observed staff delivering care in line with people's care plans and working with people in such a way to encourage their independence. This included supporting people when they were showing behaviours which could challenge others.

The registered manager and their deputy were committed to delivering inclusive, enabling care and support which encouraged positive outcomes for each person. Staff were enthusiastic about the open and empowering approach and described how they applied the strategy in their work with each person. For example, they said they were able to support one person to increase their autonomy with regard to the things that were important to them, which included managing their personal space and looking after their own money.

There was a governance framework which encouraged staff to be involved in monitoring and improving the care provided. This included involving staff in audits and checks on the home and equipment, care records and medicines. For example, key workers carried out an audit of people's daily timetables to ensure that people were offered and taking part in activities that met people's needs. There were monthly audits of all petty cash by provider's finance officer. People's own monies were audited every six to eight weeks. Peoples cash was kept in a safe and daily checks of expenditure and cash were carried out. Medicines audits were carried out by a senior team leader and environmental checks were completed by another senior team leader. Where shortcomings were identified, there was evidence that action was taken to address the issue.

The registered manager undertook a quality and safety audit which included checks on care plans, staffing, medicines, general management of the service, premises and equipment. The registered manager explained they had contacted the local authority's quality assurance and improvement team (QAIT) who had provided the initial audit documentation. The registered manager said that they were now adapting this to ensure it was bespoke to Burridge Farm. They said they were developing an improvement plan based upon the findings of the audit. They described how they were then able to use this plan to report to the providers. The providers were very visible as they visited the home most days and would spend time talking to the people living there as well as the staff. Staff said they knew the providers well and would always feel able to talk to them about the concerns. This showed the service continuously looked at ways to improve the care provided.

Staff were positive about working for the provider. One member of staff commented "I enjoy my job, I enjoy working with the service users and what they do. It's a very good company, they support you to progress." Another said they had had a bereavement recently and the organisation "Had been wonderful".

Some staff meetings were held although the deputy manager said that they were not always very well attended. One member of staff commented that the meeting times were sometimes changed or the meeting was cancelled at the last minute. Another commented in response to whether staff were listened to "Sometimes there are changes, sometimes there's not."

There were minutes of a staff 'drop-in' meeting which had been held in early 2018, which had not been well-attended as only six staff including the deputy manager were present. The minutes did not provide clear information about each agenda item or the decisions and actions that arose as a consequence of the meeting. Given that only six staff had attended the meeting, it was unclear how other staff who did not attend the meeting would be able to ensure they were appraised of all the decisions and actions. Following the inspection, the registered manager informed us they had sent letters to staff members who had not attended or sent apologies. They had also put in place systems to remind staff of when meetings were scheduled.
We recommend the provider considers appropriate guidance on best practice about staff meetings and communications.

Staff were generally positive about the management of the home. They said they were able to approach the registered manager and their deputy if they needed to discuss anything. They also said their ideas on how

to improve care were considered and used. Some staff said they felt they had not had sufficient regular access to the management team and would have liked to see them more frequently in the actual home rather than them being in the office. To support better communications at all levels, the service had introduced a new management structure. This included the appointment of team leaders who were now responsible for day to day supervision of the team working each day. Senior team leaders and team leaders worked alongside care staff so were able to provide immediate advice and support. Although, the structure was new to staff, they described how they found it was of benefit.

The deputy manager said they also worked a shift as a care worker about once a fortnight, including working occasional on a night shift. They described how this helped them to remain up to date with how each person was doing. They also said it helped them to monitor the way care was delivered and ensure the quality and safety of care was maintained. Some senior staff had been supported to undertake a level five qualification in care, which meant they had an understanding of staff management.

Surveys were carried out of visiting professionals and families to identify ways in which the service was working well as well as ways it could improve. Action plans to address improvements were completed.

Not everyone living at Burridge Farm was able, or wanted, to get involved in resident meetings. However, there was evidence that meetings with people had been held. Minutes of one meeting showed how weekend meals, group activities had been discussed by those who had been at the meeting. Other people were also able to discuss preferences and issues with key workers at reviews which were held each month.

The registered manager stayed up to date with legislation and best practice by being involved in a local registered manager's network as well as being in contact with managers in other homes for people with a learning disability. They also said they worked with the local Intensive Assessment and Treatment team to ensure they followed current best practice and guidelines to support people living with a learning disability.

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 There was not always evidence that restrictions placed upon a person were carried out in line with the Mental Capacity Act 2005. Best Interests meetings and decisions were not recorded to show how any restrictions placed on a person were in their best interests and the least restrictive possible, Applications for Deprivation of Liberties Safeguards Authorisations did not fully describe the restrictions being placed upon a person.