

Cocklebury Farmhouse Homes Limited

Cocklebury Farmhouse

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Good



Overall summary

This inspection took place on the 20 April 2015. Cocklebury Farmhouse is one of three homes belonging to the provider, Cocklebury Farmhouse Homes Limited. Cocklebury Farmhouse provides accommodation and care for adults who have a learning disability, mental health or more complex needs. The home offers support for people who have previously experienced difficulties in being able to live within a community environment. Therefore, care is generally provided for a long-term period and this benefits people who require higher levels of guidance and support.

The service had a registered manager who was responsible for the day to day operation of the home. 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 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

Cocklebury Farmhouse is registered to provide care and support for up to ten people. People and their families praised the staff and registered manager for the kindness and the support given to people and families alike. People had developed caring relationships with staff and

Summary of findings

were treated with dignity and respect. People had been supported to become as independent as they were able to be. People told us they enjoyed a 'happy' life and staff and relatives told us they thought people had a high quality of life.

People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate

and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

Summary of findings

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 told us they felt safe. There was a monthly meeting where staff and people would talk about how to keep safe.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

There were systems in place to ensure that people received their medicines safely. Risk assessments were in place to ensure that people received safe and consistent care. The environment was safe and well maintained.

Good



Is the service effective?

The service was effective. People received effective care and support to meet their needs. People were supported to have enough to eat and drink.

People were supported by skilled and knowledgeable staff. Staff were supported to develop their professional skills to ensure they were competent to meet people's needs.

Staff received regular supervision and an annual appraisal which identified on-going training needs and development.

Good



Is the service caring?

The service was caring. We saw that people were comfortable in the presence of staff and had developed caring relationships. People and relatives were very positive about the staff and said they were treated with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes.

Staff supported people to make their own decisions about their day to day life.

Outstanding



Is the service responsive?

The service was responsive. People received care and support which was specific to their wishes and responsive to their needs.

People and relatives said they were able to speak with staff or the manager if they had a complaint. They were confident their concerns would be listened to.

Care records clearly identified how people wished their care and support to be given and people told us they were very happy with all areas of their care and support.

People achieved positive outcomes and had independence and choice to live the way they wanted to.

Outstanding



Is the service well-led?

The service was well led. People and their families told us they thought the service was very well led.

Good



Summary of findings

There was an open and transparent culture and the manager and staff welcomed the views of people and their families.

There were systems in place to monitor the quality of the service provided and to promote best practice. Staff were actively involved in findings ways to continually improve the service.

Cocklebury Farmhouse

Detailed findings

Background to this inspection

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

This inspection took place on the 20 April and was unannounced. This inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had knowledge of learning disabilities and complex needs.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

We met nine of the people who live at Cocklebury Farmhouse. We spoke with four people and as some

people were not able to fully verbalise their views, we observed their care and support. We spoke with a relative about their views on the quality of the care and support being provided. We also looked at the feedback from relatives from a recent satisfaction survey.

During our inspection we spoke with the registered manager, the deputy manager and the provider. The provider is also a registered manager. We also spoke with a senior care worker, two care workers and the cook and cleaner. After our visit we contacted people who visit the home to find out what they thought about this service. We contacted four health and social care professionals and two people who commission services.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with people, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of four people, we looked at staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

A relative told us “my son is safe living at Cocklebury Farmhouse, there’s absolutely no doubt about that”. People either told us they felt safe living at Cocklebury Farmhouse, gave us a ‘double thumbs up’ or smiled in response. Some people were not fully aware of the concept of safety or the consequences of not being safe. However we observed that staff involved people in helping to keep themselves safe. People received consistent explanations from staff of what being safe meant in different situations and in a way people that people could relate to.

Each month people living at Cocklebury Farmhouse held a ‘house meeting’. On the agenda at each meeting was ‘keeping safe’ including what to do in the event of a fire and how to evacuate the premises. The emphasis of ‘keeping safe’ was on people letting staff know if they saw something which was not safe or if they did not feel safe themselves. People were aware of things which may not be safe and one person told us “when [name of person] rushes around the home it might not be safe, so I told him and he said he would be more careful”.

People had risk assessments which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as choking, nutrition and hydration, mobility and personal care. A healthcare professional told us that the provider responded positively to suggestions they had made for additional risk assessments to be put in place for one person.

People who lived at Cocklebury Farmhouse took part in a range of activities such as trampolining, swimming, canoeing, bowling and walking into the local town for shopping. The care records demonstrated that where ever possible, people’s choices came first for example, staff asked people what activities they wanted to take part in and new things they wanted to learn. Staff then looked at ways of enabling the person to do what they wanted to safely and people were involved in deciding how they could keep safe.

Staff told us they had developed positive relationships with people which enabled them to encourage people to take risks and challenge themselves. A member of staff told us “we know when people don’t feel safe, of course they will

tell us but we can also recognise this in their behaviour if something is worrying them”. One person said “I like all of the staff and I know I can tell them anything, even if I get into trouble, I just go into the office”.

The home and gardens were well maintained and safe throughout. The layout of the building promoted people’s independence, dignity and safety. The communal areas of the home were clutter free and spacious.

There was a safeguarding and whistleblowing policy and procedures in place which provided guidance to staff on the agencies to report concerns to. Staff had received training in safeguarding to protect people from abuse and training records confirmed this. Staff were able to describe what may constitute as abuse and the signs to look out for.

A member of staff told us “the communication between staff and the management team is excellent. By making sure that we [staff] are fully aware of any changes in people’s behaviour, we can prevent things from escalating and put alternatives in place if something has not happened the way the person wanted it to”. For example, one person liked to buy items in a catalogue shop; however, they could become agitated if the item was not in stock. To prevent the person becoming upset, staff would use the internet to see if the item was in stock. If not, they would distract the person with another activity and suggest a day when they knew the item would be in stock.

All of the staff we spoke with told us that any concern, no matter how small was discussed with the management team as soon as it arose. They told us they were encouraged by the registered manager to speak up if they felt people’s safety was at risk. All staff had responsibility in ensuring people were safe and the management team told us they had “complete confidence that keeping people safe was a priority for staff”. Previous safeguarding records evidenced that the registered manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made. Notifications had been made to the Care Quality Commission (CQC) as required. During 2014 there had been two incidents which we were notified of. Both incidents had been dealt with appropriately.

Is the service safe?

There were sufficient staffing levels in place to fully support people who live in Cocklebury Farmhouse. We saw that staff were visible and available to people. People went out and about throughout the day either independently or with the required level of staff support to keep them safe.

People using the service could be confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about the type of medicines which people took and why they were prescribed. Medicines were stored in an office in a lockable cabinet which only senior staff had access to.

Records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Staff who had had responsibility for administering and disposing of medicines undertook training and competence checks to ensure they remained competent to deal with medicines.

When people visited their relatives and were away from the home. The registered manager completed a form to say what medicines the person was taking home with them and the amount. The person or a family member signed the form to confirm the medicine had been taken or if not, how many tablets were being returned. The registered

manager told us this procedure gave them assurance that people were following their medicine routine and enabled them to have a clear audit of where medicines were and the stock levels.

Most of the staff employed at Cocklebury Farmhouse had worked for the service for many years. Current staff records showed there were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The provider had risk assessments in place for the environment and facilities, such as ensuring that the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Fire equipment was regularly tested and there were personal evacuation plans in place for people in the event of a fire. Staff reported any maintenance issues to the management team and we saw from documentation that repairs were carried out swiftly.

Should the premises need to be vacated in an emergency, alternative accommodation had been arranged for people in one of the provider's other homes. There was also a contingency plan in place should staffing levels be affected by sickness or adverse weather conditions.

Is the service effective?

Our findings

When we arrived at Cocklebury Farmhouse, people welcomed us warmly and invited us to take part in their morning exercise and motivation session, which we did. People and staff clearly enjoyed this experience, singing to the music whilst dancing and playing their chosen instrument. Staff supported people to participate by helping people to move their arms to time to the music.

We asked one person who communicated through their own signs, if they liked living at Cocklebury Farmhouse. They gave a wide smile with a 'double thumbs up'. Some people were able to tell us verbally that they liked living at Cocklebury Farmhouse and other people smiled.

The staff we spoke with were skilled and competent in their understanding of how to provide safe and effective care to people with complex needs. Staff told us they had a really sound understanding of learning disability, mental health, autistic spectrum disorders and how to support people with social communication and interaction. Integral to this was the support people received to be able to better understand their emotional states and cope with new situations or routines. Our observation of staff interaction and practice confirmed they were skilful in providing appropriate support in line with people's needs.

A relative told us "staff are very skilled in so many ways. My son was signed up for a craft course at the local college, but it didn't run. So, staff looked at the course syllabus and designed the course so it could be done at Cocklebury, my son was so pleased as it's something they really enjoy".

A senior care worker told us that they had just completed the A1 Assessors Award in Health and Social care which enabled them to become a work place assessor for the Diploma in Health and Social Care. Their role was to observe and assess staff practice as evidence of competence and best practice. They told us that most staff either had a level three qualification or were working towards it.

Training records evidenced that staff undertook mandatory training as set by the provider. In addition there was more specific training which underpinned the spirit of the service to enable people to 'live the life they choose'. Such as, person centred care planning, how to involve people, equality and diversity, positive behavioural support, epilepsy support, sign language and communication.

The registered manager told us they were confident they had a very skilled workforce which they continued to develop. They had considered the future needs of people who live at Cocklebury Farmhouse as they became older. Some staff had completed training in dementia awareness to be able to recognise early symptoms of dementia. This would enable them to put into place timely and appropriate care and support.

Staff felt supported throughout the learning process and in applying that learning. One care worker told us "we discuss with the manager and provider different scenarios as a way of reflecting on our learning. We talk about ways of approaching things differently, which is so helpful and does improve our practice".

Staff told us they were very happy with the supervision and support they received. A care worker said "our supervision is always reflective, looking at way of improving outcomes for people, we usually have action points to follow up at our next supervision, that way our learning is continuous". Annual appraisals were carried out to review and reflect on the previous year and to discuss the future development of the member of staff. A care worker said "we have an excellent team and the management make sure that we are involved, for example we attend professionals meetings if there are reviews. There is an excellent exchange of information between us and the professionals we work with".

Staff had many opportunities for sharing information through team meetings, monthly home meetings with people, the daily staff handovers and daily informal manager discussions. Communication between staff and the management team was seen as paramount in ensuring that people received timely and appropriate care and support.

Staff were able to explain to us how they enabled two way communication with people, particularly for people who could not fully verbalise their views. Care records documented how staff could promote communication with people according to each person's needs. Staff told us they had tried and tested methods such as using certain phrases, avoiding closed questions, focusing on conversational topics which would include and motivate people to participate in communication, maintaining eye

Is the service effective?

contact and allowing plenty of time for the person to respond. Throughout our inspection we saw that staff were skilful in empowering people to 'voice their opinion' and people clearly demonstrated their wishes.

The deputy manager told us they also used pictures and objects of reference to enable individuals to express themselves. [An object of reference is a material thing that can be seen and touched and which has a meaning specific to the person]. A communication board was introduced to one person, however when they were given the board, they looked it over and then threw it away. The deputy manager told us "they definitely told us they didn't want to use it".

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Consent to care and treatment was always sought in line with legislation and guidance. At the time of our inspection, applications had been made and other applications approved to deprive some people of their liberty. Staff recognised their responsibility in ensuring people's human rights were protected and described how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint. A commissioning team told us "staff understand the principles of the Mental Health Act in relation to the mental capacity of each service user in different respects".

All staff had received training in the Mental Capacity Act and DoLS and we found staff were knowledgeable and applied the principles of the Mental Capacity Act in their practice. Staff told us about best interest decisions which they had supported people with in relation to personal care, health care and hospital treatment.

When people made decisions, we saw that care records documented how staff had communicated with the person and how the final decision had been arrived at. In all cases, the least restrictive option had been put into place. Some people told us they were involved in making decisions about their care and support. Documents evidenced that advocates were involved in supporting people to help them make decisions.

Healthy eating was promoted by staff and people were supported to have a balanced diet. People told us they enjoyed the food and had enough to eat and drink. Fresh fruit, drinks and snacks were readily available to people if they were hungry. There was a seasonal selection of food on the menu and people choose the type of food they wanted to eat with the menu's changing every four weeks. The menus were varied and included fresh vegetables and fruit. People and staff told us they liked eating together. At lunchtime everyone ate together and enjoyed the food and each other's company. There was social chatter and discussions around people's day and what they planned to do.

The cook who prepared the meals at Cocklebury Farmhouse had a qualification in catering and had undertaken training in food hygiene and preparation. They were confident in their knowledge of the different types of food allergies people could have and of specialised diets, but told us that people did not have any individualised needs apart from food likes and dislikes.

There were picture menus available to support people to make a choice of food and drink. The cook had a picture guide of different portion sizes and information about people's preferred size of meal. People were actively encouraged by staff to think about the food they ate and different recipes they could try. People were supported to maintain a healthy weight and told us they liked the food and had enough to eat and drink.

On the day of our inspection, one person had their 'chef whites' on and was helping the cook to prepare the meal. People were able to access the kitchen to prepare snacks if they wished and with staff support if required. Some people liked to help with food preparation or baking cakes.

Records showed that people's day to day health needs were being met. People told us they saw their GP and other health professionals such as the dentist and optician. Each person had a copy of their annual health plan which was in a pictorial and easy read format. This document contained information about the health professional's people had seen, the outcome and any follow up treatment required. Staff were diligent in ensuring people were supported to attend appointments and that after care was followed up. Records evidenced that people were supported by staff to access preventative healthcare such as having a 'flu' jab.



Is the service caring?

Our findings

People told us how fond they were of the staff and commented “I really like it here, I like the other people, I like the building and I really like the staff” and “I like Simon [the registered manager] and I like all of the staff”. A relative told us “they [the staff] are superb”. Comments from relatives on the recently returned satisfaction survey stated that “staff were wonderful”, “all the staff are excellent and really caring”, “we feel really involved in our relatives care” and “thank you for the support you have given our family”.

People, their families and staff spoke very highly of the provider and the time and commitment they had in the running of the Cocklebury Farmhouse homes. A relative told us “they [the staff] go over and beyond what you would expect. We are so relieved that we found somewhere like Cocklebury. The staff treat everyone with respect and also the families. I had just got out of hospital and who should arrive on my doorstep, but my son and a care worker with a bunch of flowers as a get well gift, how thoughtful and kind of the staff to support my son to do that. We also had a family wedding where a member of staff stayed the whole time with my son; it meant that everyone in the family enjoyed the day”.

Most staff had worked at the home for many years and people and staff knew each other well. Through our observation, it was clear that positive and meaningful relationships had formed between people and staff. The approach of staff was caring, gentle and calm and staff communicated in a way which was individual to the person.

Staff supported and empowered people to voice their opinions. When communicating with people we saw that staff waited patiently for people to respond, in some cases repeating what the person had expressed to clarify their views. Staff clearly explained options which were available to the person and encouraged them to make their own decisions.

Throughout the visit, we saw that respect was a two way value between people and staff. People and staff spoke with each other in a kind and respectful manner which was indicative of the esteem in which people held each other. Jokes and humour were part of the everyday banter between people and the day was filled with laughter. People looked content and happy.

A member of staff told us how they were putting together a memory book for a person who had recently lost a close relative. They spoke sensitively about working with the family to obtain photographs and had consulted with a psychiatrist on how best to support the person through such a difficult time.

Staff told us they 'really enjoyed their role in supporting people to have a happy life' and commented "we [the staff] get on so well and this is reflected in the quality of care we give to people. The people we care for are like our extended family". All of the staff we spoke with said they would be happy for their relatives to receive care in the home.

The registered manager ensured that each person was treated equally and given the same opportunities to participate in daily routines and activities, and would find solutions to enable this. One person had a specialist tricycle which enabled them to go out cycling with other people, yet remain safe whilst riding the bicycle themselves. Staff had helped another person to buy a cycling helmet which looked like a motorcycle helmet. They had suggested this as the person was 'mad' about motorbikes.

People, staff and families spent time together on activities or at social gatherings, some of which the provider held at their own home. Staff and people told us they felt part of a big family. Many staff gave their free time to socialise with people and people knew the families of staff as an extended network of friends. People told us they spent time with staff out of their working day for example, going shopping, on day trips and steam engine rallies.

During our visit, one person was getting ready to put a tent in the garden next to their bedroom window. They enjoyed spending time in the tent listening to their music. Staff told us they gave their free time to go on weekend camping trips with the person as this was something the person enjoyed and looked forward to when the summer arrived.

The registered manager told us they aimed to give people a home for life or for as long as they wished to live at Cocklebury Farmhouse. The provider listened to people if they had specific requests on how they wished to live and were flexible in finding positive solutions which maintained people's privacy and dignity. For example, when two people first moved into the home they had asked to share a room together because they had been 'best' friends for a



Is the service caring?

long time. We saw that a large room had been subdivided into two living spaces; each space was individual and private to that person. This arrangement allowed each person to have their own private space but also the security of knowing their friend was near. Both people told us they were happy with the arrangement.

During our visit we saw that when people wanted privacy they retired to their room and staff respected this. People told us that staff never entered their room without knocking and people could lock their rooms for privacy if they wished. Care plans evidenced that people's privacy and dignity was respected in the way care was delivered, such as receiving personal care in the privacy of their own room or staff supporting people to make appropriate choices of clothing in different types of weather.

Staff recognised that at times, people's well-being could be affected by their mental health. We saw that guidance to reduce or avoid distress was available to care workers within the person's care plan. In addition, we found the atmosphere within the home was calm and settled which can be conducive to the needs of people on the autistic spectrum in managing anxiety.

The service supported people to express their views and to be actively involved in making decisions about their care.

Information about advocacy services was available to people in a pictorial easy read format. People had access to an advocacy service and one person was able to tell us how an advocate could support them. Records confirmed that some people had previously accessed the services of an advocate and the registered manager had fully supported this.

The care plans were detailed and demonstrated that people had been involved in the planning of their care. Families and other important people were also involved and consulted with. People had a copy of their care plan which was person centred and evidenced their expectations and their wishes. In addition, people had a summary of their care plan called 'All about me' which was in a pictorial easy read format and gave an overview of how people liked to be supported. This ensured that any new members of care staff had an immediate picture of the person's preferences around their care and support.

Each person had a plan for their end of life care which documented how they wished to be supported at that time. The plans were in a pictorial and easy to read format and gave spaces for people to put pictures in of the things they wanted, such as pictures of home or hospital, important people, poems and music they liked.



Is the service responsive?

Our findings

When we arrived at Cocklebury Farmhouse, people were happy to see us and were interested to know why we were there.

People living at Cocklebury Farmhouse had different abilities in communication and varying levels of support needs. We saw that staff were skilful in communicating with each person. Everyone was tolerant of and showed respect and courtesy towards each other. A care worker said “there is no competition here because we promote an environment where everyone is individual and feels valued”.

We looked at four care plans which were person centred and clearly showed the involvement from the people using the service. People had given their goals and aspirations and the care plans detailed how they were going to achieve their goals and when they had reached each goal. A health and social care professional told us “people are supported to develop their independence skills through on-going activities and their lifestyles are in keeping with each of their interests, preferences and needs”.

People were fully consulted and involved in every aspect of their care and support. People had a copy of their care plan which was in a pictorial and easy to read format. People’s care plans were reviewed every six months and they could invite families and other people they wanted to the meeting. Health and social care professionals were also invited.

Each care plan was individual to the person with comprehensive information about their preferred routines and what was important to them. Some people required more structured and supportive routines, again these were detailed with clear boundaries and guidance for staff on how to meet people's needs. There were positive behavioural support plans in place which staff told us enabled them to promote and sustain positive behaviour. Where required, monitoring charts were put into place to ensure that people received safe and responsive care. A relative told us “my son is very well looked after and they have been able to support him to maintain a sensible weight”.

A GP who supported people in the home told us “the home provides an exceptionally high level of care and support to their service users”.

People were supported to develop their autonomy and life skills and participated in a range of individually set objectives. The care plans documented positive outcomes for people such as in managing their personal care, working in a co-operative way with other people and respecting each other views and for one person, doing DIY in the home which they enjoyed and had become skilled at.

From our observations of the staff interaction with people, it was clear that people were supported as they wished to be. Staff had an excellent understanding of people’s personalities, values and beliefs and how they wanted their care and support to be delivered. Staff knew how to meet people’s preferences which meant that people had an improved sense of wellbeing and quality of life. A healthcare professional told us “service users have a positive rapport with staff and staff have a good insight into each person's interests, needs, personality and behaviours”.

People took part in activities within the community including various sports and enjoyed outdoor activities such as walking and cycling. Each person had a season pass to a theme park called Longleat. The provider told us “people really enjoy going to Longleat, they have a lot of fun and this was one of the places people said they wanted to go back to. A season pass lets them go when they want”.

One person smiled when they showed us the photographs on the wall of a day out. People visited local castles and the provider told us “we tried it and people really enjoyed finding out about history and different cultures. We have been to several castles now”.

People told us they enjoyed taking part in water activities at the local water park such as Kayaking. One person who would usually say 'no' to new activities, was enabled through intensive and on-going support to make an informed choice to participate. Staff showed them the canoe on the bank and explained what the activity involved. This person now says 'yes' when they are asked if they would like to take part and they are progressing well with this activity.

People belonged to the British Canoeing club and were soon to meet up with a reporter who was going to write an article for the organisation's magazine to celebrate people's achievements. The next thing which people were going to try was a form of ‘banana boat’ riding on the



Is the service responsive?

water. The registered manager told us that activities were offered to everyone, but people did not have to take part if they did not wish to. One person told us “sometimes I like to do things but other times I don’t”.

According to people's interests, they visited the theatre, went to festivals, classic car shows and bowling. People were fully supported to visit their families, go on day trips and holidays. Holidays were either with just one person and a care worker for a break away or several people together, depending upon what people wanted. Individually, people followed their own interests and hobbies such as gardening, watching political programmes on the television or doing puzzles. People had a wide network of friends including the families of staff who worked for Cocklebury Farmhouse homes. Staff told us that ex members of staff also kept in touch with people.

One thing which staff emphasised to us was that activities were never cancelled. They explained that cancelling activities which were part of people's routine could affect their emotional wellbeing and behaviour. Other people had to have ‘plenty of warning’ of forthcoming events and had to assimilate the information, again cancelling the activity would not be conducive to their wellbeing. Staff told us they maintained a consistent activity provision because staff across the other two locations of Cocklebury Farmhouse were able to step in at short notice.

Relationships with the local community were ‘excellent’ according to a member of staff. Staff told us that all of the neighbours were friendly and very supportive of people. People and staff invited the neighbours to social gatherings which they joined in with.

Each person had a hospital passport which the person or staff would give to a healthcare worker if medical treatment was needed in an emergency. These were in a pictorial and easy to read format. They contained information about the person's medical history along with the medicines they took. To ensure that health care workers could consult and involve people in their care, the passport described people's communication needs and what happy, sad or worried looked like and what cues to look out for if someone was distressed.

The complaints policy and procedure were displayed in the foyer of the home and each person had a copy of the documents. The procedure was in a pictorial, easy to read format which meant that everyone could access this information. People told us that all of the staff listened if they were unhappy. Any problems they had were always resolved quickly and to their satisfaction. At the time of our inspection people told us they had no complaints.

Within the home's documentation, we saw that staff had recorded in the daily or staff handover notes, any issues people had raised. Prompt action had been taken to speak with the person and document their issue and how they wanted the issue to be resolved. Relatives praised the registered manager and staff for the way they listened to and responded to any concerns they raised.

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability throughout the organisation. Staff were able to tell us about their roles, the visions and values of the service and how each part of the organisation worked.

The management team consisted of a deputy manager and two registered managers, one of whom was the owner of the service. All of the staff we spoke with were positive about the provider and the management team. Staff told us they felt proud to work for the home. A care worker told us "I think we have a really high quality of care. A very positive culture and the owner is very involved in all of the homes, visits every day and takes part in activities. We have excellent leadership, can't fault the management team at all".

Staff told us they felt valued by the people they supported, the provider and by all other staff. A care worker told us "It's a brilliant place to work, everyone gets on really well". Other staff commented "I am very happy in my work, the manager really does listen to the staff", "It's a lovely home to work in, the manager is very approachable" and "some of the female staff are going on a week's holiday together. We just get on so well".

The management team told us the provider takes a very personal approach to the way the service is managed, commenting 'their enthusiasm for the homes is infectious and generates a vibe of inclusion and ownership by each member of staff. Staff are led by example and because of the leadership, they want to be involved in constantly improving the service to the benefit of each service user. They go over and above their role as a provider and registered manager and they are accessible to all staff at any evening and weekends for support and assistance, either by telephone or in person. They include people that have an interest in activities that he attends and he regularly has them join him on personal outings'.

The registered manager told us they promoted an open and transparent culture through staff training and supervision and were very confident that staff put people first at all times. As an incentive scheme, staff received a bonus if they did not have any sickness during the year. The registered manager told us that 55 per cent of staff achieved this last year.

The provider had a system in place to monitor the quality of the service people received. This included monthly and quarterly audits which covered areas such as record keeping, environmental safety, staff training and supervision, care plan reviews and people's views, management of medicines and incident recording.

The audits showed that the service used the information they gathered to improve and enhance the quality of care people received. The registered manager told us they had a proactive management approach and said "we will chase up local authorities to ensure that people have their review meetings when they should". We saw evidence that this was the case.

The registered manager told us that they and the deputy manager worked with the care team. If they saw any practice which could be done a different way, they would discuss this with the member of staff. Staff told us that the style of the management approach 'put staff at ease and got the best out of them'.

People and their families were able to provide feedback about the way the service is led. The last satisfaction survey for people which was in a pictorial and easy to read format was carried out in early 2015. Relatives were also consulted. We saw from the survey returns there were only positive and constructive comments about the service.

The registered manager told us that all staff were at the forefront of ensuring that the home continually strived to improve the experience for people who lived there. They had introduced staff to the new model and approach to the CQC adult social care inspections. Minutes of staff team meetings demonstrated that the new 'fundamental standards' had been incorporated into staff learning and development.

The home shared the resources amongst the three locations belonging to the provider. This included administration systems, training and staffing cover. The registered manager told us they had a 'team approach' which had enabled them to maintain a consistency of care and support and therefore felt this had enabled them to offer a high quality service. A commissioning team said of the provider "we have always found the staff team to be prompt and responsive to any queries we have raised over the years".

The service worked in partnership with key organisations to support the provision of joined up care. Statutory

Is the service well-led?

notifications were made to the CQC as required. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The registered manager was proactive in working with local initiatives such as the learning network, skills for care and provider meetings.

The provider showed us feedback they had received following a meeting with their bank manager. This stated

they 'found the service people received was superb and all down to the excellent leadership and commitment of the management team'. The provider told us it meant a lot to them and the team to have received such praise.

To keep up to date with best practice, the registered manager accessed resources and information from websites such as the CQC, National Institute for Clinical Excellence, the Social Care Institute for Excellence, the British Institute of learning Disabilities and Skills for Care. Managers were currently looking at the new care certificate prior to the recruitment of two new members of staff.