Bradbury House Limited

The Grange

Inspection report

Priddy Road
Priddy Road, Green Ore
Wells
Somerset
BA5 3EN

Date of inspection visit:
14 June 2017
16 June 2017
27 June 2017

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11 August 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 14, 16 and 27 June 2017 and was unannounced. Four adult social care inspectors carried it out on the first day, two on the second day and one on the third day.

The Grange provides accommodation and personal care for up to 25 adults who have a learning disability, autism or mental health needs. The Grange is registered with us as one service but is made up of four separate homes; each has their own identity and caters for a specific group of people who have similar needs or aspirations. The homes are called The Grange, the Courtyard, Priddy Farm House and Meadowlands. The Grange can accommodate six people, the Courtyard seven people, Priddy Farm House five people and Meadowlands seven people. There were 23 people accommodated when we inspected.

There were four service managers who were responsible for the day to day running of one designated home; these managers were overseen by the registered manager who was responsible for the service. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People made choices about their own lives, although their legal rights in relation to decision making and restrictions were not always upheld. People knew how to complain; people's complaints were taken seriously and investigated.

The quality assurance systems in place were not yet fully effective. We had not been notified of each significant event which had occurred at the service in line with the provider's legal responsibilities.

People's care needs were thoroughly assessed and their move to the service was well planned. One person told us, "I came for a visit and had a look around the farm, my flat and met some staff. I'm happy I moved here. It's much better than where I lived before."

People were protected from abuse and avoidable harm; risks to people were assessed and well managed.

People received effective support with their medicines and to help them manage their behaviour. A range of health and social care professionals were involved in people's care to ensure their needs were met.

People chose a range of activities, work placements and trips out. Staffing levels ensured people could take part in their chosen activities and remained safe.

People interacted well with staff and had built trusting relationships with them. Staff were kind, patient and treated people with dignity and respect. One person said, "I get on well with all the staff, they're good. They've really helped me out with things, even difficult things. I'm really happy living here."

Staff knew people well and understood their care and support needs. Staff supported people to 'move on' if people chose to. People kept in touch with their friends and relations, were part of their community and were encouraged to be as independent as they could be.

People, and those close to them, were involved in planning and reviewing their care and support. Care plans were comprehensive and kept up to date. There were systems in place to share information and seek people's views about their care and the running of the service.

People chose their own meals; they were encouraged to eat a healthy and well balanced diet. One person said, "I do a weekly menu, chose what food I want, do my shopping list, then staff take me shopping."

Staff were well supported and well trained. Communication throughout the service was good; staff felt involved and listened to. One staff member said, "I definitely get enough support. The managers are accessible and they listen."

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

We have made a recommendation about people's legal rights in relation to their liberty.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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.

People were protected from abuse and avoidable harm. People were well supported when they became anxious or aggressive.

Risks to people were assessed and well managed.

There were sufficient numbers of staff to keep people safe. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Requires Improvement

The service was not fully effective.

People's legal rights in relation to decision making and restrictions were not always upheld.

People were well supported by health and social care professionals. This made sure they received appropriate care.

People were supported by staff who understood their needs. Staff received training to make sure they had the skills and knowledge to provide effective care to people.

People chose their meals and were encouraged to eat a healthy and balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by kind and patient staff.

People's independence was encouraged and supported.

People were supported to keep in touch with their friends and relations.

People were involved in decisions about the running of the service as well as their own care.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. Care plans were comprehensive and kept up to date.

People received care and support which was responsive to their changing needs.

People chose a wide range of activities, trips and work placements. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the service more generally. People's complaints were listened to and taken seriously. People's views were used to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Significant incidents were not always reported to us so we could make sure the right action had been taken to protect people.

The quality assurance systems were not always effective in ensuring that any areas for improvement were identified and acted upon.

People were supported by staff who had clear lines of accountability and responsibility within their team.

People were supported by staff who were clear about the aims of each home at the service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

The Grange

Detailed findings

Background to this inspection

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

This inspection took place on 14, 16 and 27 June 2017 and was unannounced. Four adult social care inspectors carried it out on the first day, two on the second day and one on the third day.

We met 17 people who lived at the service. We spoke with 10 of them about their care and support. We observed staff interacting and supporting people in all four homes. We spoke with 11 care staff, four service managers, the registered manager and the provider's commissioning manager. We looked at 13 people's care records. We also looked at records that related to how the service was managed, such as seven staff personnel files, staff meeting minutes, staff rotas, staff training records, incident reporting and analysis, health and safety records, compliments, complaints and quality assurance audits. We spoke with one social care professional between inspection visits.

We reviewed information we held about the service before our inspection. We looked at notifications we had received. A notification is information about important events which the service is required to send us by law. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Good

Our findings

The service was safe. People told us it was a safe place for them to live; some people stressed they felt more safe than when they lived elsewhere. Comments included: "It's safer here than [service name] where I used to live before. I've felt safe since I moved here", "Yes, I feel safe most of the time", "Yeah, it's a safe place. Our staff are top notch" and "I feel safe living here. If I didn't I would talk to the staff or the manager." People living at The Grange were unable to tell us verbally if they felt safe. Our observations of people were they appeared happy and relaxed in their environment and at ease with the staff supporting them.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff spoken with said the service was a safe place for people. All staff spoken with were aware of indicators of abuse and knew how to report any concerns. The service had a policy which staff had read and there was information about safeguarding and whistleblowing available. Staff were confident that any concerns would be investigated to ensure that people were protected. One staff member said, "We have a dedicated, caring staff team and I'm confident that if they saw anything they were not happy with they would know what to do. Staff are knowledgeable regarding safeguarding." Another member of staff told us, "I have never witnessed anything here and if I did I would go straight to the management and I would whistle blow." This meant people were supported by staff who knew how to recognise and respond to abuse.

Staffing levels ensured people's safety. Staff told us they thought there were enough staff available to meet people's needs and to keep them safe. Staffing rotas confirmed this. There were some vacancies in the staff team; recruitment was ongoing. Staff confirmed where shifts needed covering each service manager arranged for either permanent staff, the provider's relief staff or regular agency staff to provide cover. This ensured people were supported by staff who knew them and understood their care needs. One staff member said, "We do use some agency staff and we try to use the same staff, the shifts are always covered." Another commented, "Staffing is ok and [name of service manager] will help out if needed."

People had highly complex needs and behaviours, which sometimes led to incidents occurring as people could become anxious or aggressive. One person said, "Sometimes people swear, shout, hit out, break things and slam doors and windows. When they do that I come inside." Another person told us, "If I'm upset I can hurt myself or run off. I've done that a couple of times. I've hidden in the grounds; staff found me. They talk to me about what I did." People were sometimes affected by other people's behaviour. People knew their rights and were able to complain if they wished or to call the police if the incident was more serious.

One person spoke about a recent incident. They said, "[Name] threatened me. I was scared. It was all dealt with and the police have been in to see me again today. They have been good at keeping me up to date on things." Another person told us, "I had an incident here with [name]. I put in a complaint about it. They dealt with it well. No problems since then."

People had detailed behaviour support plans in place which identified what made them anxious, the signs they were becoming anxious and how staff should respond. Staff had a good knowledge of these plans. Some people could be restrained "as a last resort." Staff spoken with said they did use restraint but this was only ever used as a last resort. The records we looked at confirmed this and it was the least restrictive option. One staff member said, "In this house we have maintained a core staff team for the past year. It has really helped in relation to incidents, intensity and duration. In large part, this is due to trust. The behaviour plans are really helpful, they give us clear protocols, what to do."

Staff completed an accident or incident form for each event which occurred; these were entered onto the provider's computer system. Incidents were read by each service manager. They were then forwarded to the provider's senior managers and analysed by the provider's behavioural specialist who responded by offering suggestions and comments for staff to help improve their practice. This ensured that each incident was recorded and reviewed.

Details of action taken to resolve incidents or to prevent future occurrences were recorded where appropriate. For example, staff in The Grange had received additional training to enable them to support one person and they felt this had been effective. One staff member said, "We have been put on extra training to support [name] as before the techniques we used were not effective. We always use the least restrictive option and try everything else before we would restrain someone." Staff described how this had reduced the use of restraint with this person and the duration of each incident. Records confirmed this. This meant people were being supported appropriately with their behaviour.

The provider met with staff from the local authority safeguarding team to review and discuss incidents and safeguarding issues every six weeks. This was an opportunity to look at each incident, why it occurred, how staff responded and if they could be prevented. Each service manager felt this was a very good idea as it gave them valuable additional support and helped them (together with the provider's behavioural specialist) to continually keep people's behaviour plans and staff responses under constant review.

Risks relating to people's individual care were assessed and planned for. Risks to people had been considered such as people's behaviours, their health needs, accessing the community, specific activities, using a vehicle, accessing the kitchen and smoking. Risks were reviewed at set intervals or more frequently if a person's needs changed. This ensured risk assessments were an accurate reflection of the current risk. Staff were aware of the identified risks and the measures in place to reduce them.

There were safe medicine administration systems in place and people received their medicines when required. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. One person I said, "I have my meds at 9am. The staff look after them and give me my meds on time. I'm happy with that." All medicines were stored securely to ensure they remained safe.

Staff administered most medicines to people. No one fully self medicated, although some people did

choose to administer some of their medicines. One person told us staff gave them one medicine they needed for a particular health condition and the person injected it. They told us, "The staff get my drugs out of my drugs cabinet in my flat. I'm on [medicine name]; I do that myself and staff just make sure I've taken it. I prefer it that way, doing it myself." Another person said, "Staff do most of my meds. I look after my inhaler though and I know when I need to use it."

Staff worked in pairs when giving medicines to people. One staff member gave medicines and one checked the right medicines were given at the right time, to the right person. One staff member told us "I'm confident that medicines are well managed." Staff received medicines administration training as part of their induction; additional on line training and an annual competency check was also provided which staff had completed. This was confirmed in the staff training records.

People's medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the service. The pharmacy provided printed medicine records for staff to use. When medicines were received outside of the monthly cycle, such as when people needed short course medicines, staff entered the details on the medicine records. These were not always being checked and countersigned by a second staff member. This is recognised good practice to ensure people received the correct medicines and reduced the risk of errors occurring. This was discussed with the provider's commissioning manager who told us they would ensure this was done. The provider asked staff to check the temperature of medicine storage facilities every day to ensure medicines were kept at a safe temperature and remained effective to use. We found that these checks were not always completed each day in The Courtyard. This was discussed with this home's service manager who would ensure staff carried these out.

The PIR stated there was a "Rigorous recruitment process." We found the provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff were offered a 'trial day', had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. References from previous employers were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained.

Staff carried out a number of checks to ensure the premises were safe for people. We saw records which confirmed safety checks had been carried out on the fire alarm systems, portable electrical appliances and on hot water outlets. There were plans in place to ensure people's safety in an emergency. The service had a plan for the failure of utilities. Each person had a plan if they needed to be admitted to hospital, if they went missing or needed evacuation in the event of a fire. One person said, "I have what to do in a fire there, on my door. We all get involved in fire drills, when the alarm goes off." The provider operated an on call system so staff always had a senior member of staff to call on in an emergency. This promoted people's welfare and safety.

Requires Improvement

Our findings

The service was not fully effective. People who lived at Meadowlands, The Courtyard and Priddy Farm House were able to make many of their own decisions as long as they were given the right information, in the right way and time to decide. One person said, "I choose what I want to do. Staff ask me or suggest things but it's up to me." Another person told us, "I decide on things. I chat to staff and they help or advise me, but it's my choice at the end of the day." People who lived at The Grange had more complex needs, but staff still encouraged them to make as many decisions as they could.

People were not able to make every decision for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they may lack mental capacity to make a particular decision, their capacity needed to be assessed. Any decision made on their behalf must be in their best interests and as least restrictive as possible.

The application of the MCA needed to be reviewed and improved. Decisions were being made in people's best interests when staff told us the person had capacity to make their own decisions. For example, one person had a monitor in their room at night due to a health condition. Staff told us the person had capacity to agree it its use. However, this person's care plan contained mental capacity assessments in each section of their care plan which said they lacked capacity to consent to their care. We discussed this with the registered manager and commissioning manager who confirmed they would ask service managers to review people's care plans to ensure people gave consent where they were able to and record this. Where they were unable to consent, an individual best interest decision would need to be made and recorded.

Restrictions on people had not always been reviewed in line with the MCA code of practice to ensure they were in people's best interests and were the least restrictive option. For example, in The Grange people had restricted access to their kitchens, clothes, food, drink and toilet roll. Staff were able to explain why these restrictions were in place for example, to keep people safe and prevent them from becoming anxious. There were some appropriate assessments in place, such as for the use of a visual monitoring device with involvement from an epilepsy nurse. However, we found each decision had not been reviewed and assessed in line with the MCA to ensure it was the least restrictive option and in the person's best interest. This meant people's legal rights were not fully protected.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lack capacity can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had identified people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant body. Some had been authorised with conditions which were being complied with.

We discussed DoLS with staff, service managers, the registered manager and the commissioning manager as there was some confusion around when a person could be considered as being deprived of their liberty and what the DoLS assessment process covered. We also spoke with staff from the local authority's DoLS team between inspection visits to the service. The outcome of this discussion showed there was some misunderstanding about the DoLS process, although no one was being unlawfully deprived of their liberty. The registered manager and commissioning manager told us they would review people's care to ensure each person's legal rights in relation to their liberty were protected.

We recommend that the service seek advice and guidance from a reputable source, about people's rights in relation to their liberty.

Newly appointed staff were given a thorough induction to the service. This included working alongside experienced staff, reading care plans, risk assessments and the provider's policies as well as completing some basic training. One staff member said, "My induction was over two weeks, it covered training, shadowing, reading the care plans and meeting the people. It prepared me for the role." The induction programme was linked to the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One service manager told us, "I feel newly appointed staff are adequately prepared and the induction is a dynamic and changing process."

Staff received a range of training to meet people's needs and keep them safe. The provider employed two 'in house' trainers who provided 'face to face' training. Staff could also access on line training, using on site computers or logging in from home. The training records showed all staff received basic training such as first aid, health and safety, equality and diversity, safeguarding and infection control. Staff had also been provided with specific training to meet people's care needs. For example, staff at The Grange had been provided with training in caring for people with epilepsy and in using a picture based communication system with people.

Staff commented positively about the training they received, they felt they had enough training. One staff member said, "The training has been interesting. I have just done mental health awareness. We are prompted to get mandatory training." Another commented, "We do quite a lot of training, it's enough and if we can ask for a refresher if we need it." Staff were also supported to obtain qualifications relevant to their role. For example, five staff members working at The Grange were being supported to gain diplomas in health and social care.

Staff told us they had formal supervision (meetings with their line manager to discuss their work) to support

them in their professional development. Records showed staff received regular supervision. Staff told us they found supervision supportive. One staff member told us, "We have regular supervision and I feel listened to." During supervision, staff member's competence and knowledge was assessed for specific areas of their role such as medicine administration and safeguarding. One of the senior staff members told us this was a useful way to assess staff competency and give additional training and support if needed. This showed staff received the training and support they needed to support people safely and effectively.

People's health care was well supported by staff and health professionals. One person told us, "Generally, my health is ok. I go to see the nurse at the clinic and see my GP if I'm not well. Staff check I'm ok." Monthly health checks were completed by staff including weight checks, when each person last saw a GP, dentist, optician or chiropodist. Records confirmed people attended appointments when these had been arranged. People also had specialist support, such as from an epilepsy nurse, a psychiatrist and speech and language therapist to ensure their health care needs were met. Staff recorded the outcome of people's contact with health care professionals in their plan of care. This meant people were supported to receive ongoing healthcare support.

People told us they liked the meals they had. They were encouraged to eat a healthy, well balanced diet. People had their own flat, so chose their own meals. People told us they occasionally invited and cooked for other people who lived at the service. One person said, "I do a weekly menu, chose what food I want, do my shopping list, then staff take me shopping. If you need help to cook, staff help. Otherwise I do it." Another person told us, "I'm going shopping tomorrow. I choose what I want to eat then go shopping with staff. They cook, but I like helping them." In The Grange, we saw staff offered people a choice of meals using a picture system and asked them what they would like. Staff also described how they had supported one person to expand their choice of food. They told us one person was very fixed on the specific foods they would eat and they had worked with the person to introduce a range of health snacks and other foods. This showed healthy eating was promoted.

Good

Our findings

The service was caring. People told us they had good relationships with staff. Comments about staff included: "It's fine living here. The staff are nice, kind", "The staff are kind. I'm happy here", "It's good living here. Some days it's brilliant, seeing the staff who make me happy" and "The staff are all nice." Staff actively listened to people. People chatted with staff throughout our inspection. They spoke about lots of different things such as their plans for the day, shopping, appointments they had, trips out, social events, their money and any problems or issues they had.

People received care and support from staff who had got to know them well. One person said, "I took a while to settle in and to get to know people and for them to get to know me. The staff are used to the way I am now." Another person told us, "I get on well with all the staff, they're good. They've really helped me out with things, even difficult things like going to court. I'm really happy living here." We observed many positive and warm interactions throughout the service; there was a good rapport between people and staff. There was a calm and unhurried atmosphere, with people clearly enjoying good humoured banter. A visiting health professional commented, "I am happy with the interactions I have seen. The staff communicate well and they know people well."

The relationships between staff and people demonstrated dignity and respect at all times. We observed staff knocking on people's flat doors and waiting to be invited in before entering. People were asked if they would like to speak with us and the purpose of our visit was explained to them. Staff described how they ensured people had privacy and how their modesty was protected if they needed intimate care. For example, supporting them to do as much as they can for themselves and ensuring this care was carried out in private.

Staff were aware of and supported people's diverse needs. Staff knew how to support people as these aspects of care were well planned. One person told us, "I do bible study on Tuesday nights. I go to church on Sundays. I enjoy going to them." People were supported to develop personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Some people told us they had formed friendships with others who lived at the service. One person said, "I get on well with everyone who lives in these flats. We help each other out. My neighbour next door helps me out with my computer as he's good with that sort of thing." People had also been supported by external professionals in relation to their sexual orientation and sexual identity.

People were supported to maintain relationships with the people outside of the service, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations. One person said, "I'm close to my mum and dad and my grandparents, so they come and visit me. My dad often comes in after work." Another person told us, "I see my brother and my nieces about once a month. They live in Devon so I go to see them; the staff take me." People told us they kept in touch by phone, email, texting, internet programmes and by using social media. One person told us, "I have my own mobile phone and a laptop. I keep in touch with my friends and my mum and dad."

People were given information about their service in line with their individual needs. One person told us, "I have a rota so I know who will be working with me. I also have a weekly timetable so I know what is planned for the week." Another person had similar information displayed in a way they could understand. A staff member told us that this person had asked for this as they liked to be "organised." We observed staff using people's chosen communication methods when people were unable to communicate verbally. For example, we saw pictures being used with people in The Grange and in Meadowlands to help them communicate with staff.

Staff knew about people's likes and dislikes and were able to explain what was important to them such as their family, their chosen books and magazines, films, day trips and outdoor space. One of the senior staff told us as part of their responsibilities they checked through people's records to ensure people were referred to in a respectful way. We saw a list of respectful terminology to use when referring to people to remind staff how to record information appropriately.

People were encouraged and supported to be as independent as they could. One person said, "I try to do as much for myself as I can. I do my shopping, some cooking and keep my flat clean. Staff have helped me with budgeting, I used to spend all of it but I'm even saving money now." Another person told us, "I keep my flat clean and I love doing my own cooking. I do things like wash and dress myself; I don't need any help with anything like that. I've lived in my own flat for a while so can do most things for myself, but staff are around if you need any help or advice." Where people were less able, such as those people who lived at The Grange, staff supported and encouraged them to do as much as they could. One health professional commented about staff. They said, "They have gone out of their way to provide improvements to [name's] quality of life and their abilities to interact with the world."

People were involved in decisions about their current and future care needs as much as they could be. Some people said they spoke with staff every day. One person said, "I chat day to day with the staff. We talk about all sorts of things really, if I'm happy, any worries and plans for the future." People's views were sought at 'service user' meetings, at monthly reviews with keyworkers (a named member of staff responsible for ensuring people's care needs were met) and at meetings with the people who fund their care. One person told us, "I've got a good keyworker [name]. We have a lot of understanding between us. I have a social worker and they come and see how things are for me here." There was information for people displayed in the homes (often in an 'easy to read' format) and on the provider's website, such the complaints procedure. This ensured people had the information they needed.

People had information about and access to advocacy services if they needed or wanted to use them. Some people had an advocate. One person told us, "I've got a really nice advocate. She came in to see me this week. I can talk to my advocate and they help me air my views." We read advocates had helped people make decisions and had been involved when people needed decisions to be made for them.

Staff had a good understanding of confidentiality. Some people had signed to say they agreed to information about them being shared with others, such as being displayed on the provider's website. We also saw when people did not want personal information shared with others, such as their family members, this was recorded in their care plan and adhered to. We saw staff did not discuss people's personal matters in front of others; they made sure this was done in private areas of the service. People's individual care records were stored securely to make sure they were only accessible to staff. A visiting health care professional told us staff had a good understanding of confidentiality.

Following our inspection visits to the service, the provider sent us additional evidence in relation to the caring approach of staff. This was from two people's relatives and two care professionals. One relative wrote, "Your understanding and willingness to support [name], coupled with an exemplary attitude to supporting [name] and his needs should be seen as an example across the care sector." One social care professional wrote, "The staff teams at the respective homes have supported my clients to remain out of hospital; learn new skills; develop friendships with others and learn skills in becoming more independent. I would recommend this service to others."

Good

Our findings

The service was responsive. People were supported to follow their interests and take part in social activities, education and work opportunities. Some people chose to work on the provider's farm where a variety of groups were available. These included horticulture, animal care, woodwork, craft and cooking. Comments from people included, "I chose what I want to do. I go to the farm every week to look after the animals" and "I go to the farm two days a week. I do gardening, woodwork, collect eggs and look after the animals. I did a 12 week session on animal care. I really like the farm."

Other activities were based on people's individual needs and aspirations. Some of the people living in The Grange had specific sensory activities designed to meet their needs. The staff we spoke with had a good understanding of these activities and the benefits they provided to the people they supported. Some people at the service told us they wished to work and explained their plans for the future. One person said, "I am going to work in Wells in a shop. I am going to work with books. The manager is going to call me." Another person told us, "I go to the farm and it's good. I would really like to move out into the community in my own flat. I would have to work and I want to be a mechanic, so would have to go to college first. They're [meaning staff] helping me sort all that out."

The service was busy, with people coming and going, throughout our inspection visits. One staff member said, "It's a nice place to work, very centred on the guys here and what they want to do." People went to the farm but also had numerous trips into the local community. Records showed people went shopping, for meals out, to the pub, cinema, the coast, bowling, to social clubs and events, visited places of interest and went on holidays. One person said, "I get out and about. I go to the disco, go racing, cinema, bowling, go to the coast. I'm going to Longleat next week." Another person told us, "I do lots of things, especially on the weekends. I'm just arranging a holiday now." The provider had organised a large social event in the grounds of the service on the first day of our inspection. There was live music and food for people. One person said, "There's a party later tonight. I'm going and I'm going to help with the food as well." This showed people were provided with a wide range of activities and trips, which met their needs.

People had their needs assessed before they moved to the service. They were encouraged to visit and have overnight stays to help them decide if the service would be right for them. One person said, "I chose to live here. My social worker found it for me. I came to look around and met [four staff who they named]. They showed me my flat and my garden. I liked it so I moved here." Another person told us, "I came for a visit and

had a look around the farm, my flat and met some staff. I'm happy I moved here. It's much better than where I lived before."

People were not always able to visit the service before they moved. This may be due to the distance involved or if people needed to move home quickly. One service manager had just returned from a two-day assessment of a person interested in moving to the service. They lived some distance away. During the two days, the service manager met staff involved in the person's care and was provided with a detailed document describing the person's needs and behaviours. In spending time with the person, the service manager could determine if the service could adequately meet their needs and if they will 'fit' into the particular home.

Information from the assessment process had informed each plan of care. The PIR stated care plans were "Person centred, individualized, live support plans, outcome based." We found each person had a detailed care and support plan. The care plans we read were personal to the individual and gave information to staff about people's needs, what they could do for themselves and the support required from staff. Care plans also included detailed life histories, health condition information, personal care needs, likes and dislikes, behaviour plans, risk assessments and the person's aspirations or future plans. The staff we spoke with had a good knowledge about people's individual needs.

Staff worked well with people to ensure they responded to their current or changing needs. For example, one staff member told us how they were working with a person to encourage them to use the shower. They said they had brought in their swimwear and used the shower themselves to encourage the person to enter the shower. The staff member explained how they had tried to make it a fun event to ease the person's anxiety around this. This method was working.

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People were involved in the review processes. One person told us, "My social worker has been to see me. I had a meeting about living here. I said it was fine." Another person said, "My social worker comes in to see how I'm doing, if I'm happy with everything. We can chat about things I want to change or do in the future." People told us they had a monthly review with their keyworker. During this meeting people were asked if they were happy with their care and if they felt safe. At The Grange, this was communicated using a pictorial questionnaire which the person completed with support from staff. This enabled them to communicate what was working, what wasn't and any aspect of their care they would like to change.

Staff told us communication was good throughout each of the home's staff teams. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's care needs and progress was monitored. We saw there were often ongoing discussion between care staff, senior staff and service managers about people's needs and their mood. This was important as people's needs could change rapidly if people became anxious or if their mental health deteriorated.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain if they needed to. One person said, "They tell you how to complain and there's information about it on the notice boards. It's also on their [meaning the provider's] website." We saw 'easy to read' complaints information was displayed throughout the service. Most of the people living at The Grange were unable to raise a complaint verbally so the pictorial questionnaire was used to enable them to

raise any concerns they had.

People told us complaints had been dealt with well when they had raised them. One person said, "I have put in a complaint and I think [the service manager] dealt with it well." We looked at the records of complaints the service had received. We saw the provider's policy had been followed. A response had been given in writing to acknowledge the complaint within three working days. Each complaint had been taken seriously and thoroughly investigated. Following this, a meeting had been held with the complainant to discuss the outcome. This meant people's views were listened to and acted upon.

Requires Improvement

Our findings

The service was not consistently well led. Significant incidents were recorded in each of the homes and, where appropriate, were reported to relevant authorities such as the local authority safeguarding team or to the police. The provider had notified us of some significant events as required by law, but not all. In Meadowlands, there had been three separate safeguarding incidents (in March, April and June 2017) which had been referred to the local authority safeguarding team. None of these incidents had been reported to us, as they should have been. In Priddy Farm House, a serious incident had occurred in March 2017 where the police were called and they attended. This incident had not been reported to us when it occurred. This lack of reporting meant we were unable we to make sure the right action had been taken to protect people.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Quality assurance systems were in place to monitor the quality of service being delivered and the overall running of the service. We found the system the provider used were being improved. One of the provider's senior managers visited the homes to carry out quality audits. We looked at the last audit carried out in each of the four homes. We found some action had been taken where audits had identified shortfalls, such as improving the frequency of fire drills, ensuring staff training was up to date and ensuring people had a healthy and balanced diet.

However, this new auditing process needed to be refined. Some of the issues we found during the inspection had not been identified by the improved quality assurance processes. For example, the lack of notifications to CQC had not been picked up. Also, whilst the process had noted improvements were needed in the application of the MCA, it had not identified the MCA code of practice was not being followed. This meant the quality assurance system was not yet fully effective in ensuring the service complied with good practice guidelines or the law.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sought people's views on the service they received. People told us they were happy with their service and pleased they had decided to move here. One person said, "I'm really happy I moved here. This is the best place I have lived." Another person told us, "I've lived in lots of different places. This is the best one. I'm happy here." In addition to 'service user' meetings, keyworker meetings and reviews, the provider sent

questionnaires every year to people and those involved with their care such as their parents and health care professionals. This year's surveys were still being returned when we inspected, so had not yet been collated. We read some, which had already been received; these were all very positive. Some of the responses were as follows: "[Name] is very happy down there with all of you", "The team at the Courtyard have done the best they can" and the service was "A warming environment that appears proactive and beneficial for all clients."

There were clear lines of responsibility in the management team. There were four service managers who were each responsible for one designated home. The service managers were overseen by the registered manager, who oversaw the whole service. Each service manager had senior staff in their homes; they effectively formed the management team who were responsible for the day to day running of each home.

The registered manager maintained a regular presence in the service. The service managers worked in their specific service each day and worked alongside staff to monitor their performance and provide support and feedback. We saw people who lived in the homes often spoke with service managers and senior staff about different issues. Staff also discussed things with them informally and asked their advice. This gave each management team insight into how people's care needs were being met and the ongoing support staff needed.

The service managers met on a weekly basis with the registered manager. This gave them an opportunity to discuss people's care, events in each home and to talk about more general issues across the service. Service managers and senior staff spoken with felt the management arrangements and meetings worked well. One service manager said, "[The registered manager] is incredibly supportive as is [the provider's behaviour specialist]. I have had a lot of support. It's a nice company to work for."

The PIR stated there was an "Open door policy for all staff." Staff told us they felt well supported. They felt able to approach the registered manager, service managers and senior staff for advice or to share any concerns. They said the registered manager "Popped in" daily to each home and that they were always available on the phone if needed. One staff member said, "[Name of service manager] is very good, they work alongside us and are really supportive. We also see [Name of registered manager] regularly; they come in and ask if everything is ok." Another told us, "I definitely get enough support. The managers are accessible and they listen."

Staff meetings were held in each home on a two weekly basis. They were used to review people's care, address any issues and communicate messages to each staff team. One staff member told us, "We talk about what's going on, they do listen to you and any problems you can speak up."
Another member of staff said they, "Enjoyed the job. Good management and seniors support." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to. Meeting minutes showed areas covered in the meetings included discussions relating to people who lived at the service, medicines, record keeping, staff duties, safeguarding and any maintenance issues.

The provider's senior managers visited the service regularly. Some visits were formal, such as when quality assurance audits were carried out and when supervising the registered manager. The provider's behaviour specialist was working at the service when we inspected. Other informal visits were carried out to support the management team, such as the commissioning manager visiting as they were during our inspection.

The key aims of the service were clearly defined. They were described in a document called a 'statement of

purpose' and these were also set out on the provider's website. Each of the homes had its own identity and catered for a specific group of people who had similar needs or aspirations. For example, The Grange was "Designed to provide bespoke accommodation for six individuals who are on the autistic spectrum with complex behavioural and communication needs", whilst "The Courtyard provides a safe environment in which service users can progress onto greater levels of independent living." Meadowlands supported people "To develop their independence and the key life skills required for living in the community independently" and Priddy Farm House was for people "Who display complex and challenging behaviours, including individuals that require support with mental health needs."

People spoken with were clearly in the most appropriate home, which matched their care needs and plans for the future. Staff spoken with in each of the four homes understood the individual ethos of the home and worked in ways which promoted it. Staff commented positively about each team's culture and values. One staff member told us, "Our aim is promoting independence and to help people develop key skills. Levels of care people need can vary, but people here are really trying to move on." Another staff member said, "You feel it's about giving the best level of care we can. Giving people every opportunity and chance to help them to move on in their lives."

People were part of their community. The service was in a rural setting but people still used community facilities such as shops, supermarkets, cafes, pubs, leisure centres and social clubs. People went out into the community alone and with staff support during our inspection.

Staff worked in partnership with external health and social care professionals. People required this support due to their complex needs. A consultant psychiatrist, learning disability nurse, dietician, physiotherapist, cardiologist and epilepsy nurse had supported people. Their advice or guidance had been acted on an incorporated into people's care plans. One health care professional commented the service provided, "A warming environment that appears proactive and beneficial for all clients."

The registered manager and service managers checked accident and incident reports. The provider's senior managers and the provider's behavioural specialist also saw these. These were analysed for any trends or patterns. Staff told us they were given feedback from this process. Incidents were also discussed, so staff could try to learn from them and try to prevent them from recurring. This promoted people's welfare and safety.

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 18 Registration Regulations 2009 Notifications of other incidents Significant incidents were not always reported to us so we could make sure the right action had been taken to protect people. Regulation 18(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's legal rights in relation to decision making and restrictions were not always upheld. Regulation 11(1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality assurance system was not yet fully effective in ensuring the service complied with good practice guidelines or the law. Regulation 17(1)(2)