Community Homes of Intensive Care and Education Limited

Ballards Ash

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on 15 November 2017. A further announced visit took place on 21 November 2017.

Ballard's Ash is a residential care home which is registered to provide a service for up to ten people with learning disabilities. People had other associated difficulties such as behaviours that may cause distress to themselves and/or others and some people were on the autistic spectrum.

At the last inspection, on 23 September and 3 October 2016, the service was rated as requires improvement in the effective and responsive domains. This meant that the service was rated as overall requires improvement. At this inspection we found the service was good in all domains and therefore overall good.

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

People, staff and visitors were protected from harm and the registered manager ensured the service remained as safe as possible. Safety was maintained and promoted by staff who had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff understood how to protect the people in their care and knew what action to take if they identified any concerns. General risks and risks to individuals were identified and appropriate action was taken to reduce them, as far as possible.

People benefitted from adequate staffing ratios which ensured there were enough staff on duty to meet people's diverse, complex, individual needs safely. Recruitment systems were in place to make sure, that as far as possible, staff recruited were safe and suitable to work with people. People were supported to take their medicines, at the right times and in the right amounts by trained and competent staff.

People were assisted by well-trained staff who were supported to make sure they could meet people's varied well-being and complex needs. Staff worked very hard to deal effectively with people's current and quickly changing health and emotional well-being needs. The service worked closely with health and other professionals to ensure they were able to meet people's special needs.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The policies and systems in the service support this practice.

People were supported by a caring staff team who were committed to meeting people's needs with patience and kindness. The staff team were attentive and were able to communicate with people by using detailed individual communication systems.

The service was extraordinarily person centred and responsive to people. Staff had made very positive impacts on people's feelings of well-being. Support planning was highly individualised and regularly reviewed which ensured people's needs were met and their equality and diversity was respected. People were provided with varied activities to enable them to lead as fulfilling a lifestyle as possible.

The registered manager was highly respected and ensured the service was well-led. She was described as open, approachable and supportive. The registered manager and her team were committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was constantly assessed, reviewed and improved, as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff and people (if they chose to be) were trained in and knew how to keep themselves and others safe from all types of abuse.

The registered manager followed the provider's recruitment procedure. This ensured they could be as certain as possible that the staff chosen were suitable to work with vulnerable people.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Staff followed a system of medicine administration that ensured people were supported to take their medicines as safely as possible.

Is the service effective?

Good

The service was effective.

The staff team met people's needs in the way they preferred.

Staff understood people's rights with regard to decision making. They supported people to make their own decisions and sought their consent before offering any type of care.

The staff team were well trained and well supported to enable them to provide the best care and support to people they could.

The service worked closely with other healthcare and well-being professionals to make sure people were offered care that met all of their needs.

Is the service caring?

Good

The service was caring.

Staff were very good at making sure that they could understand what people were saying and that people could understand them.

People were actively supported to be as involved as they wanted to be, in the running of the service.

The service was assisted to people to maintain and gain independence, as was appropriate.

People received care from a kind, respectful and caring staff team who recognised and embraced diversity. They supported people to meet any special needs they had.

Is the service responsive?

Good

The service was exceptionally responsive to people's needs.

People were offered highly individualised care that met their needs, in the way they wanted.

People's needs often changed quickly so they were regularly looked at. Care plans were changed to meet people's current needs, whenever necessary.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified, as necessary.

Is the service well-led?

Good

The service was well-led.

Staff felt they were well supported by the management team.

The quality of the care people were offered was regularly reviewed to ensure it was maintained and improvements were made, as required.

People, staff and others were asked for their views on the quality of care the service offered. These were acted upon and the service tried to continually improve to make things better for people.

Ballards Ash

Detailed findings

Background to this inspection

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

Ballard's Ash is a care home (without nursing). People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Ballard's Ash accommodates up to ten people in one adapted building. The service accommodates ten people but is run in line with the values that underpin the ''registering the right support'' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can lead as ordinary a life as any citizen.

The first day of the inspection was unannounced and took place on 15 November 2017. The second day of the inspection was announced and was on 21 November 2017. The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for four people who live in the service. This included support plans, daily notes and other documentation, such as medication and financial records. In addition we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We interacted with the people who live in the home, throughout our visits. Some people were able to speak with us whilst others had very limited verbal communication. However, people were able to show their feelings and communicate by other means. Some people were not able to express specific views and care staff assisted us with some communication methods. People were able to express general feelings and agreements by means such as facial expression and body language.

We spoke with three people who live in the service and specifically interacted with two others. We spoke with four staff members, the registered manager, the deputy manager and the assistant regional director. On the day of the inspection we spent time with two relatives of people who live in the service. Four relatives provided us with written comments on the service. We spoke with one social care professional on the day of the inspection and requested information from five others. We received responses from four of them, all responses were exceptionally positive.

Good

Is the service safe?

Our findings

People were safe and were protected, as far as possible, from any form of abuse. Staff received appropriate, up-dated training and were able to explain, in detail, how they would deal with any safeguarding concerns. They told us they were confident the registered manager would take any necessary action to keep people safe. People were encouraged to participate in safeguarding training which gave them information on how to keep themselves safe.

People told us or indicated they felt safe living in the home. Two people said, "Yes" when asked if they felt safe and two others indicated agreement by nodding, smiling and pointing to staff and then themselves. Relatives told us people were well treated and they had no concerns about their safety. They said they had never seen anything they were not comfortable with. One relative commented, "She is definitely safe I have never witnessed anything I am not happy with." A professional told us they had no concerns about the care their two clients received.

The service had made three safeguarding referrals in the preceding 12 months. The local authority safeguarding team were confident these had been dealt with appropriately and they were closed as no further action necessary by the local authority, at the point of referral. The safeguarding team told us they had not been notified of any issues or concerns about the reporting of safeguarding concerns by this provider from others including health or social care colleagues.

There was a system in place to ensure people's finances were protected. The provider took responsibility for eight of the ten people's money. Only the registered manager and deputy had access to people's accounts. The registered manager reconciled and audited people's monies when a bank statement was received. Additional random audits were completed by the assistant regional director and the provider's auditor. People's financial records were accurate and up-to-date.

People's plans of care contained information about income, expenditure and other financial details. However, in some cases it was not clear what services the commissioners were paying for. For example one contract stated that the fee included a contribution to holidays. The registered manager told us that if people had large amounts of money they paid for holidays themselves. This also applied to other expenditure such as clothing and activities. Whilst this had no specific impact on people it made it difficult for the registered manager to ensure people's finances were not being used to subsidise others. The registered manager and assistant regional director agreed to review and up-date the contracts to accurately reflect what services were being paid for. Additionally they agreed to look at how people's overall income and contributions to their care could be recorded more clearly. This would enable the registered manager to help people to more easily understand what their monthly income and expenditure was.

People, staff and visitors were kept as safe from harm as possible. Health and safety training was provided regularly and safety was addressed by generic health and safety and individual risk assessments such as how to push a wheelchair and scalding and burning. Good quality records clearly demonstrated that maintenance checks on equipment such as electrical installations and profiling beds were completed at the

required intervals. There was a robust fire safety policy and procedure and an up-to-date fire assessment for the service. Fire maintenance checks and drills were completed regularly and were up-to-date.

Safety was further promoted because the service learned from accidents and incidents. An accident and incident log was kept and reviewed monthly to identify any trends or recurrences. Accident and incident reports recorded, in detail, what had happened and the action taken. All follow up actions were noted and where necessary care plan or health and safety reviews took place.

The service further ensured people's safety by meeting the needs of people who had behaviours that may cause distress or harm to themselves or others. They developed detailed behaviour plans which supported staff to help people to reduce the anxiety and distress which may result in such behaviours. The support measures made it clear why they were in place and what was expected from them. The service used minimal physical restraint and staff were trained in the use of such methods. The nationally recognised training was regularly updated to ensure staff were as confident as possible in the use of the restraint techniques. Physical restraint was used as a last resort as the training focussed on using early intervention and distraction techniques. Robust records were kept of any interventions and staff used such incidents as a learning opportunity.

The service had an emergency plan in place (called a business continuity plan) which instructed staff how to deal with emergency situations. These included actions to take in event of inclement weather, loss of essential services and environmental emergencies. A "Grab and go" bag was kept by the front door. This included items such as fluorescent jackets, torches and vehicle keys.

People had individualised personal emergency and evacuation plans which had been tailored to inform staff how best to support people, as safely as possible in an emergency situation. Each person had a risk assessment register which described all the risk assessments in place for them. These included areas such as going on a boat, falls from windows, bathing and showering and accessing the community.

People were supported to take their medicines by two staff who were trained and competency tested to ensure they were able to administer medicines safely. The service used a very robust medicine administration process. It included the use of a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs.

People had comprehensive guidelines for the use of medicines prescribed to be taken when necessary (PRN). For supporting people with their behaviour they included what behaviour people displayed, for how long and what needed to happen prior to PRN medicines being administered. Guidelines for the use of PRN medicines in pain relief described clearly how people communicated that they were in pain, if they were unable to verbalise their need. PRN guidelines were an example of exceptionally good and informative information provision. They enabled staff to administer medicines safely and consistently.

Allergies people suffered from were clearly recorded in medicine files and on care plans. The temperature of the medicine cupboard and the room it was in was recorded daily. The room was cooled by means of a fan to ensure the temperature did not rise above the safe storage temperature of 25 degrees centigrade. There had been no medicine errors in the preceding year.

Staff were checked so that the registered manager could be as sure as possible that they were suitable and safe to work with the people who live in the service. The recruitment processes included safety checks on prospective applicants which were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them

from working with vulnerable adults. Detailed application forms which included full work histories, were completed.

The registered manager told us that it was becoming increasingly difficult to obtain references from past employers. The provider was looking at alternative ways of trying to assure themselves of prospective staff's suitability. These included the registered manager completing a character reference for the individual after they had been in post for six weeks. However, the registered manager and the assistant regional director agreed to discuss with the provider the best way to record reference requests and how to proceed if they cannot be obtained. The registered manager rectified some minor omissions in work histories and references before the second day of the inspection.

People's needs were met safely because there were enough staff to meet people's needs safely. Staff members told us there were enough staff on duty to work with people and keep them as safe as possible. There were a minimum of four staff during day time hours and two waking night staff. Care staff were supported by management staff and a full time cook. The registered manager regularly assessed people's needs. She was able to adjust staffing numbers according to people's current requirements and in the event of special activities or special short term needs (such as a hospital stay).

Good

Is the service effective?

Our findings

People's needs were fully assessed and incorporated into individual care plans. Staff used care plans as a daily 'tool' to help them to deliver effective care to people.

People's health care and well-being needs were met effectively. Support plans included all aspects of healthcare and other needs. People were supported to have regular reviews and check-ups by appropriate professionals. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary.

People had a detailed health action plan which included referrals, a record of treatment and information hospital staff would need to provide appropriate care for the individual. If people were admitted to hospital a staff member was allocated to stay with them throughout their stay to ensure their comfort and safety, if necessary. People told us they were taken to see the doctor or nurse if they were unwell.

There were excellent examples of the service working together with other professionals to meet people's health needs. These included, a person who had been very ill did not receive the medical attention the service felt was necessary. The registered manager consequently worked with the community health team and was successful in getting a full review of their health. A consultant visited the person at home. After a best interest meeting a specially trained learning disability nurse used a specific technique to obtain a blood test from the person, to identify any health issues.

The registered manager followed the same process for another person. Their medical condition was identified and they are now being correctly medicated and their health has greatly improved. A professional told us, "The manager and the team are very aware of the health needs and potential issues with those in their care. Indeed, in some cases they have persisted in seeking appropriate advice and treatment for people, when initially primary care has not been very responsive. This has resulted in Health Facilitation nurses form CTPLD being involved as well as myself in terms of Capacity Assessment and Best Interest meetings. These always include family members or advocates together with the multi-disciplinary team."

A relative told us, "[name's] health needs have been managed very well and she has been helped to understand why she needs the medication and care she receives, which is much easier for us when we have to provide that care (she takes her meds without any fuss now which was never the case when she lived at home!)" Another commented, "They are absolutely on the ball with all her health needs."

People's legal rights were upheld by staff who understood issues of consent and the Mental capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option. Staff had received Mental capacity Act 2005 and Deprivation of Liberties Safeguards (DOLS) training and were able explain what action they would take if consent issues arose.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made ten DoLS referrals which had been authorised by the local authority (the supervisory body). Applications were made appropriately and met legal requirements. Best interests meetings were held, as necessary, for decisions such as medical treatment and detailed records were kept of the decision making process. A professional commented, "The home manager has always considered the mental capacity act and demonstrated that she is advocating for those within the home and working with health care providers in an individual's best interest."

Staff encouraged people to make as many decisions and choices as they could. Care plans included what decisions people could make for themselves and how they could be supported to make them. If people couldn't make specific decisions, how they and others had been included in the decision making process was recorded.

People were encouraged to be involved in making food choices and developing appropriate menus. Any specific needs or risks related to nutrition or eating and drinking were included in support plans and support was sought from relevant professionals as necessary. The service had a full time cook post to support high standards of food and nutrition being provided. People enjoyed their food and were involved in discussions and 'banter' over the meal time. The service was aware of how important food was to some people and ensured their preferences, choices and needs were respected. For example some people chose to eat on their own, some ate quickly and some ate very slowly, all were accommodated.

People were supported effectively by staff who were properly trained and who were encouraged to develop the skills, knowledge and understanding they needed to carry out their roles. Staff told us they had excellent training opportunities and felt they were encouraged to develop their skills and reach their potential. One staff member told us that as a result of their training and development they had been promoted to a more senior role. Of the twenty one staff seven had attained a relevant health and/or social care professional qualification.

The registered manager and assistant regional director told us the provider was reviewing how staff were to be supported, in the future, to obtain professional qualifications. They explained that they were looking at how they fit in to their learning academy system and how they could be funded. A core set of training topics and specific training was provided and regularly up-dated to support staff to meet people's individual diverse needs. A comprehensive induction process which met the requirements of the nationally recognised care certificate framework was used as the induction tool.

Staff were assisted to provide good quality care to people because they received regular supervision (one to one meetings to discuss their work) and guidance form the senior staff team. Staff were supervised at intervals appropriate to their longevity of service and experience. For example some new staff with no experience of care work were supervised every two weeks while other more experienced staff were supervised six to eight weekly. Staff felt they were very well supported by the registered manager and management team. A professional commented, "Newer staff are supported to develop their understanding. Often staff will talk to me about situations that relate to the person I visit and are open to new information and approaches, which is very helpful."

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People and families told us that the staff were kind to them. Relatives said, "[The registered manager] and her staff are very kind and also supportive of me." "The home is well looked after with a lovely family atmosphere where there are regular celebrations of birthdays and other events in the calendar and the residents are all encouraged to take part." Another family said, "We always find staff very friendly, approachable and helpful in every way." A professional commented, "Staff appeared empathetic, caring and person centred." Another said, "I have only seen staff that are kind and treating those in their care with dignity and respect. There is humour, activity and some lovely interactions within the home."

Staff knew people well and built strong relationships with them. People were encouraged to develop and/or maintain other important relationships. For example staff made outstanding efforts to support people to keep in contact with their family and friends. A relative told us, "I have been unwell for some time but the staff make sure I am able to see [name] regularly. Their kindness is most appreciated." Other relatives told us they were always welcomed into the home and felt comfortable to visit at any time and spend time there. Care plans noted how people were to be supported to keep in contact with their family and friends. The service provided escorts and transport, as necessary to ensure people could keep in physical contact with relatives and friends.

People's identified methods of communication were used so that staff could attempt to interpret what people felt about the care they were receiving and the service, in general. People had monthly meetings and were invited to attend the monthly staff meetings. Their views were recorded, as were the methods they used to give those views. Information was presented to people in a way which gave them the best opportunity to understand it. The service used various written communication formats to provide people with information. These included pictures, photographs, symbols and simple English. For example picture boards of the staff team and who was on duty and pictorial activity plans were displayed in hallways.

Care plans included information about how people wanted to be supported to control their lives and to maintain or increase their independence. Risk assessments supported people to be as independent as they were able to be, as safely as possible. Examples included assisting with meal preparation, accessing the community and personal care.

People's diverse physical, emotional and spiritual needs were met by staff who knew, understood and responded to each individual. The service continued to have a strong culture of recognising equality and diversity of both people and staff. The registered manager recognised the positive influence diversity had on the staff team. She tried to ensure she had a mix of staff in terms of age, background, culture and experience. The registered manager and staff team were very aware of people's sexuality and sexual preferences. The service actively assisted people to meet their sexual and social needs in this area. Staff were committed to supporting people to meet any specific special needs and received equality and diversity training. Individual care plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and if the individual adhered to any special practices.

People's privacy and dignity was promoted by staff who understood how they supported and assisted people with personal care tasks as sensitively as possible. Staff were able to describe how they supported people with personal and intimate care whilst ensuring their privacy and dignity. People, for example, received same gender care and were able to choose staff they were most comfortable with. Staff interacted positively with people, communicating with them at all times and involving them in all interactions and conversations. Support plans and daily notes were written with individuals in a respectful way. One relative told us, "Staff are always very respectful." Another said that, "As far as they had noted" people were treated with respect and their dignity was preserved. A professional commented, "Staff appear to treat people with respect and dignity…"

People's records were kept securely and the staff team understood the importance of confidentiality which was included in the provider's code of conduct and the induction.

Good

Is the service responsive?

Our findings

The staff responded quickly to people's immediate needs and as quickly as possible to longer term changing needs. People's methods of communication were recognised and staff were able to respond immediately to people's body language and behaviour. Staff were trained to and intervened quickly if people were showing any signs of anxiety or becoming distressed.

The service assessed people's needs monthly and formal annual multi-disciplinary reviews took place. However, in response to people's complex and quickly changing needs additional reviews were held as necessary. Support plans showed how quickly staff responded to people's changing emotional and well-being needs.

The service presented examples of excellent responsive work. These included, a person who when they moved into the home had a condition which limited their ability to enjoy their life. The staff team worked closely with them to identify the issues and formulate a plan to improve their health. Over a period of time they succeeded in reducing health incidents from a high number each week to one or two a year. This had greatly enhanced their quality of life because they were able to participate in daily activities and had confidence that they were not going to be constantly debilitated by health issues.

Another person was admitted to the home unexpectedly. They did not speak or connect with anyone very much. Care staff and the person wrote their care plan together ensuring it was how they wanted it to be. They were introduced to activities they had never tried and staff worked hard with them to build their confidence and to feel they were cared for and that they really mattered. The individual has now built strong relationships and is communicative and involved in a variety of activities. This has had a very positive impact on their lifestyle and life experiences.

Other examples included working with a psychologist and other 'experts' to find the most appropriate way to meet people's sexual needs and preferences. For some people this work has been completed and has relieved their anxieties and frustrations enabling them to decrease the amount of behaviours that caused themselves and others anxiety. A person who would not speak with anyone has been supported to develop their social and communication skills. They now feel safe, talks to people, including visitors to the home, and sings songs for which they wrote the words and music. The result of the improved communication was a dramatic reduction of the presentation of behaviour that could cause harm and distress.

A relative commented, "In the time she has been there she has blossomed as a person developing her confidence and personality and also in her interaction with others. She enjoys music and the music sessions that are provided and recently told us she is going swimming which is wonderful news. She has become much more interested in her appearance and the clothes she can now go out and buy and having lots of younger staff around has been particularly beneficial in this area."

The service provided exceptionally person centred care. A professional described staff as "person centred" and a relative said of their family member, "[Name] always comes first, she gets absolutely everything she

needs." People had highly personalised care plans which ensured care was tailored to meet their individual needs.

The service accepted staff and people who had any of the protected characteristics such as race or sexual preferences. They embraced diversity as a positive influence on the service and the people who lived and worked within it. The registered manager was fully aware of diversity within the staff team and resident population and made use of people's differences when providing care. For example same gender care and sexual preferences. She ensured people were protected from any form of discrimination or abuse.

The service ensured people had access to the information they needed in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People had highly detailed communication plans tailored to their individual needs. Communication methods included sign language, body language, facial expression and a variety of verbal systems. There was excellent communication between staff and people who understood each other very well. Staff interpreted some people's language and people showed they agreed with the interpretation by nodding, smiling and using limited speech.

People were given opportunities to participate in highly individualised, flexible activities. The service had a specialised activity co-ordinator who provided some activities and organised others. The care staff worked closely with the co-ordinator to ensure people were provided with varied and meaningful activities which enhanced their lifestyles. Whilst nobody received funding for one to one support the service attempted to provide everyone with at least one individual activity once a week. These sometimes consisted of people being involved in domestic activities such as cooking or room cleaning.

People's preferences, needs and abilities were considered when providing all activities. People often attended activities with house mates and/or friends who had the same interests. An activity planner was completed by the activity co-coordinator and was displayed in the hallway so that people were reminded of their activity plan. The plans were developed with individuals.

Some activities were planned but others were completed spontaneously and according to people's requests, mood and well-being. Detailed risk assessments were in place to support the activity programme, as necessary. Activities included music sessions, swimming, bowls, pub lunches and exercise classes in the community. Additionally, people were given the opportunity to go on annual holidays and and/ or short breaks according to their preferences. People had a minibus and other vehicles at their disposal to alleviate the issue of limited public transport. People and families told us or indicated there were enough varied activities to occupy them and that these had improved in the past year. The activity co-ordinator continued to seek new and different community activities people may enjoy. A family relative commented, "In this environment we have seen [name] really open up and enjoy things she would have previously veered away from.

The service had a robust complaints procedure which was produced in a user friendly format. It was included in people's individual care plans and displayed in relevant areas in the home. The service had received no complaints since the last inspection. The 12 compliments received since the last inspection included those from fellow professionals such as the ambulance service and learning disability nurses. People told us they could talk to the manager or staff if they weren't happy. Relatives said they were, "absolutely confident" that the registered manager would listen to any concerns they may have and would

take, "Immediate action" to rectify anything, as necessary. A relative said, "[Name] has been living at Ballard's Ash now for nearly [a number of] years and although I'm not very active now I still visit and phone and in all the years I have never had to complain he is well cared for in every way."

Good

Is the service well-led?

Our findings

People benefitted from very good quality care provided by a well-led staff team. The registered manager had been in post since the service was registered under new legislation in 2010. She was supported by an experienced and knowledgeable deputy manager. They were assisted by team and shift leaders who shared responsibilities and day to day management of the service.

Staff, people who live in the service, relatives and other professionals spoke highly of the registered and deputy managers. People were comfortable to approach the registered and deputy managers for information, comfort and banter, throughout the inspection visits. Staff told us the management team were, "very available" and "very open". They described the management and staff team as, "Passionate about providing good personalised care". Professionals commented, "The home manager has always considered the mental capacity act and demonstrated that she is advocating for those within the home and working with health care providers in an individual's best interest." Another said, "On my visits staff show positive regard for those in their care, provide appropriate information to me as a health professional and support those in their care to communicate with me as needed. The staff are mindful of risks for those in their care and engage with them to minimise risks, assisting in keeping everyone safe." Relatives said, "I have always been impressed by the Manager of Ballard's Ash, [name], a professional and reliable manager." "The staff and the manager are excellent in every possible way long may it continue."

People were provided with consistently good quality care. The quality of the service was monitored and assessed by the provider, the registered manager and the staff team to ensure the standard of care offered was maintained and improved. Relatives told us they were very happy with the care their family members received.

There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. The registered manager completed a monthly report on areas of care such as complaints and accidents and incidents. Additionally they completed more frequent random audits on all aspects of the service such as medicines and care plans. The provider had a quality team which completed random audits a minimum of once a year. The assistant regional director visited the service and checked various aspects of the care provided. Reports for all quality assurance visits were produced and any issues highlighted to the registered manager for action. These were checked at the next audit to ensure progress had been/was being made.The annual development plan contained a large amount of detail and included the action, who should take it and by when.

Additional audits were completed by external organisations such as the local authorities who commissioned services. The last check completed by Wiltshire County Council was done in March 2017 and no issues of concern were identified.

The views and opinions of people, their families and friends and the staff team were listened to and taken into account by the management team. People's views and opinions were recorded in their annual reviews, at monthly key worker meetings and at resident meetings. Staff meetings were held regularly and minutes

were kept. The service was inclusive and people were invited to attend staff and any other meetings held in the service. People were empowered to be involved in all decisions about their home, as far as they were able and/or chose to be. A questionnaire was sent every year to all relevant people, the most recent was completed in August 2017.

Actions taken as a result of listening to people and the various auditing systems included increasing the variety of activities people had access to, purchasing new bedroom furniture for people and increasing community presence. Additionally, the registered and deputy managers had identified the need to add more detail to care plans to make them more person centred. Details included the number of pillows people liked to use, the type of quilt and additional information about healthcare and health goals.

People's records were of good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was knowledgeable about legislation relating to the service. For example the staff team had discussed the accessible information standard and it was available for staff to read and familiarise themselves with its contents.

The service worked closely with other professionals in the best interests of people. One professional commented, "A relative told us, "I have had good experiences working with the team at Ballard's Ash. Information is shared and advice used, the team are proactive and inclusive in the activities and person centred daily opportunities offered."