

Bradbury House Limited Street Farm

Inspection report

The Street
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Outstanding	
Is the service well-led?	Good	

Summary of findings

Overall summary

Street Farm provides support for up to 11 people with learning disabilities. The main house accommodates up to six people and there are flats at the rear of the property for five people. At the time of the inspection there were 11 people living at Street Farm.

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. The registered manager was also responsible for managing one of the provider's other homes and visited Street Farm weekly. The provider had appointed a manager oversee the day to day running of the home and report directly to the registered manager.

Street Farm is a 'care home'. 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support 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. Registering the Right Support CQC policy

The service used innovative ways to manage risk and keep people safe. Each person told us they felt "very safe" living at the home and had no concerns at all about their safety. Staff made sure people were safe.

People told us they had choice and control over their lives. They were supported to live a life of their choosing. People talked about the risks they took in their day to day lives. They saw risk as nothing unusual, just part of "everyday life."

People engaged with services and events outside of the service. People spoke with us about the wide range of social activities, education and work opportunities, trips and holidays they chose.

Staff supported people's independence. One person said, "I've been to work today. They're very friendly staff I work with and I get on well with the customers. I've worked there for 18 years." One relative had commented their family member's chosen lifestyle and things they had achieved was, "Simply a testament to the support and guidance (name) receives from the excellent staff."

People and their relatives felt the staff were extremely caring, compassionate, attentive and dedicated. They commended the quality of the care they received. A relative said about their family member, "It's quite amazing to see her like this."

Staffing levels were good and people also received good support from health and social care professionals. Staff had built close, trusting relationships with people over time. One relative said, "The atmosphere at Street Farm is excellent."

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. People and their relatives felt their views were "always" listened to and acted on.

Staff were well supported and well trained. Staff spoke highly of the care they were able to provide to people. One staff member said, "It's their life, their home, their choice, their rights."

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

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about their care and the running of the home. One relative said. "The way (name) has been looked after and cared for has been second to none."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from potential abuse and unsafe care.

People took risks which were well managed but did not affect their independence or lifestyle choices.

Recruitment procedures were safe. People's medicines were managed safely.

People were supported by sufficient numbers of staff to meet the needs and ensure their safety.

Good 

Is the service effective?

Good 

The service continued to be effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People's consent to care and support was sought in line with their legal rights.

People chose meals and drinks which meet their needs.

People used healthcare services to meet their health care needs.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were committed to providing good quality care and had a good understanding of their needs.

People and the staff knew each other well and these relationships were valued.

Staff worked closely with people to ensure they were actively involved in all decisions about their care.

Is the service responsive?

Outstanding 

The service was very responsive.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

Staff had an excellent understanding of people's needs and preferences.

People participated in a wide range of work placements and activities which enabled them to develop and 'move on'.

People told us they knew their comments and complaints would be listened to and acted upon.

Is the service well-led?

Good 

The service was well-led.

There were clear lines of accountability and responsibility within the management team. The aims of the service were well defined and these were adopted by staff.

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. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Street 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.

This inspection took place on 20 and 24 July 2018 and was unannounced. Two adult social care inspectors carried it out on the first day and one on the second day.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and at other information we held about the service including previous inspection reports (including the provider's response) and notifications. A notification is information about important events which the service is required to send to us by law. We also contacted health and social care professionals involved in people's care for their views of the service. Two shared their views with us and these are included in our report.

During our inspection we spoke with seven people who lived at the home and read three people's care records. We also spoke with the registered manager, one team leader and met three other staff members. We looked at records relevant to the running of the service. This included one staff recruitment file, staff training records, medication records and storage, 'client' meeting minutes, staff meeting minutes, compliment records, staff survey results, health and safety audits and quality monitoring reports.

Is the service safe?

Our findings

The service was safe. When we last inspected this service in April 2017, we found the provider did not always follow safe recruitment procedures to ensure that staff working with people were suitable for their roles. Hot water temperatures were not being consistently monitored by staff to ensure they remained within a safe range. We also found risks associated with legionella bacteria in the water supply were not being managed consistently. Legionella can cause serious lung infections. At this inspection, we found the necessary improvements had been made.

There were safe staff recruitment and selection processes in place. New staff had to complete an application form, provide a full employment history and references, complete a medical questionnaire and attend a face to face interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. All new staff were employed on probation; if this was successful they were offered a permanent contract. This ensured staff were suitable to work in the home.

Risks associated with legionella bacteria in the water supply were well managed. An external water testing company had carried out a test in July 2017; legionella had not been detected. Further water samples had been sent for testing in July 2018 and the home was waiting for the results. There was a risk assessment in place detailing the frequency of ongoing checks required to ensure the water remained safe. We read records of water temperatures checks, descaling of shower heads and of the flushing of unused water outlets. These were in line with the frequency stated in the risk assessment. This meant people were protected from the risk of being exposed to legionella.

The risk assessments also covered the risks relating to being exposed to hot water temperatures. Water outlets were fitted with valves, where possible, to control the temperature of the water. Regular checks on the water temperature were carried out to monitor this. The provider also arranged for a range of checks on the environment to ensure it remained safe. These included checks on the fire system, gas, electrical installation, fire equipment and electrical appliances.

We spoke with people living at the home. Each person told us they felt "very safe" living and had no concerns at all about their safety. Comments included, "Yes, I feel safe. Staff are always here", "Yes, I feel very safe here" and "Yes, it is very safe here." We spent time with people and observed the advice, guidance and support staff provided to them. The positive, warm and friendly interactions between staff and people indicated they felt safe and relaxed in their home.

The PIR stated people were "involved in all aspects" of ensuring their safety. People had been provided with lots of information regarding personal safety. This included information on recognising and preventing abuse, how to raise concerns (including to external organisations such as the police or CQC), preventative medicine, keeping safe in hot weather and keeping safe online. These were written in an 'easy read' format to help people understand the content.

People discussed personal safety and taking risks at every 'client' meeting (a group, monthly house meeting). For example, how to stay safe in hot weather had been discussed at the last two meetings, which was very important to people during the current 'heat wave'. When any safety checks were carried out, such as the annual check on electrical appliances, the results were explained to people. This meant people knew which appliances were safe, which were not and what to do with items which had failed the test.

People talked about the risks they took in their day to day lives. They saw risk as nothing unusual, just part of "everyday life." One person said, "I have been working for 18 years. I go to work four days each week without staff. I catch the bus on my own every day, there and back. I have my own mobile phone if I have any problems." Another person told us, "I go to see my parents a lot and stay with them. When I go, I get the train from here into London on my own. My dad meets me when I get off the train. I have been lots of times and have a mobile, so I feel safe." One relative had commented their family member's chosen lifestyle and things they had achieved was, "Simply a testament to the support and guidance (name) receives from the excellent staff."

Where risks were identified, these were discussed with the person and any risk reduction measures were agreed with them. For example, one person liked to use headphones whilst in the community, which could place them at risk of not hearing oncoming traffic. Records showed staff had held a discussion with the person, describing the risks and the person had agreed for staff to support them with this.

Another person used social media and mobile phone 'apps' to help them contact people with similar interests and develop relationships with them. At times, they had placed themselves at risk whilst using these. Staff had identified this and responded immediately. They had worked with this person (including using written material and asking the local community police officer and other professionals to speak with them) to improve the person's understanding of the risks and how to use social media in a way which reduced these. The person had agreed to the measures now in place to promote their safety and these had been effective in improving their personal safety.

People had plans in place to give guidance to staff if the person became anxious, placing themselves at risk, and how staff should respond to this. One person told us, "I have anger issues. I didn't really get much help or support with them before I came here, but I do now. Staff here help and support me. They are nice." Records showed people were involved in developing these plans and they were reviewed regularly with the person to ensure they remained happy with them.

Other areas covered in risk assessments included; using sharp items such as razors, accessing the community independently, using public transport independently, preparing meals, managing medicines and keeping themselves safe whilst using the internet. People had their own plans if they needed to be evacuated in the event of a fire or if they needed a hospital admission. These risk assessments supported people's independence.

Staff knew each person well and were able to describe individual risks to people. There was ongoing discussion and guidance between staff and people about "staying safe." Staff told us they thought the home was a safe place for people. They had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff 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.

There were very few accidents and incidents which occurred. When an accident or incident did occur, it was discussed with the person and reviewed by the managers. Action was taken to ensure it did not recur.

People told us they were supported by enough staff to ensure their safety and meet their needs. One person said, "There are always staff here to help you. If we need them at night, if we're ill or anything like that, we buzz them (using an intercom system)." Staffing during the day varied, depending on people's plans. One member of staff slept in each night. Staffing rotas were planned in advance to ensure sufficient staff with the right skills were on duty.

Some people had medicines prescribed by their GP to meet their health needs; others told us they did not take any medicines. People told us they chose to look after their own medicines and were happy with this arrangement. There were risk assessments in place to ensure this practice was safe. People spoke about the medicines they took and why they needed them. Two people showed us their medicines; both had a safe place to keep them. One person said, "I take a tablet for hay fever. I take them in the morning. I get my tablets on Sundays. If I go home (to stay with their parents) I take them with me." Another person told us, "I take (medicine name, dosage and why they took it), two tablets in the morning. I look after them myself. I get a week at a time. When I went away on holiday, I took enough with me to last me till I got home."

People's medicines were supplied by a pharmacy on a monthly basis; this system had been designed to meet people's needs and wishes. Staff ordered these and a record was kept of all medicines received at the home. There were also systems in place for the disposal of medicines. Staff had arranged for medicines to be delivered weekly in pre prepared boxes directly from the pharmacy; this enabled people to administer their own medicines safely.

Each person had a record of the medicines they took in their care plan and there were systems in place to record when people took their medicines out of the home. All staff had received medicines training, so they knew how to support and guide people. This meant people's medicines were managed safely.

There were measures in place to reduce the likelihood of the spread of infection. All areas of the home were kept clean and fresh. People helped to keep the home clean and tidy, with help from staff. Where the likelihood of the spread of infection was identified as a risk, with laundry for example, measures were in place to reduce the risk.

Is the service effective?

Our findings

The service was effective. People told us staff understood their care needs and provided the support they needed. One person said, "The staff are nice. They help and support me." Another person told us, "I do some things on my own. Staff help me with other things." The service had received many compliments from people's relatives regarding the staff team and the support they provided to their family member. One relative said the home had "Such an excellent set of staff" and another said staff were "Wonderful." Another relative said, "We appreciate all you do for (name) and the care and understanding that you show her."

Staff had training which helped them understand people's needs and enabled them to provide people with the support they required. New staff received a thorough introduction to the service, including 'shadowing' experienced members of the staff team before they supported people on their own.

All staff received basic training such as safeguarding, first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as caring for people with epilepsy and how to support people who had become upset or distressed. Staff also had 'in house' training once a month. One staff member said, "We have all sorts of training. After the last inspection all managers and team leaders had more training on the mental capacity act."

Staff were well supported. There was lots of informal support available, such as day to day discussions between staff, or with senior staff and the registered manager. Staff had regular formal supervision (a meeting with a senior member of staff to discuss their work). One senior member of staff told us they supervised staff, "Every six to eight weeks and we do an annual appraisal" to support them in their professional development. There were also regular staff meetings and a verbal and written handover of important information when staff started each shift.

People told us they made decisions about their lives. Each person said, "I choose" when we asked who made decisions about their care and things they wished to do. However, there were some more complex decisions people were not able to make 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.

Staff had received training and had an understanding of the principles of the MCA. They were clear about the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made in consultation with others where relevant. For example, best interest decisions had been made regarding some people's finances. This ensured people's legal rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We found that people had chosen to live at Street Farm. They all had front door keys and knew they could leave the home if they wished to. This meant people were not being deprived of their liberty.

People told us they had "very good" health care. People were encouraged to talk about any health concerns and how to maintain good health. Some people had chosen to lose weight and were following a diet plan of their choice. One person had been supported through complex medical treatment and procedures, some of which had been 'preventative medicine'. Their relative said, "We should like to thank everyone for the support and care afforded (name) during two very challenging years for our family. This has resulted in (name) remaining positive and very happy."

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. Staff recorded the outcome of people's contact with health care professionals in their plan of care and acted on any advice given.

People told us they chose what they had to eat and drink. People wrote the menus and helped with shopping and cooking. One person told us, "With the menus, we all have input. We help do the shopping but we buy our own snacks, which we keep. I keep mine in my room. We might not eat what's planned. As it has been hot we've sometimes chosen different things." Another person told us, "I'm cooking tomorrow, as it's my turn." Another person replied, "I can help you (name), if you want me to. I like helping with cooking."

People were encouraged to eat a healthy, balanced diet. People's dietary needs and preferences were recorded in care plans and we saw they were being met. For example, one person was a vegetarian so there were always vegetarian options available. Another person was unable to eat dairy products and dairy free alternatives were provided. This meant people's dietary need were being met.

Is the service caring?

Our findings

When we last inspected this service on 10 and 12 April 2017, we found people did not feel able to make decisions about some aspects of their support. Records of meetings demonstrated people were not always consistently referred to with respect. At this latest inspection, we found the necessary improvements had been made.

People told us they made decisions about all aspects of their lives and the home more generally. People consistently told us "I decide" and "I choose" when we spoke with them about decision making. One person said, "We have our client meetings and we talk to staff on our own. We decide what we talk about. We have a newsletter here. We all take it in turns to write it. I help spell it out."

People chose the gender and member of staff who supported them. People had ongoing one to one conversations with staff to support them to make informed decisions about their lives. During these conversations, staff offered guidance and support on specific subjects, such as personal relationships and managing money, but the final decision was the person's own. Each discussion was recorded; people wrote their thoughts about the discussion and their decision on the record.

People and their relatives felt the staff were caring, compassionate, attentive and dedicated. They commended on the quality of the care they received. Comments from people and relatives included: "Excellent staff. (Name) loves all the carers", "We are delighted with the care", "The atmosphere at Street Farm is excellent", "Super care" and "The staff are really lovely and very polite."

People told us staff knew them really well and knew what was important to them, including their cultural, spiritual and gender needs. One person told us their personal relationship was very important to them. They spoke with us about their partner and said, "I am engaged to them now" and showed us their engagement ring. One person was actively involved with their local church and had their own friends there.

People said they celebrated their birthdays and other important events. One person told us, "I had a big birthday party for my 40th." People were given emotional support to help them with significant events in their lives. Two people spoke with us about bereavements they had suffered and how staff had supported them. One person said, "My aunt passed away. It was the first time I had someone close to me die. It was hard. The staff have really helped though. They were very caring and kind about it."

There was a real sense of 'family' at the home. People told us they had built close relationships with each other; there were strong friendship groups. One person said, "All of us girls here get along." We saw people chatted amongst themselves, laughed, joked and talked about day to day things as well as problems they had. There was a very close relationship with people's families. People spent significant amounts of time at their family homes and often went on trips and holidays with family members. One person told us, "I've only just come back from holiday. I've been on a cruise with my Nan." Some people were away with their family during our inspection. One person said, "I go home (to their parents) every other weekend by bus." Another person told us, "I go home to visit my family a lot. I'm off to the States soon with my mum."

People said they were "always" treated with dignity and respect. We saw staff treated people as equals. One staff member said, "It's their life, their home, their choice, their rights. We (staff) try to take a back seat but offer advice, guidance and support." People told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. People who lived in the flats lived reasonably independently. People invited others into their flats; no one entered without asking. People in the main house told us their room was their own "private space". They chose where to spend their time, either in their own room or in communal parts of the home.

The registered manager and one team leader told us people living at the home were at the centre of everything they planned and did. People were asked their views on how well they felt they were cared each time one of the provider's senior managers visited to audit the service. At the last auditing visit, in August 2018, it was noted "Everyone I spoke to were extremely complimentary about the staff. They said that they are 'lovely' and 'kind'. They all said that they liked living here and when asked if they felt safe there was unequivocal 'yes' response."

Is the service responsive?

Our findings

The service was very responsive. The service took a key role in the community so people could engage with services and events outside of the service. People spoke with us at length about the wide range of social activities, education and work opportunities, trips and holidays they chose. People told us they were very happy with everything they participated in. Comments from people included: "I choose my own activities. I really enjoy them", "I choose what I do in the day. I can do different things if I want to" and "It's my choice. I change things or try new things if I want to."

The arrangements for education and work were innovative and met people's individual needs. People who wished to work had been supported to find suitable employment. Seven people worked in their chosen area of interest. One person said, "I've been to work today. They're very friendly staff I work with and I get on well with the customers. I've worked there for 18 years." Another person told us, "I've been to work today in Cheddar. I go on my own by bus. Yes, I really enjoy it. The staff there are all nice to me."

Some people told us they "loved" animals. One person said, "I have my own cat. I used to have three with me here, but only one now. I look after it." There was also a 'house cat', which everyone helped to look after. People had also been supported to find work with animals, such as working at equine and animal rescue centres. One person told us, "I really enjoy working with animals; I love horses. I've got two horses at home (meaning at their parent's). I ride one and my mum rides one."

Staff were exceptional in supporting and improving people's independence. The PIR stated, "Staff promote a culture of independence." People were keen to explain how much they did independently, such as travelling, seeing friends and family, housework, shopping and working. They spoke highly of how staff had encouraged and supported them to improve their life skills and 'move on'. One person had recently moved from the main house into one of the flats at the rear of the property. They told us they had wanted to move and had been ready as they were "More independent now." They said, "I can do more things on my own now. I chose to move outside (into a flat) and it's really nice." A relative said about their family member, "It's quite amazing to see her like this." One social care professional told us, "I feel that they have always met (the person's) needs and developed her self-confidence and independence."

People's family members spoke in the highest terms about the opportunities people had. One relative commented, "(Name) loves her job. It brings her great joy and much self-esteem." Another had said, "(Name) loves the place. Great team for her (to work with)." One relative described their family member's social and work opportunities as "Superb."

The service is flexible and responsive, finding ways for people to live as full a life as possible. People chose how to spend their leisure time. They were involved in creating a monthly newsletter that set out all of the activities they wanted to attend each month. One person told us, "We all sit down and decide what we want or would like to do. We went bowling. We went to the barn dance, really enjoyed that. We go to the pub, for meals out, people come in here and do drumming, that was good."

People were very well travelled, going on numerous holidays and other trips. They often went with their relatives but some trips with staff were also organised, such as the holiday to Ibiza, which 10 people chose to go on. Three staff supported them whilst they were away. Each person who had been on this holiday told us it was "Brilliant." One person told us they really enjoyed crosswords and were good at them. Staff had encouraged them to enter crossword competitions, one of which they had won. They said, "I won £100 and I put it towards my holiday last year to Ibiza. It was brilliant."

People had developed excellent links with the community such as the post office, church, pubs, local clubs, societies, colleges and shops both in the village and in nearby towns. One person said, "I helped at Frome Carnival. I would like to help the carnival club again." People told us how they were able to access the local towns using the bus service independently. Some people used trains to travel further afield. One person had their own car; others shared a car. People also had an onsite gym, with a range of equipment for them to use. During the inspection, we observed people using this with the encouragement of staff.

People's care and support was planned proactively in partnership with them. The PIR stated people were "involved in all aspects of their support planning." Each person had a care and support plan. The care plans we read were personal to the individual and gave clear information to staff about people's needs, what they could do for themselves and the support required from staff. People contributed to the assessment, planning and reviewing of their care. One person told us, "I talk about my care with the staff and my parents."

People wrote their own records about themselves every day. These records included information about their well-being, their health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People told us they had very close relationship with their keyworker (a named member of staff who oversaw their care and support). They talked with them about what was working, what wasn't and any aspect of their care they would like to change. One staff member said, "We have conversations about their care plans with them. They decide on their care. (Name) wanted to change what she did during the day, so we helped her chose different things. (Name) wanted a prompt chart to help her with her morning routine, so we helped her put that together. It's ongoing really."

Each person, their relatives, a social worker and staff also attended formal care review meetings, usually held once a year. One social care professional told us, "I have found that when reviewing that they are very transparent and provide all the information I require. When looking through folders concerning the service users the information was up to date. The home provide in between reviews correspondence with regards to the service user if there are any issues." This helped to ensure people's care and support met their current or changing needs.

The provider was meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. People were numerate and literate but information was also discussed with them and produced in an easy read format to ensure people's understanding.

People are actively encouraged to give their views and raise concerns or complaints. The service saw people's views as a way of continually driving improvement. One person told us, "We are asked about everything here. It's our home." People knew how to complain. There was lots of written information about

how to complain in the home and staff regularly reminded people of this. There had been no formal complaints from people or their relatives. Staff told us this was because issues were usually minor and were "always" dealt with informally, "as soon as they arose."

People told us they all attended monthly house meetings and felt they were listened to. They set the agenda for these meetings and they wrote the record. Any matters they raised were dealt with in an open, honest and transparent way. People used a 'suggestion box', where they wrote down ideas or things they would like or wished to change. This was kept in the kitchen so people had easy access to it. We saw there were a few suggestions in it when we visited. Records of the house meetings showed the 'suggestion box' ideas were discussed and acted on. For example, people suggested trips out which had been organised and they wanted to improve the garden and this had been done. People also discussed their safety, any concerns they had, their plans, the sharing of house chores, cooking, the environment and the menus.

Relatives knew how to raise issues or complain, but no complaints had been made. There were numerous letters and emails from relatives which offered nothing but praise for the service and the staff team. One relative said. "The way (name) has been looked after and cared for has been second to none."

We reviewed people's care records relating to their end of life care wishes and preferences. Due to the nature of this service, no one currently had an advanced plan relating to the care they wanted at the end of their lives. This would be discussed with each person, and those close to them, when the need arose.

Is the service well-led?

Our findings

When we last inspected this service in April 2017, we found the systems in place to monitor and improve the quality of the service for people were not fully effective at ensuring shortfalls in the service were rectified. At this latest inspection we found the necessary improvements had been made.

Since our last inspection, the provider had reviewed and revised their quality assurance systems. One of the audits in place (the 'Care Quality Assurance Report') was linked to the Key Lines of Enquiry (KLoE) inspected against by us during a comprehensive inspection. Areas covered by this audit included, safeguarding, recruitment, staffing, medicines, meals, the environment and feedback from people. The audit identified any improvements needed and set timescales for their completion. Any actions from the previous audit were checked to ensure they had been completed. There was a separate audit which reviewed health and safety.

We read the last care quality and health and safety audits. These showed the service was performing very well. The care quality audit confirmed previous actions were completed. It had picked up some minor issues, such as three staff being due for their annual appraisals and one person's review meeting notes needing to be typed up, and dates for these had been set. The health and safety audit in June 2018 had not found any areas for improvement.

The home was well run; there was a clear management structure. People referred to the registered manager, home manager and team leader by name and said they liked them. The registered manager was responsible for overseeing one of the provider's other homes and the provider's day care provision. The home had a service manager who was responsible for the day to day management of the home. The registered manager told us they visited the service weekly and was available on the telephone if required. They promoted an 'open door' policy for staff and people, so they could talk about any ideas or concerns they had.

The registered manager told us they were well supported by their line managers. They kept their knowledge and skills updated thorough ongoing training, attended the provider's managers meeting and by working closely with external health and social care teams, who provided an additional source of information and support. Since the last inspection, managers and senior staff had also attended workshops put on by the provider's senior management team, which had focused on key areas such as the Mental Capacity Act 2005, DoLS and our regulation.

People's views, and those close to them, were central to the running of the home. People had both formal and informal ways of sharing their views and opinions, such as at their monthly meetings, annual reviews or discussions with their keyworker. Relatives were in regular contact with their family member and with staff. The provider had just 'rolled out' a new on line survey for people, those involved in their care and staff. This was quite new so no results were available as yet, other than staff survey results which were very positive. People and their relatives spoke highly of the service. When we spoke with each person and asked if they would recommend living here to other people, each said emphatically "Yes." When asked how they would rate their service overall, each said "Outstanding."

The key aims of the service were described in the home's statement of purpose. Key aims were to support people to achieve their goals and aspirations, provide tailored programmes for people, support to access meaningful activities and work opportunities and learn new or improve existing independent life skills. It was clear the staff team had 'bought into' these aims and were actively supporting people to live the life they chose. One staff member said, "It's very rewarding helping people, promoting their independence and helping them to move on." This meant staff were aware of and shared the vision for the service.

Staff were dedicated and motivated; morale was said to be good. There was an employee of the month award which helped support this. Staff had informal support, such as day to day discussions with senior staff or with managers, as well as formal supervision and appraisal. Regular staff meetings were held which were used to discuss each person's care, share information and address any issues. One staff member told us, "There are monthly team meetings. If we have any problems or issues we can talk about it. There's lots of informal support as well." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to. Meeting minutes showed staff were praised for their work. Other discussions included people who use the service, planned reviews, staff training, recording, safety and any maintenance issues.

The home had developed good links with health and social care professionals, such as with GPs and social care professionals who supported people with learning difficulties. The provider also employed some care professionals, such as behaviour specialists, who supported people. This enabled people to access specialist support to meet their needs and staff to access guidance on current best practice.

The registered manager was aware of their responsibility to notify us of significant incidents. There had been no recent incidents that had needed to be reported to us. Accidents and incidents were recorded and reviewed by the manager so that measures could be put in place to reduce the likelihood of further incidents.