CLBD Limited

Burham Court

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 inspection was carried out on 10 April 2018 and was announced.

Burham Court is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people with learning disabilities and autism.

Not everyone using Burham Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were two people receiving support with personal care.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager. 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. The registered manager was also the provider.

Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely. Records evidenced that people had received their medicines as prescribed.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service.

People were very happy with their care and support. Staff had built up good relationships with people.

Health and social care professionals were complimentary about the service people received.

There were enough staff deployed to meet people's needs. The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people.

Staff knew what they should do to identify and raise safeguarding concerns.

People were encouraged to make their own choices about everyday matters.

People's care plans clearly detailed their care and support needs. People were fully involved with the care planning process including identifying triggers, signs and actions to address their mental health needs.

People were encouraged and supported to engage with activities that met their needs. People accessed their local community with staff support.

People had choices of food at each meal time. One person was supported to purchase their own food and to manage a weekly budget for this. Another person received most of their meals with support from their relatives. However staff provided support for the person to have build up milkshake drinks to help them maintain or build up their weight. People were supported and encouraged to have a varied and healthy diet which met their cultural needs.

People were supported and helped to maintain their health and to access health services when they needed them.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect. The service was small and homely.

People were supported to maintain their relationships with people who mattered to them.

People knew who to talk to if they were unhappy about the service. Complaints had been handled effectively.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to. Health and social care professionals provided positive feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continued to be safe.	**Good**
Is the service effective? The service continued to be effective.	**Good**
Is the service caring? The service continued to be caring.	**Good**
Is the service responsive? The service continued to be responsive.	**Good**
Is the service well-led? The service continued to be well led.	**Good**

Burham Court

Detailed findings

Background to this inspection

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

This inspection took place on 10 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small domiciliary care service and the registered manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Inspection site visit activity started on 10 April 2018 and ended on 11 May 2018. It included meeting people and staff at the office and telephone calls with relatives and staff. We visited the office location on 10 April 2018 to see the provider and to review care records, management records and policies and procedures.

Before the inspection, we reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We observed staff interactions with people. We spoke with two people about the care and support they received. We spoke with seven staff, which included support workers, the registered manager from another of the provider's services (who arranged the staffing for the service), the facilitation director, the registered manager and a director of the company (the management team). We also telephoned one relative to gain their feedback about the service.

We requested information by email from local authority care managers and commissioners who were health and social care professionals involved in the service. We received feedback from a nurse assessor.

We looked at the provider's records. These included people's care records, which included care plans, health records, risk assessments, daily care records and medicines records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the management team to send additional information after the inspection visit, including staff training records, policies and medicines records. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

One person told us staff kept them safe. They did this by reminding them of road safety; "Look left and look right" to check it was safe to cross. We observed staff maintaining people's safety by providing support to walk safely and by removing hazards which could cause injury. A relative told us, "I do believe she is safe, she is never left alone."

A health and social care professional told us that people received safe care and support. They said, 'I feel that the service takes all possible measures to minimise risk to the individuals they support as much as possible.'

Risks to people's individual health and wellbeing were assessed. Each person's care plan contained individual risk assessments including assessments of people's mental health care needs, self-injury and aggression towards others, epilepsy, attending college, cooking, traveling in vehicles, use of aids and adaptations and additional risks whilst out in the community. One person's risk assessment detailed the risks of getting bitten by a dog by approaching dogs and stroking them without asking the owner's permission. Clear ways to mitigate the risks were recorded. Each person's care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. When we spoke to staff they confirmed they understood potential risks and how these were minimised. Records detailed the information shared between staff about risks within the service. This meant that the risks people may be exposed to were minimised.

Medicines were managed safely. One person had support to manage their medicines; another person was supported to take their medicines by their relatives. The management team explained that they had been asked by the person's relatives to administer medicines in their home to the person, however the prescription labels were not written in English. The staff would not know what medicines they were being asked to give and would not understand the administration instructions which would put the person at risk. The management team had met with the person's family to explain that it would not be safe for staff to administer medicines to their family member. Where people were provided support by staff to administer medicines, medicines administration records (MAR) were completed by staff to evidence which medicine they had given and at what time. At the end of the month the completed MAR charts were returned to the office and these were audited by the management team. Completed MAR records showed the person had received their medicines as prescribed by their GP. MAR charts were printed by the supplying pharmacy and checked by two staff to ensure they were accurate. There was a system in place to account for medicines that were in stock. The person who was supported with their medicines told us, "Staff help me with my medicines." They went on to tell us what medicines they took and why and said, "I remind them [staff] of the time and says it's time for my medicines now."

People continued to be protected from abuse or harm. Staff had received training in safeguarding adults. This helped staff to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be

supported to follow them. Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated September 2017. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any concerns about people's care.

Recruitment processes continued to be robust which kept people safe. The provider followed safe recruitment procedures to ensure that staff employed to work with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked.

The management team had learnt lessons from incidents that had occurred. One person had raised a query in relation to physical contact made by a staff member. The staff member had touched the person on their forearm to show support and this had confused the person. The management team worked with the person and staff to identify clearer boundaries to ensure that such a situation could not occur again. This response was person centred and individualised to the person that raised the query in the first place.

There were systems in place to monitor and collate incident and accident data to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. Records showed that management had investigated and reviewed accident reports and monitoring for any potential concerns. This ensured that risks were minimised across the service and that safe working practices were followed by staff. A health and social care professional told us, 'All incidents are reported, immediacy is dependent on level of incident i.e. property damage within a couple of days, risk to self and others immediately with actions and debriefing for staff.'

Staff with the right skills supported people in the right numbers to be able to deliver care safely. A health and social care professional told us, 'Due to the nature of the individuals being supported there is always high levels of competent staff on duty at all times.' Staff were experienced in caring for people with learning disabilities and autism. We could see that the way staff were deployed matched people's needs in their care plans. The staff duty rotas demonstrated how staff were allocated on each shift. We reviewed the rotas, which showed that the required number of staff were consistently deployed. The rotas supported that there were sufficient staff on shift at all times. If a member of staff telephoned in sick, the registered manager arranged alternative cover with other members of staff who knew people well. This showed that arrangements were in place to ensure enough staff were made available at short notice. There were enough staff to supervise people and keep them safe. We observed a new staff member on their first day of work; they were shadowing an experienced staff member and getting to know the person they were working with. One person told us they had a weekly schedule to show them who was working with them each week. They told us, "It is kept on the fridge." A staff member explained that the person liked to keep the schedule on the fridge so they could check it whenever they wanted.

Appropriate systems were in place to ensure people received their care and support in emergency situations. The provider had an on call arrangement to ensure that people and staff could access the management team in an emergency. People were given the telephone numbers for the out of hours contact in their information packs which they kept within their homes.

Staff had access to personal protective equipment (PPE) such as gloves and aprons to enable them to work safely with people. Staff confirmed that they could access more equipment when required. There was a

stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

Good

Is the service effective?

Our findings

One person told us staff assisted them in the way they wanted them to. We observed staff following a person's care and support plan to provide care and support which met their needs. The staff knew people well.

People were supported appropriately by a planned assessment and care planning process to make sure their needs were met. The management team carried out an assessment with each person before they agreed to provide care and support. The assessment checked people's details and preferences such as marital status, gender, nationality, ethnicity and religion. The management team made it clear during the inspection that they would not agree to provide care if they felt the staff were not skilled to deliver the care safely or if they did not have the right numbers of staff available.

People's ability to carry out parts of their own personal care was identified in the care plan. Such as if people could wash or shower, dress, eat and drink independently or take their own medication. Care plans gave a detailed account of the areas where people required support, recording all the information staff would need to support people in the way they wanted. One person needed support with aspects of their personal care such as drying their back or washing their hair and a physical presence when bathing due to the person having seizures. Their care plan made it clear about what they could manage on their own. Another person required total support from staff with all their personal care and hygiene. Their care plan provided detailed step by step guidance for staff to follow to ensure their care was consistent and correct. It was clear from the care plan the importance of staff checking with the person's relatives each day when providing support to check on the person's health needs. The person was unable to communicate verbally so their care plan gave very clear guidance on what staff should do if the person became anxious. This included, checking the persons continence pad to see if they required changing, checking if the person was hungry or thirsty, playing soothing music and giving a hand or foot massage. We observed one staff member working with this person. When the person became anxious, a hand massage was offered and given which helped the person to relax a little. New staff would be able to follow the care plans to provide the appropriate support that addressed people's assessed needs as well as following their preferences and wishes. People were supported with their wishes and assessed care needs as the information was available for staff to follow in detailed and clear care plans. Where people had the capacity to direct their own support they signed consent forms to evidence they had consented to care and treatment. This consent form was in an easy to read format and included pictures.

People's mental health needs were looked at during assessment and review. Personal details such as the person's usual state of mind, or the types of things they may forget were recorded in the care plan and behaviour support plan. The behaviour support plan captured what may trigger the person to become anxious and distressed at home or in the community. The plan clearly listed what staff should do to support the person. For example, distraction techniques. The behaviour support plan listed the least restrictive methods for supporting a person. This meant new staff were able to make an assessment if they should be concerned about a person's mood and seek help.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service was supporting one person who lacked capacity to make some decisions and choices. The management team had carried out a mental capacity assessment in relation to the decisions about restraint to keep the person safe when they were anxious. This assessment was carried out by a number of different agencies. This ensured that decisions about what would be in the person's best interests were lawful. The management team had a good understanding of their responsibilities to support people to maintain their rights under the basic principles of the MCA 2005. The staff confirmed that they received MCA training.

People were supported to make decisions about their care, for example, one person who had been supported to visit the office was asked by the staff member supporting them whether they wanted to return to their local supermarket to do their weekly shop or whether they wanted to try a new supermarket which was near to the provider's office. The person made their decision to try the new one. The person explained how they were in control of all decisions in their life including what to eat, drink, wear and activities. They made clear choices about who they wanted to work with them. The person did not like to work with men. This was clearly recorded in all of their care records to make sure this was clear. A male member of the management team was enabled to visit the person on a regular basis. The person had made a clear choice about this and was happy to allow this on a pre-arranged basis. Staff described how they enabled people to make choices about their lives even if those choices were restricted. One staff member shared how they supported a person to have a variety of build-up shakes. If relatives left them the same flavour each day, they requested a different flavour to enable the person variety. Staff knew that people could decline things if they wished. For example, they explained that if one person declined their drink, the staff respected this but tried again a bit later on.

The provider had supported one person to use an electronic tablet to play music which they liked. This helped them to relax. Staff utilised the tablet to take photographs of the person undertaking activities and making use of their local community. The photographs clearly show the person smiling and being happy.

One person had support to prepare and cook their meals. They told us they were fully involved with choosing their food and they did their weekly food shop with the support from staff. They said, "I am buying a prawn salad when I go shopping today." They told us about their food likes and dislikes. The person's care and support plan evidenced this was fully documented. The other person was supported to eat meals that met their cultural and dietary needs. As the person was low in weight, they had been prescribed drinks to enable them to gain essential vitamins and minerals to stay healthy and maintain or build up their weight. A health and social care professional told us, 'Those individuals within my responsibility are supported to menu plan, shop and help in prep for all nutritional needs, those that require more bespoke assistance are open to dieticians and SALT with regular review.'

People's care records evidenced that people continued to receive medical assistance from healthcare professionals when they needed it. Staff contacted the management team when any changes in people's health had been noted and reported to people's families if they lived with a family member. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, nurse assessor, epilepsy nurses, dentists and Speech and Language Therapy (SaLT), occupational therapists and physiotherapists when necessary. Staff told us that they supported one person to carry out daily exercises. Records evidenced that these exercises had been prescribed by healthcare professionals and the advice and guidance that had been given was being followed by staff. People had hospital passports in place which

included essential information about them, their support needs and communication needs which helped people when they attended appointments and required hospital stays, this enabled hospital staff to know and understand each person's care and support requirements during their appointment or stay. One staff member shared how they had supported one person to attend a dental appointment with their family in London recently which enabled the person to have essential dental care under sedation. One relative told us, "They look after her health; she goes to the GP and dentist." The relative explained that they were attending a health appointment with their family member and staff in the coming week.

People were supported by staff who had received the training and support they required in order to carry out their role and meet people's needs. Staff had received essential training including fire awareness, food hygiene, health and safety, moving and handling, safeguarding, medicines administration, autism, epilepsy and basic first aid. The provider utilised online training as well as face to face classroom based learning. The staff who provided care and support to one person had to use moving and handling equipment to help the person move safely. Staff had not received competency based training to check that they were using this equipment safely. Some staff had been shown how to use the equipment by physiotherapists. We spoke with the management team about this and they agreed to arrange an external training provider to supply this bespoke training. Before we left the office on the day of the inspection they had identified local companies to approach to supply this. The provider had involved external consultants who had been involved in national work in relation to learning disability services to support the organisation. Training in relation to managing behaviour that may challenge was changing and new approaches were being embedded to ensure that the service was eliminating restrictive practices.

New staff completed an induction, which included training and shadowing more experienced staff. The Care Certificate had not yet been embedded. However the facilitation director advised that the provider was planning to role this out to new staff very shortly. The Care Certificate are agreed sets of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff were supervised and supported in their roles. A mixture of one to one supervision meetings and observational checks of staff carrying out their role in people's homes were used to check their continued competence, identify personal development needs and offer support. The provider's policy was to ensure that staff received a minimum of six supervision sessions per year. Records showed staff supervision was undertaken regularly and staff confirmed this.

Good

Is the service caring?

Our findings

People received care and support from staff who were kind, caring and considerate in their approach. People clearly had a good rapport with staff. There was plenty of light hearted banter between one person and the staff members supporting them as well as the management team. One person told us they liked the staff, they had clear favourites. The person's rota showed that the staff they liked and knew well worked with them regularly. A relative told us, "On the whole staff seem to be alright and kind and caring."

We observed positive interaction with staff members and one person. The person clearly responded well to staff providing emotional and sensory support and interaction. Staff were seen touching and stroking the person's face, hands and hair which visibly calmed the person down and stopped them from self-harming.

A health and social care professional told us, 'Staff, generally are very caring towards the individuals they support and genuine relationships seem to have been formed with individuals expressing the wish to work with preferred individuals. At a recent review the individual was quite self-deprecating, at which point the supporting staff member, turned this perceived negative into a positive at the same time as keeping the mood light and friendly.'

People were asked at the outset of care and support being provided by Burham Court if they would prefer to have a male or female staff member to support them with their personal care.

People had the same staff supporting them on a day to day basis unless staff were absent due to days off or annual leave. The rotas evidenced this and the staff we spoke with confirmed they always supported the same people each day. This meant that people knew the staff well and staff had been able to spend time getting to know people's preferences and their routines. Staff also knew what was important to people and knew their relatives and friends which meant they had a holistic view of the people they were supporting.

Personal information about people was included in their care plan to give a personal history enabling staff to understand their background. Records included people's interests; who was important to them such as parents and siblings; who the important people were in their life now, dates of important events such as family birthdays and important things to them such as teddy bears. Personal information gave clear information on likes and dislikes. Information about communication was also recorded. We observed this was followed by staff working with people. The information also listed what people were good at , for example, one person's care plan detailed that they were good at keeping themselves clean and keeping their house tidy.

People and their relatives where necessary, were fully involved in their initial assessment and in the development of their care plan. This meant they were able to provide the information they thought was relevant and important to them as well as determine how their care and support was provided. Staff told us they were happy in their role. One member of staff said, "I am enjoying the role".

One person was supported to live independently in their own home, they required minimal support with

their personal care needs. However they needed other care and support to maintain their safety in their home and in their community and help to stay well and take their medicines. Another person was supported with personal care tasks as well as activities in their family home. This enabled the person's relatives to have a break and enabled the person to have important physiotherapy and engagement with others. The management team shared how the staff supported this person for four hours a day during the week and eight hours a day every other weekend. This increased to 24 hour care when the person's relatives went on holiday.

People were supported to maintain relationships if they needed this support. One person had been supported to maintain a relationship with a partner who did not live in the local area. Staff supported the person to meet with them. One person told us they spoke with their relative each day and visited them frequently.

When talking about their roles and duties, staff told us they enjoyed their jobs. Staff spoke about people in a respectful manner when we asked questions about people's care and support and needs.

Staff told us how they maintained people's privacy and dignity. One staff member said, "I fully understand that I am a visitor to her [person's] home. I don't assume and I respect privacy". Other staff told us how they made sure they only went to areas of one person's home that they had permission to be in. They respected that this was the person's family home and ensured that family members were given privacy. Staff detailed how they maintained people's dignity whilst in the community such as making sure clothing was appropriate for the weather and was clean. They also detailed they carried tissues to help the person to remove saliva from their face.

Good

Is the service responsive?

Our findings

People received responsive care which met their needs. One person showed us their weekly timetable which showed they had planned a number of activities each day in their home and out in their local community. They told us how this was not fixed and they were able to change their mind. They said, "I didn't do Glow art last night. I watched TV instead". A relative said, "She [family member] is happy and getting on alright."

A health and social care professional told us that the service was responsive to people's needs. They commented, 'This particular service is very good at taking on those individuals that other services have given up on, slowly turning lives around. The service sees past histories and looks at the individual as a person with the same wants and needs as those not requiring services.'

People's care files contained picture of them participating in activities in their home and in their local communities. One person told us about a drama group they attended on a weekly basis in the local community. They enjoyed this and they had made a number of friends at the group. They proudly showed us the photograph of the group which was printed along with an article in a local newspaper. One person who was unable to verbally communicate with us enjoyed music, sensory activities and using a specially adapted walker to walk around the local community. A staff member who worked with the person told us that this had widened the person's presence in their local community. Neighbours often now came out of their homes to say hello to the person.

People's care plans were person centred. Care plans clearly detailed people's cultural needs as well as their care and support needs. Care files contained lots of photographs to evidence people's participating in their care and support. Some photographs showed that a person was maintaining independence with staff support.

Staff completed daily records of the care and support they had provided and this was kept in the person's care file within their home. The daily records evidenced that staff were supporting people according to their care plan. The management team were working on changes to daily records. They were planning to change the way in which staff recorded care, support and behaviours. This would enable the management team to monitor care, support and any incidents in a more effective manner and pick up on trends.

People's care was reviewed regularly; when people's needs changed, this was reassessed. Care packages were reviewed with the person, their relatives and with any health and social care professionals as required. Review records were maintained which included clear actions for the service to carry out. It was not clear if the actions had been completed as these had not been signed off. We checked with the management team and they provided evidence to show that all actions had been addressed appropriately. Each review celebrated people's achievements such as birthday celebrations, use of public transport and joining in events and activities including a Christmas party in 2017. The review summarised the medical appointments attended.

The management team planned to work with people and their families to talk about people's wishes and

preferences if they became unwell or if they died. They understood that this was a sensitive subject and a difficult one to approach with one person as they had recently lost a close relative and were being supported through the grieving process.

A member of the management team detailed how they met with people on a regular basis to check whether they were happy with the care and support they received. This enabled them to build a good rapport with people but also to iron out small things before they escalated. One person's relatives chose only to engage with the registered manager regarding any concerns or complaints and this was managed well. People and relatives knew how to complain. Complaints records showed that there had been one complaint about the service; this had been dealt with effectively by the registered manager. A relative told us how they had provided feedback about a member of staff not being able to fulfil their full role. They explained this was dealt with effectively. The provider's complaints policy did not include information about where to go outside of the organisation if people were unhappy with the provider's response. For example people could contact the local authority or the local government ombudsman. We spoke to the management team about this and this was addressed immediately. After the inspection a revised policy was produced and sent to CQC to evidence that changes had been made. There was an easy to read complaints guide in place. The management team advised us that all people were given copies of the easy read guide when their support started.

Good

Is the service well-led?

Our findings

People knew the management team well. One person told us that a member of the management team had visited them at their home the day before the inspection. They made light hearted jokes with each other about the fact the manager asked to use their toilet during the visit. A relative knew the management team well and said, "[Family member] has told me he [manager] visits her to check that she is ok. He [manager] has told me I can ring at any time; I have done. I rang at 20:30, he's always very pleasant."

A health and social care professional told us, 'I feel the service is very well led at senior management level and improving all the time at immediate home manager level.'

Audits and checks were carried out by the management team. These included monthly medicines checks, finance audits, staff files and training.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Some of the policies had been reviewed and amended to bring them up to date and to reflect changes and updates in good practice guidance. The management team were working on reviewing all the rest including reviewing their data protection arrangements because of the implementation of the General Data Protection Regulation (GDPR) which is the new data protection law which comes into force on 25 May 2018.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

The provider's statement of purpose detailed 'CLBD's (The provider) range of bespoke services offer 24 hour support to individuals with a learning disability, complex needs and / or a mental health diagnosis through a person centred approach' and 'The aim of the service is to provide a safe and homely environment that promotes empowerment, Independence and choice, whilst enhancing the individuals' daily living skills.' The aims of the service at Burham Court had clearly been communicated to all staff, they were all working to ensure people were effectively supported with all aspects of their lives including becoming active members of their local communities.

Staff told us communication was good. One person received 24 hour care and support in their home. The staff completed handover sheets each day to ensure that staff coming in to work with the person knew what has been done and what appointments were planned. Staff checked the medicines, cash balances and health and safety each day.

The management team worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively. The management team kept up to date with good practice, local and national hot topics by attending provider and registered manager forums. The

management team utilised research to evolve the service. The provider had instructed support and assistance from the American Founder of Positive Behaviour Support in relation to researching and developing non-aversive reactive strategies. Seminars via the internet were planned to provide support to the management team about this.

The management team had signed up to conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. The management team had signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

The provider's quality file contained a short report from a positive behaviour consultant. It read, 'Initial statement regarding my views about CLBD: in my view CLBD is a very positive, progressive and high quality service provision for people using and working within the service. As a relative I would have no doubt about my family using this service and that their lives would be positively changed and affected.'

One staff member told us there were regular staff meetings to discuss the service. Another staff member said they had not been to any staff meetings, however they felt well supported through having one to one supervision meetings.

Staff felt well supported by the management team. The provider and management team thanked staff for their work. For example, one staff file we viewed contained a copy of a thank you letter from directors to thank them for going over and above their role during the snow period to provide consistent care to people. A staff member told us, "I feel motivated and get good feedback. I feel I've got recognition for my hard work." One staff member told us, "They provide us with staff, training and support." Another staff member said, "I feel very well supported, they are very easy to approach about anything. They are very approachable and they listen."

It was evident that the management team had a good understanding of people's care and support needs and knew the relatives and the staff that provided support well. The directors of the company knew people and staff well and took time to chat to people when they visited the office.

People were given the opportunity to provide feedback about the service informally, through regular face to face contact with the management team and through communication with the registered manager. The provider had not sent out surveys about the service previously. The facilitation director told us, "Surveys are being sent out at the moment, they have not done them in the past. We will be sending them out to people, relatives and health and social care professionals." The provider had received a thank you card from one person receiving a service it read, 'Thank you very much for taking over my care and helping me out and caring about me and helping me out with stuff as well'.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, and deaths. The management team and the provider had notified CQC about important events such as safeguarding concerns that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the office area. When we checked the provider's website we found that the rating had not been

displayed, we discussed this with the management team. The provider made immediate contact with the contractor who hosted their website as they had previously asked them to put the information on there. This was rectified quickly and easily and now the last rating is clearly on display.