Cocklebury Farmhouse Homes Limited

Cocklebury Farmhouse

Inspection report

Cocklebury Lane
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Cocklebury Farmhouse is a residential care home providing personal care for up to 10 people. At the time of the inspection 10 people were receiving support. All people had lived at the home for a long period of time. People had communication difficulties at the service. Four people were in two shared bedrooms and the rest had individual personalised bedrooms. Lounges, the garden and dining area were all shared spaces.

People's experience of using this service and what we found

Right Support
● Systems were being developed to ensure staff did everything they could to avoid restraining people. Management and staff made it clear it was considered necessary within their current knowledge and understanding.
● Restrictive practices had sometimes not been in line with those being trained which could risk people being harmed. Additionally, reflections post restraints were sometimes limited. The service recorded when staff restrained people however the records contained sometimes derogatory information that demonstrated a lack of knowledge and understanding by staff and management who were analysing the incidents. Work had already started to improve this.
● The service had not been working with people to plan for when they experienced periods of distress so that their freedoms were only restricted if there was no alternative.
● The service gave people care and support in a safe, clean, well equipped and well-furnished environment. Although certain health and safety checks were not always being completed in line with best practice. People's sensory and physical needs had not always been considered.
● The service supported people to have choice, control and independence although this was restricted by an aversive risk culture leading from the paternalistic view.
● Staff had been supporting people to have wishes fulfilled. Although people had no clear long term aspirations and goals. There was a lack of consideration about support which would empower people to live as independent a life as possible.
●Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways they understood because they knew them well. However, specialist communication approaches had not been explored and records did not always reflect what we were being told.
● The service had not always made reasonable adjustments for people so they could be fully involved in discussions about how they received support. The management had plans to improve people's

participation with electronic care plans.
● Four people's choice and dignity had not been considered in relation to sharing bedrooms. People had a choice about their living environment and were able to personalise their rooms.
● The management had plans to improve how people played an active role in maintaining their own health and wellbeing. Staff enabled people to access specialist health and social care support in the community.
● Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. People's preferences for administration were known by staff administering medicine.

Right Care
● The service had enough staff to meet people's needs and keep them safe. Caring at the service was paternalistic which was not demonstrating an enabling culture at the home. The staff were not always appropriately skilled due to a lack of training around people's disabilities and conditions.
● People received kind and compassionate care from staff working with the best intentions despite a lack of theoretical knowledge. Staff protected and respected people's privacy and dignity when delivering care. They understood and responded to their individual needs.
● Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
● People could communicate with staff and understand most information given to them because staff supported them consistently and understood their individual communication needs. The management had plans to further develop interactive and more accessible information.
● People's care and support plans reflected some of their range of needs and this promoted their wellbeing and enjoyment of life. Further information was required related to people's specific needs relating to their diagnosis and conditions in order to underpin support needs and plans.
● Staff and people cooperated to assess risks people might face. Although the service was risk averse and limited the options for people.
● People received care that supported their needs and focused on aspects of their quality of life.
● People could take part in activities and pursue interests that were at times tailored to them. This included fulfilling wishes and choices they had expressed.

Right culture
● The management lacked knowledge of current legislation, guidance and practices which should be underpinning the culture of the support people should be receiving. They were open to improve this and work with other health and social care professionals.
● People were not supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.
● Staff felt they placed people's wishes and likes at the heart of everything they did. At times these were limited by staff knowledge and understanding.
● People, relatives and the management saw the service as an extended family which led to a kind and caring environment with positive values. However, the people's rights as an adult were sometimes not being considered.
● People and those important to them, including advocates, were involved in planning their care. Plans were in place to increase opportunities for people to contribute further.
● People's quality of life was enhanced by the current management's culture of improvement including exploring interactive and digital systems to make things more accessible.
● Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating
The last rating for this service was outstanding (published 30 May 2018).

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to use of restricted practices at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led. We inspected and found there was further concerns including staff training, culture, management knowledge of guidance, legislation and best practice so we widened the scope of the inspection to become a comprehensive inspection.

The overall rating for the service has changed from outstanding to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement.

Enforcement
We have identified breaches in relation to staff training and use of restrictive practices at this inspection.

We have also made a recommendation in relation to keeping people safe from legionella.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our well-Led findings below.

Cocklebury Farmhouse

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two Inspectors, a member of the CQC medicines team and an internal specialist advisor attended the home. An Expert by Experience carried out phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Cocklebury Farmhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One of the registered managers was gradually stepping back and handing over control of the service to two new managers.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We looked at all the information we held on the provider including information from a variety of sources. We

used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We spoke with health professionals who regularly attend the service. We used all of this information to plan our inspection.

During the inspection
We communicated with people including using a form of signing to support our speech. Seven relatives were called about their experience of the care provided. We also received feedback from six professionals who regularly had contact with the home.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with three people to tell us their experience.

We spoke with seven members of staff including both registered managers, the new managers and support staff. We used the Short Observational Framework for Inspection (SOFI) and spent time observing people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and a range of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe or in line with current best practice. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse;

- People's freedom was placed at risk of being restricted inappropriately and not in line with current best practice. Positive behaviour plans were in place for people when they could become upset or distressed. On occasions, these contained derogatory language and lacked information about people's health conditions and diagnosis related issues such as sensory or communication needs. Not all staff had received training in relation to learning disabilities, autism or communication difficulties to underpin these plans.
- Incident records lacked information about length of restraints and how exactly people were restrained. Neither did they demonstrate that the provider's policy of 'reducing the intensity regularly' if a restraint lasts longer than 'an approximate period of 2-3 minutes.' There were occasions when untrained restrictive practices such as, "Holding hands by [person's] side/waist." Additionally, in their training the management reported they should not be holding joints or hands to reduce risk of damage. The management had not identified these shortfalls until external agencies had queried it.
- Not all staff had received the training to use restrictive practices when people were distressed. The management were already starting to rectify these issues.
- Limited consideration had been taken about the emotional and psychological impact of restraints on people. Many sections in 'Post physical intervention reviews' said, "none" under 'emotional/psychological impact.' One person communicated they were upset by being restrained. They had not been involved in any discussions about what might happen when they were upset and distressed. One of the registered managers assured us this will be followed up and changed.

People were at risk of being abused through staff using restrictive practices and not following current guidance and not best practice. This is a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the management team had already started working with other health professionals and consultants to review their practice. They were keen to learn and develop their practices moving forward in line with Restraint Reduction Network (RRN). The RRN was set up to "Reduce the reliance on restrictive practices and make a real difference in the lives of people." Following the inspection, the provider informed us all staff now have received training in positive behaviour support and restrictive practices.
- Following the inspection, the provider told us they had made sure all staff had received training in autism.
- People were kept safe from other forms of abuse because staff knew them well and could recognise changes and knew who to tell. Staff knew external parties they could report issues to if they were still concerned.

Assessing risk, safety monitoring and management

● Risk assessments in place varied in quality. Some contained details of ways to mitigate risks in relation to those that had been identified. This included around mobility, eating and drinking and going on group trips. However, others lacked information relating to people's different diagnosis or health conditions. For example, one person had recent health issues which were not considered as part of their risk assessment when physical intervention was used; a recent incident record highlighted there was a potential risk of harm. No consideration about sensory issues had been considered for autistic people.

● People's quality of life was limited by a risk averse culture which restricted opportunities to those staff felt were safe for people. One person had expressed a want to go camping during the pandemic. Staff had organised them participating in the activities they would have completed in the owner's garden. One of the registered managers explained camping was assessed as too risky during the COVID-19 pandemic even though restrictions had been eased at the time. Pictures of activities showed they were all involving groups, and none showed people participating in individual activities. There was a lack of an empowering and enabling culture. Following the inspection, the provider shared an example of an individual activity of climbing a person had been involved in.

● Risk assessments in place around people's behaviour were not always being followed by staff. Examples were seen where incidents had occurred despite a way to mitigate risks being to avoid certain people participating in an activity together.

● Systems were in place to manage fire safety and the environment was kept in good condition. However, the provider had not ensured an adequate risk assessment and periodic water testing was not in place to protect people from contracting legionella.

We recommend that the provider considers current guidance on protecting people from legionella in care homes and take action to update their practice.

Staffing and recruitment

● People were supported by enough, consistent staff. The provider increased staffing during the COVID-19 pandemic to allow for absences. There had been a low turn-over of staff for many years and no agency staff were used. People were able to participate in group activities and choose to stay at home as a result of staffing levels.

● Staff with positive, long-term relationships with people completed additional activities within their own time. One person had recently gone on a bus trip with a member of staff.

● Staff recruitment processes promoted safety and the provider avoided the use of agency staff. New staff spent time shadowing experienced staff to have time to become familiar with the people.

● Every person had a one-page profile with essential information about people so new staff could see quickly how best to support them.

Using medicines safely

● Medicines were managed safely. Communication by people stated they were happy with their medicine.

● The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

● Improvements could be made with testing room temperatures because there was no assurance medicines were being stored within recommended ranges.

Preventing and controlling infection

● We were somewhat assured that the provider was promoting safety through the layout and hygiene

practices of the premises. High touch points in corridors were not being considered when people who were positive and negative COVID-19 were using them. Using separate stairs and entries to the garden had not been considered when the home was in a COVID-19 outbreak. The management reviewed this during the inspection and worked with the local infection control team.

● We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. During the inspection the management contacted the local infection control team to seek advice.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider's infection prevention and control policy was up to date.

● People had been supported to stay in touch with those important to them during the pandemic. When restrictions were eased people were supported to have visitors or meet up outside with them. An electronic system was developed so messages could be left for them by those important to them.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

● The service were in the process of improving actions around incidents affecting people's safety. Staff recognised incidents although had not always reported them appropriately. This included missing key information required for the incidents to be reviewed. Managers had not always investigated incidents because they lacked knowledge about current best practice and guidance. Reporting of restrictive practices was improving through working with specialists.

● Medicines incidents had been recorded and investigated. Trends were being analysed and action plans were put in place to prevent them from re-occurring.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support was not always in line with current best practice and guidance.

Staff support: induction, training, skills and experience

- People were not supported by staff who had received relevant and good quality training in evidence-based practice. Staff had received limited or no training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, any mental health needs and communication tools. Impact of this was seen throughout the style of support people received and the records. For example, people became anxious and repeated requests when actions did not happen straight away. One person had epilepsy and there was no records staff had received training on this.
- Most staff and the management were unable to tell us about any alternative communication systems which could be used to help people express their choice and opinions. Throughout the inspection no alternative methods of communication were used when communicating with people, supporting them with transitions between activities or helping them navigate through their day. For example. signs to support speech, objects of reference or use of symbols or pictures.
- The management were unable to relate to key features of people's conditions and diagnosis. There was a reliance on observation when writing people's care plans and positive behaviour support plans. Impact was seen in plans which lacked any references to sensory or communication issues related to people's autism. Only certain staff had been fully trained in how to support people who were distressed and upset who required physical intervention to keep themselves and others safe. Impact was seen that only senior male staff were relied upon to deescalate situations in the service. The management were already in the process of rectifying this.
- Until the inspection no staff new to care were completing the Care Certificate. The Care Certificate is a set of standards to ensure consistency of support by health and care staff. One member of staff new to care started in January 2022 and had not started the Care Certificate. The management had been including it when staff completed specialist diplomas and following discussions were going to rectify this.

People supported by staff who had not received adequate training to ensure support was in line with current legislation, standards and guidance. This is a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management told us they were already working with a new training provider to rectify the situation. They would explore additional opportunities of learning for senior staff. Following the inspection the provider informed us all staff had received epilepsy and autism training.
- Staff told us they had enough training and knew where to go for support if it was required. All staff had been offered opportunities to complete specialist diplomas in health and social care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Staff completed functional assessments for people who needed them and took the time to understand people's behaviours. This was supported by the length of time staff had known people. Although there were times this meant they potentially used this as a barrier to explore new things because of prior knowledge to a person's behaviour.

● All people had care plans updated in line with changes to their needs. The management were responsible for all the changes which could lead to delays. Plans were already in place to change this.

● People were not being supported by a management and staff team who were keeping up to date with current guidance, standards and the law. Impacts were seen throughout the inspection such as restrictive practices and a lack of taking risks to enhance people's quality of life.

Ensuring consent to care and treatment in line with law and guidance

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 particular decisions, 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff tried to empower people to make their own decisions about their care and support. Although those who were non-verbal had no ways to communicate their preferences other than body language, vocalisations and reactions which staff knew well.

● People were able to express wishes about things they would like to do. However, these appeared to be limited to care and support they felt would lead to success rather than towards independence as an adult.

● Four people were in two shared bedrooms. One of the registered managers informed us that everyone involved in the original decision agreed with shared bedrooms. Limited records were in place to support this and who were the decision makers. No consideration had been made that people could change their mind.

● The management ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and needed an independent party to represent their interests. They also consulted them if there were families who could have differing views.

● For people that the service assessed as lacking mental capacity for certain decisions, assessments and any best interest decisions sometimes lacked detail. Records were not always reflecting what we were told about who had been involved in the decision and how the decision had been reached.

● People had DoLS applied for and this included information about restrictive practices. One of the registered manager's had followed up on an application. One person had clear records about how conditions were being met in the DoLS. There were limited systems all managers could access to ensure applications were being chased and that monitoring the authorised DoLS expiry dates was occurring. Members of the management told us they would put a new system in place.

Adapting service, design, decoration to meet people's needs

● People's care and support was provided in a safe, clean and well-furnished environment. Every person

was able to personalise their bedrooms or area of bedroom which belonged to them. One person was being supported to put up a new annual planner which outlined football matches. Other people had pictures of their friends and those who were important to them plus things that represented their interests.

● Celebrations led to people helping to decorate areas of the home such as the lounges and dining rooms to match with the theme. For example, if it was someone's birthday or Christmas. During the COVID-19 pandemic areas had been created to meet the activities people needed to continue to fulfil routines. For example, a shed was transformed into a mini-shop so someone could purchase something every Friday. The person proudly showed us their latest purchase.

● Little consideration had been made to consider people's sensory needs and visual aids which could help reduce people's anxiety levels and communicate changes to routines and transitions between activities.

Supporting people to live healthier lives, access healthcare services and support

● People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One person, with the support of staff, had recently had multiple contacts with their doctor due to a new mark being recognised by staff on their hand. Another person had been referred to specialists due to a change in their distress levels.

● People had health passports which were used by health and social care professionals to support them in the way they needed. Where possible all people were supported if they needed to be admitted to hospital by the staff. The management felt it was important for consistent, familiar support to be provided.

● The management were keen to work with staff from different disciplines to benefit people. Recently some concerns had been raised about how people were supported when distressed and upset. Other professionals reported the positive steps the management were taking to work with them and rectify the issues.

Supporting people to eat and drink enough to maintain a balanced diet

● People received support to eat and drink enough to maintain a balanced diet. All people communicated they were happy with the food and wanted to eat with each other at mealtimes. The service had a cook who prepared most of the meals and they all sat round socialising with staff when they were eating.

● People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. Those able would go freely into the kitchenette and get themselves hot drinks whenever they wanted. Others required support from staff and there were regular times during the day the staff would offer drinks.

● People were involved in group discussions, if they were able to communicate, about preferences for what was on the menu.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant although people felt well-supported, cared for or treated with dignity and respect practices were not always reflecting this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always respected because no one had reviewed whether four people continued to be happy sharing bedrooms. Wooden dividers not the width or length of the room were in place between each bed. One person expressed they had never been asked about having a room on their own. Records and the management confirmed this was the case. One of the registered manager's told us they would rectify this moving forward by reviewing it regularly.
- Staff respected people's dignity when providing support to them. Action was taken promptly when it was identified this was not the case. However, people's dignity was not always respected in paperwork which also reflected the paternalistic culture. Incident records, policies and care plans contained language which was condescending and lacked respect. Examples included, "[Person] remained unremorseful throughout the evening", making people "apologise" and, "The behaviours may be a jealous reaction to the perception that others around them may be getting more than them." One of the registered managers told us they were improving language and practices used by working with other health and social care professionals.
- People had opportunities to try new experiences, develop new skills. The provider shared information about how some of the experiences were unique and down to positive relationships developed with members of the community. Additionally, there were three holiday locations people could regularly visit as part of the provider's options. No evidence of alternative holiday choices were seen. Following the inspection, the provider told us about other holidays which had been participated in including camping, hotel stays and going to Devon.
- Opportunities appeared to be limited by the knowledge, understanding and risks the management were prepared to take. One member of management was in the process of reviewing care plans to introduce more skills-based plans which promoted a drive towards independence. They shared the early work being done on this.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff which people understood and responded well to. Throughout the inspection people appeared comfortable in staff presence and some chose to have staff support when communicating with us. Staff spoke fondly of people stating they were like extended members of their family and a second family.
- The management led by example in their positive interactions with people which demonstrated they knew them well. One person had a special hat from one of the registered manager's each time they visited the home. This was in line with their needs and wishes. Another person regularly completed "jobs" for the managers so they could spend time with them.

● Relatives comments included, "They [staff] always have my relatives' interests at the centre of all they do", "…The people are very kind and the staff know how far they can go. I appreciate them [staff]" and, "[Staff] are brilliant with him. They always support my relative when he needs it."
● People felt valued by staff who showed genuine interest in their well-being and quality of life. Many of the people had known staff for a long time and this consistency was clear. Although it was not clear whether staff saw people as their equal. The management kept informing us people knew the hierarchy in the home and paperwork reinforced this. The discussions and records demonstrated a lack of seeing the people as adults with their own rights including being able to make unwise decisions.

Supporting people to express their views and be involved in making decisions about their care
● People felt listened to and valued by staff. All people communicated to us they were positive about the staff who supported them. Relatives all expressed how well staff knew their family members and how people communicated their needs. Throughout the pandemic staff had supported people to fulfil wishes within the parameters deemed safe by the management and legislation.
● However, limited exploration of alternative forms of communication had been explored to help people express their views and make decisions about their care. One member of staff said they had been trained in a form of signing to support speech. They explained the person chose not to use the signs. Other staff were not trained and no attempts to use it during the inspection were seen. The person smiled and kept finding an inspector who signed a greeting to them.
● People were enabled to make choices for themselves and staff ensured they had basic information of the options. These choices appeared to be within the parameters of what the staff and management felt people could achieve and could facilitate. One of the registered managers told us they did not want to set people up for failure.
● People were given time to listen, process information and respond to staff and other professionals. Although there were occasions when staff had rushed people leading to incidents which could be a sign of lack of understanding about their conditions. For example, not preparing someone for an exciting planned transition and not questioning sensory issues around clothes wearing.
● People were supported to access independent, good quality advocacy. One person was regularly seeing their advocate to support them through discussions about their placement.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant improvement was required to meet all people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People were not being supported by a provider who fully followed the AIS. The management were in the process of rectifying this. Electronic care plans were being explored which would be accessible for people in different formats they could access. Though no plans were in place for alternative communication methods.
● Staff and management lacked awareness, training, skills and understanding of personalised communication system which considered people's processing abilities. Although they knew people well and so shared information in ways which had worked in the past.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's quality of life was not always being supported by personalised care that considered aspirations, life skills and vocational opportunities. No people attended any form of education or employment. One person completed daily gardening at the home and cleaning of the service cars. They received "pocket money" for the work they did. Barriers appeared to be management belief that people should succeed in everything and the risk aversive, protective culture at the service grounded by people's historic behaviour. Following the inspection, the provider told us there was a limited range of options in the local college.
● Care plans contained comments such as, "Shaving…as with brushing teeth, [person] lacks the skill in this area" and, "Staff prepare all meals for [person]." No plans were in place to help people move towards independence and ensure consistent support from staff in relation to these skills. One of the registered managers told us they do encourage skills although do not record the steps people have taken towards independence and provided examples. They would review this and improve how they demonstrate people making progress.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported to participate in social and leisure interests on a regular basis. A range of opportunities had been created by the provider including contact with sports personalities, attending sporting events, gala meals and holiday homes. Throughout the inspection people went out in groups to

activities such as picnics or one of the provider's holiday homes. The management explained that people always chose to be within a group because they liked the people they lived with and those from the provider's other services. There was little shared to demonstrate alternative approaches had been explored.

● People were supported throughout and prior to the COVID-19 pandemic to maintain contact with their family members and those important to them. The management introduced touch screens so people could hear recorded messages from anyone important to them. These could be updated with new messages at any time. Plus, virtual calls and meeting outside of the home was arranged for people.

Improving care quality in response to complaints or concerns

● People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives informed us they never had a need to raise concerns or complaints. All knew who to speak with if they did.

● Relatives comments included, "I have never made a complaint. It is a lovely home and my relative is well looked after" and, "I have never had to make a complaint. [Person] would definitely tell me if they were unhappy."

● Staff explained to people when and how their complaints would be resolved. One relative explained how staff supported their family member following an incident. Records showed concerns had been followed up by the management to find a resolution.

● Systems were in place to manage concerns and complaints which came to the service. One of the registered managers understood their responsibility in line with complaints which were raised.

End of life care and support

● People had their end of life care wishes and expectations considered in easy read formats. Discussions had taken place such as where the funeral ceremony would take place, what people would wear and what they would like afterwards. This showed those important to people and people had been consulted where appropriate.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- Improvements were required to ensure the management had the skills, knowledge and experience to perform their role, so they had a clear understanding of people's needs of the services they managed. The management had completed little training in relation to people's conditions and diagnosis. They had not valued the importance of them completing higher level training in order to effectively guide and support the staff. Impact was seen around the use of restrictive practices, content of the policies and procedures, lack of staff training and the risk averse, paternalistic culture.
- Governance processes were basic and had not identified key themes found during the inspection. Some audits shared were tick boxes with little evidence of checks that were completed and actions identified and taken. This resulted in people being placed at risk of harm and not having their rights protected. For example, infection control practices, use of restrictive practices and key checks in relation to health and safety.
- The provider and management had not kept up-to-date with national policy, statutory guidance and current best practice to inform progress to the service. People were not being supported in line with the 'Right support, right care, right culture' guidance. Opportunities were limited by the home's caring and paternalistic culture. Improvements were required for a more encouraging and enabling culture which could include people exploring independence, education and employment.
- The management were unaware of legislation that should underpin practices and training that staff receive at the service. For example, autistic people were being supported and not all staff had received autism training in line with the Autism Act 2009. Neither were they aware of impending training guidance coming into health and social care around supporting autistic people and people with a learning disability.
- During and following the inspection, the provider and management were demonstrating embracing change and delivering improvements. Plans had already been started on interactive systems that could be used by people. The management expressed they wanted the best life for the people and wanted to get it right for them. There was an embedded digital communication system used to share important information, updates and details with staff.
- Key members of management had a clear vision for the future direction of the service which was underpinned by a new set of values that all staff agreed and had been involved in. Staff felt respected, supported and valued by senior staff which promoted a positive and improvement-driven culture.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people
● The management modelled a positive, kind, caring culture which had a clear value base. There was a familial culture across the service. Many staff told us they saw it as their second family. Whilst the management worked hard to instil a culture of care in which staff truly valued and promoted people's individuality. It was not always clear if staff protected people's rights and enabled them to develop and flourish as adults.
● Relatives were incredibly positive about the management and support they received from them. Comments included, "[One named registered manager] is brilliant and treats them all as their extended family" and, "[One named registered manager] is approachable, helpful and listens to me."
● Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. They clearly wanted to learn and improve from other health and social care professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The service apologised to people, and those important to them, when things went wrong. Relatives confirmed this when we spoke with them and some provided examples of incidents they were made aware of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, and those important to them, worked with managers and staff to develop and improve the service. The managers told us they involve people in discussions about their care including about the menu and activities for the week. Plans were being put in place to increase people's participation using technology.
● Relatives and those important to people were contacted by the provider. Questionnaires were sent out periodically and comments included, "My brother is very happy, content and safe and would not be anywhere else" and, "I would like to thank all the care team at Cocklebury Farmhouse that support [person] to live the amazing life he does."
● Staff felt engaged and respected for their differences by the provider. One staff member expressed how they had been able to change their working hours to match a change in circumstances. Others told us about the additional benefits of using the provider's holiday homes for personal use.

Working in partnership with others
● The service worked well in partnership with advocacy organisations, other health and social care professionals, which helped to give people using the service a voice.
● The provider had worked well developing links within a range of communities to expand opportunities for the people. This had resulted in people attending gala dinners, sporting events, local clubs and local events.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems were not ensuring people receiving care and treatment when their movements were restricted and restrained was proportionate, necessary and not degrading.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems were not ensuring people were supported by suitably qualified, competent, skilled and experienced staff.