

# Crediton Care & Support Homes Limited

## Burridge Farm

### Inspection report

Sandford  
Crediton  
Devon  
EX17 4EL

Tel: 01363775167

Website: [www.autismcare.co.uk](http://www.autismcare.co.uk)

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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

### About the service

Burridge Farm is a 'care home' registered to provide accommodation and personal care support for up to six people living with a learning disability and/or autistic spectrum disorder. At the time of this inspection six people were living there.

At the last inspection, we found a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulations 2014). At this inspection the service was now meeting the requirements of this regulation.

Services for people with learning disabilities and or autism were supported. The service was in the countryside about two miles from the nearest village, Sandford. This did not impact negatively on people as there were sufficient staff and vehicles to ensure people could access the local community. The farmhouse was two storey and had 5 bedrooms as well as communal areas. There was also a separate annexe where one person had living space including a bedroom. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate Burridge Farm was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were relaxed and happy with staff, who understood and were attentive to their needs. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were encouraged to be as independent as possible. People were supported to do activities both at the service and in the community. This included attending social events and clubs. People were also supported to develop and maintain life skills including personal care. People had choice and control over decisions where they had capacity to make them. For example, people were encouraged to choose what they had to eat, what they wore and what they did each day.

Feedback from people and their relatives was very positive. Comments included, "I am very happy here." Professionals were also complimentary about the care and support people received. Comments included, "I have found that the service engages very well with me and feel they pass the 'mum's test'."

People had care plans which described their risks, needs and preferences. Care plans provided information for staff on how to support people. Important details about each person were recorded, for example, details about their family and their background. Staff understood how each person communicated both verbally and non-verbally. People received their medicines from staff who had been trained and knew how to administer medicines correctly. Medicines were stored safely.

Staff were recruited safely. Staff were supported to do training to ensure they knew how to support people well. Risk assessments and care plans described how people should be supported to minimise risks and

maximise people's choices wherever possible. Staff understood the Mental Capacity Act 2005 and worked within this legal framework to support people. This included applying for Deprivation of Liberty Safeguards authorisations when necessary.

The newly appointed manager had applied to be registered with the Care Quality Commission. They had worked at the service as a deputy manager and therefore knew people, their relatives and staff well.

Feedback showed they were well thought of. For example, professionals said they thought the service was well run by a manager who knew people well and understood their responsibilities.

There were systems to monitor and assess the quality and safety of the service. Where issues were identified there were improvement plans to address them. The provider was working with the manager to make changes to ensure the service delivered care in line with best practice. They were supported in this by health and social care professionals, including the quality assurance and improvement team at the local authority. The manager understood their responsibility to report significant events when necessary to the correct authorities including the Care Quality Commission. This included acting on their duty of candour where there were concerns about safeguarding vulnerable adults.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 20 February 2019)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Burridge Farm

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. This included notifications about incidents and accidents which the provider is required to inform us about. We used all this information to plan our inspection.

#### During the inspection

We met all the people who live at Burridge Farm and spoke with two of them about their experience of the care provided. We spoke with staff including the provider, the manager, two senior support workers, a care worker and two administrators. We also met and spoke with a manager from another service owned by the same provider.

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

After the inspection –

We contacted staff in health and social care teams who have provided support and care to people living at the service. We received responses from three professionals. We also received feedback from one relative.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Each person had been assessed for risks to their health, safety and welfare. Care plans had been developed which described how to support the person to reduce the risks. For example, one person had been assessed as at risk of being anxious in the lead up to when they were seeing family. Care plans described how to support the person to ensure they understood when visits were arranged. This helped the person to stay calm.
- Environmental safety was regularly assessed. Risks from fire, electrical equipment and water temperatures were monitored. Action was taken to reduce the risks. For example, ensuring people understood what they needed to do in the event of a fire. Staff understood how to minimise risks to people, such as ensuring they were accompanied when outside the service.

### Staffing and recruitment

- There were enough staff to support people safely both in the service and in the community. Staff rotas were organised so that people had opportunities to go out both in groups and on their own with staff accompanying them.
- Staff were recruited safely. Checks were carried out before new staff were appointed. These included interviewing potential staff, following up references and completing a Disclosure and Barring Service (DBS) check for the candidate. The DBS is a police check which establishes whether people are safe to work with vulnerable people.
- Throughout the inspection, staff worked with people without rushing. Staff said they were able to spend time with people to ensure they were supported safely and as they wanted to be.

### Using medicines safely; Learning lessons when things go wrong

- Medicines were stored safely in a locked cabinet in an area only accessible to staff. Medicines were labelled when they were opened and when they would expire. This ensured the medicine was in date when administered.
- Each person was supported by staff to receive the correct medicines. There were protocols in place for people to be given homely remedies such as non-prescription pain killers. These had been signed and authorised by the person's GP.
- Staff were trained to administer medicines. This training was refreshed regularly to ensure staff remained up to date with best practice.
- A senior care worker took a lead in overseeing medicine administration. They monitored and audited the stock of medicines and the medicine administration records. Where errors had occurred, staff had undergone retraining to reduce the risks of the error reoccurring.

- The manager monitored accidents and incidents and considered ways to reduce the risk of a similar incident happening again. They also analysed the information to see if there were identifiable trends or themes. They helped them look at ways to reduce the risks in the future.

#### Preventing and controlling infection

- On the day of inspection, Burrridge Farm was clean and tidy throughout. There were rotas for cleaning the service including the kitchen, bathrooms and bedrooms. Work had been carried out on a laundry room flooring to ensure it was not an infection risk. These measures helped to reduce the risks of infection.
- People were reminded of the importance of good hand hygiene, particularly when they were helping to prepare food and drink.
- Staff understood how to prevent and control the spread of any infections. They used personal protective equipment (PPE) when supporting people with personal care.

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

- Most people living at Burrridge Farm had limited verbal communication skills. However, people appeared relaxed and happy with staff and each other. One person said they were "Very happy" and felt safe living at Burrridge Farm.
- A health professional commented, "My experience has been that [safeguarding] is prioritised and safeguarding procedures initiated whenever necessary."
- People were kept safe from the risks of abuse by staff who understood their responsibilities to keep them safe. Staff had completed training in how to recognise signs of abuse and how to report concerns. This included raising concerns with the manager and with the local authority.
- The service worked with the local authority when concerns about people being at risk of abuse were investigated. The manager had reported incidents and investigated ways to reduce risks to people.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requiring improvement. We found a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulations 2014). At this inspection the service was now meeting the requirements of this regulation. This key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection this key question was rated as requiring improvement. We found a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulations 2014). At this inspection the service was now meeting the requirements of this regulation.

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

- DoLS authorisations had been applied for each person living at Burrridge Farm. There were systems to monitor when a DoLS authorisation required renewing so that reapplications were made in a timely way.
- The manager and staff understood about the MCA and how this applied to people at Burrridge Farm. Staff knew how to ensure people were presented with information to support them to make as many of their own decisions as possible. A professional said that the manager had met them during their visit and had time to talk with them about two DoLS assessments. The professional commented the manager was, "Very knowledgeable... had a clear understanding of why the DoLS were needing to be renewed."
- Care records contained information about who had been involved and what decisions had been made at best interests' meetings. These meetings had been carried out to support the person who did not have capacity to make the particular decision themselves.

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

- People's physical, mental and social needs were assessed when they first came to Burrridge Farm. The person's needs were also reassessed when there were changes in how they presented. For example, where a person had slipped, their care plan described actions to support a reduction in the risks. This included wearing appropriate footwear and avoiding wet grass areas.
- Staff were aware of legislation, standards and evidence-based guidance to support effective outcomes. When needed, staff worked with health and social care professionals to consider ways to improve the care and support for the person. For example, staff were working with one health professionals to help with managing the person's high levels of anxiety.

#### Staff support: induction, training, skills and experience

- Staff completed an induction programme when they first started working at Burrridge Farm. The programme introduced the member of staff to the service and to the people living there. Staff who had not worked in a care setting undertook a training programme based on the Care Certificate. The Care Certificate is a set of standards developed by Skills for Care. This ensured staff new to care understood how to support people in a care setting following these standards.
- Staff regularly updated training to ensure they were able to support people safely and effectively. Staff were supported to complete nationally recognised qualifications to enhance their knowledge and skills. This helped to ensure staff who knew how to support people following best practice.
- Staff said the manager and other senior staff provided advice and support if they needed it at any time. Staff received support and supervision from the manager or a senior care worker. This gave staff an opportunity to reflect on their work and how they might improve.
- A health professional commented, "Managers are also prepared to invest in the training sessions we offer even though this can be a significant financial commitment e.g. 10 – 12 staff are booked to attend our next trauma informed practice session." This demonstrated the service was committed to ensuring staff remained up to date with best practice."

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

- People were assessed to see if they were at risks of malnutrition and/or choking. Staff used a nationally recognised tool to assess people. Where concerns were identified, staff involved health professionals to develop guidance around the person's food and drink.
- People were encouraged to eat healthily by staff. Staff monitored people's weight to ensure they remained healthy.
- People were supported to have food and drink they liked. There were details in people's care plans about food likes and dislikes. People also enjoyed times when they ate out at local cafes and pubs.
- The kitchen was an open communal area, so people could get involved in choosing meals including breakfast and lunch. People were encouraged by staff to prepare food and drinks of their choosing.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to remain healthy and access health services when necessary. This included attending appointments with healthcare professionals such as the person's GP and dentist. Other healthcare professionals including medical specialists and specialist learning disability teams were contacted and involved when necessary. A professional commented, "The service engages very well with me."

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

- The service had been adapted to support the needs of people living with a learning disability, autism and/or physical disabilities. The service accommodated six people which was in line with the

recommendations of Registering the Right Support guidance. This best practice guidance provides advice to providers of residential care settings about the size and set up of services for people living with a learning disability. The main house provided five bedrooms on two floors; a separate annexe, across a courtyard, provided further living accommodation including a bedroom for one person. This meant people were supported in a homely environment which had been adapted to their needs.

- Each person had their own bedroom which had been decorated and furnished according to the person's taste. There were three bathrooms in the main building and one in the annexe.
- There were spacious communal areas including a large kitchen/diner a separate dining room which was also used for activities and a spacious sitting room. This meant people were able to spend time together or on their own if they preferred.
- Externally there was a large courtyard and garden which people could use when they wanted. On the site was a very large farm building which provided an activity area where people could do crafts including working with wood. Photos showed how people had made wooden Christmas decorations which had been displayed around the service. One person described how they were very pleased about several items of furniture they had made for their bedroom.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People appeared relaxed with staff during the inspection. There were many positive interactions showing people were happy with staff. One person said staff were "all good and kind."
- People's rights were respected according to the protected characteristics under the Equality Act 2010. Staff understood how to support people irrespective of their ethnic background, religion or disability. For example, staff supported one person to follow a religion of their choice.
- A health professional commented, "It's a lovely service."

Supporting people to express their views and be involved in making decisions about their care;

- People were encouraged to express their views and make their own choices and decisions. For example, choosing the time they got up each day and when they went to bed. People also chose where they went when going out, what they wore and what to eat.
- The manager said they had tried to have resident meetings but found these had not been very successful as most people had limited or no verbal communication. They said a support worker, designated to work with a person as a key worker were expected to ensure the person had opportunities to communicate their likes and dislikes. Key workers completed a form each month to record people's choices.
- People were supported to use independent advocacy services when they needed to be supported to express their views. A health professional commented that the person they provided treatment to, "has an advocate."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. For example, staff described how when they supported people with personal care, they ensured this was done in private in their bedroom.
- Staff spoke with people quietly when talking to them, offering to go to a more private area to discuss a sensitive issue. This demonstrated staff understood how to be discreet when talking to people about private matters.
- People were supported to maintain their independence. For example, staff encouraged one person to get involved in preparing their own drinks. Staff described how the person would get their cup out of the cupboard and make tea with some help from staff. Another person said they liked staff to support them with cleaning and tidying their room.
- People were supported to remain in touch with family and friends, who were free to visit the service when they wanted. Staff also ensured that, where appropriate, family were involved in decisions about people's care and support.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Most people living at Burrridge Farm had limited or no verbal communication. Each person's care plan had details about how the person communicated and was able to understand. This included using pictures, photos and symbols as aids. One person had an activities board which they used to support them with what they were doing each day.
- A notice board had photos and the name of the staff who were working on the day of inspection. This helped staff to communicate to one person who would be helping them with a particular activity. This helped the person to remain calm and happy with what was happening.
- There was a complaints policy in place for people and visitors to use if they needed to.
- People were supported to make complaints if they wanted to. For example, one person had personalised complaints procedure document. This included photos and easy read text which supported the person's understanding of how they could raise a concern or complaint.

A relative said they had not had to raise a formal complaint, but where they had been unhappy on one occasion, they had raised it with the manager and they "had dealt with it."

- A health professional commented that they were aware of people having access to systems to make complaints. They said staff approached issues and concerns, "very sensitively."
- The manager said no complaints had been received since the last inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained information about people, including their background and history. This included details about their life history, their families as well as what they liked and disliked. This helped staff understand people's preferences.
- Care records were reviewed regularly which helped to ensure they still met people's needs. Staff worked with each person to decide on what they enjoyed doing and how this could be achieved.
- During the inspection, staff worked with people to plan their day and what they wanted to do. For example, one person was supported to go out, while another went to a hospital appointment. The manager explained the person had arranged the appointment at a convenient time for themselves and then asked staff to accompany them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their hobbies and interests and take an active part in their local community. People were members of clubs and social groups where they did activities, met friends and enjoyed a social life
- People were also able to do activities they enjoyed within the home. For example, there were music and craft sessions which people could join in with.
- People told us they were supported to maintain relationships with their family and friends.

End of life care and support

- No-one who lived at BurrIDGE Farm required end of life care at the time of the inspection.
- The manager and staff had considered the subject of end of life care. Plans were in place to support people to record their wishes when they were ready to discuss them. Families were involved in discussions where appropriate.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to be Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection in 2018, the provider had made some changes to the management structure which had included a change to the management of the service. The provider said this had been to support improvements and introduce new ways of working.

- The previous manager had de-registered and their deputy had been promoted to the role of manager. The new manager had applied to the Care Quality Commission who had accepted their registration application.

- There were systems to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- The provider and manager understood their responsibilities to send information to the Care Quality Commission about certain events. For example, they sent us the required information about incidents and accidents when necessary. A health professional commented, "I have found transparency when discussing issues even when these have been uncomfortable for the staff involved and ... they have taken on board how this might result in a positive outcome for the [person]."

- Audits were undertaken to assure the quality of the service and help drive improvements. This included audits and checks on the environment, the care provided and records which were kept. The manager acted, when necessary, to address any issues identified by audits. For example, where issues with buildings and equipment were identified, actions were taken to make improvements.

- Staff were aware of the service's whistleblowing policy and said they would use it if they had concerns which were not being addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care;

- A relative commented about the manager, "Is brilliant, fantastic." They also added "Staff generally very good, get a newsletter each week about what [relative] has been doing."

- The manager was working with the provider and the manager from another service owned by the provider to introduce new systems and processes. They had worked with the local authority's quality assurance and improvement team to make changes to the way the service was run.

- There was very positive feedback from staff about the changes that had been made. Staff said they were well supported by the manager. They said although the changes which had taken place had been unsettling, they had had opportunities to raise concerns and discuss them with the provider and senior staff.

Staff said the manager respected their views and listened to their opinions.

- The manager encouraged an open and learning culture in the home. Staff were able to provide feedback about what was going well and how to improve systems. A health professional commented, "The care team is usually very open with me regarding what is working and what is not. This can include monitoring and recording, and I never feel I cannot discuss when I feel that systems can be improved."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager was well known to people and relatives. The manager spent time working alongside staff which helped them monitor the care and support provided to people.
- The manager and staff had positive working relationships with staff from agencies who were involved in the lives of people living at Burridge Farm. For example, staff worked closely with the Intensive Assessment and Treatment Team (IATT). IATT is a team of specialist health and social care professionals at the local authority who support people living with a learning disability and/or autism. A health professional, when asked whether the home worked in partnership with them, commented, "Yes definitely."