Orchard Vale Trust Limited

East Court

Inspection report

Doctors Hill
Wookey
Wells
Somerset
BA5 1AR

Tel: 01749673122
Website: www.orchardvaletrust.org.uk

Date of inspection visit:
10 January 2017
11 January 2017

Date of publication:
17 February 2017

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 unannounced and took place on 10 and 11 January 2017. East Court is a care home for 17 adults with learning disabilities aged between 18 and 65 years of age. At the time of the inspection there were 16 people living in the home. The home sits in its own private grounds and has several outbuildings, some of which are used to provide workshops. The home provides day services for people from sister homes nearby, so people could take part in a range of activities and social occasions.

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

People told us people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Systems, processes and standard operating procedures around medicines were reliable and appropriate to keep people safe.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and

liaised with their GP and other healthcare professionals as required to meet people's needs.

Staff told us the registered manager was accessible and approachable. People and staff felt able to speak with the manager and provided feedback on the service.

The manager and provider undertook audits to review the quality of the service provided and made the necessary improvements to 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?

Good

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks. There were processes for recording accidents and incidents. Appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.
Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People's choices were respected because they were actively involved in planning their reviews. Staff were knowledgeable about the care people required and the things that were important to them.

Staff were respectful of people's privacy. We saw positive

interactions between staff and people using the service. People responded well to staff and were supported to be as independent as possible. People were supported to access a range of activities.

People had access to advocacy services if required.

Is the service responsive?

Good

The service was responsive.

People were involved in developing care plans which detailed their care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences and provided a personalised service.

Staff knew peoples' individual communication skills, abilities and preferences.

People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager and the provider checked the quality of the service provided and made sure people were happy with the service they received.

People and others were able to make changes at the home as they were consulted about their views on how the service could be improved.

East 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 and 11 January and the first day was unannounced. It was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

Some people had some communication difficulties associated with their learning disabilities, but most people were able to speak with us. We observed staff interacting and supporting people in communal areas of the home. During our inspection we spoke with eight people on the first day and seven people on the second day. We also spoke with one advocate, four care staff, one senior member of staff, the registered manager, deputy manager, site manager, operations manager and nominated individual. We looked at the care records for three people. We also looked at records that related to how the home was managed, such as minutes of meetings, training records, six staff files including the registered managers, emergency procedures and a variety of audits.

Good

Is the service safe?

Our findings

The service was safe.

People told us they felt safe at the home and with the staff who supported them. The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us they knew how to recognise and report concerns they might have about people's safety. Records confirmed that all staff received training in how to recognise and report abuse. Staff said that if they had concerns then they would report them to the manager. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us, "If anyone was withdrawn, quiet, crying, secretive, any marks, anything unusual, I'd raise it with the manager or deputy." If they were unavailable, they would contact staff at head office or external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. Information about safeguarding was available on the residents' notice board in an easy read format.

Assessments were undertaken to assess any risks to the people at the home and to the staff supporting them. Staff knew about the assessments and protocols in place to protect people. For example, epilepsy guidelines and risk assessments gave clear guidance for staff of the measures in place to reduce risk. Both the care plans and risk assessments had been reviewed regularly.

There were arrangements in place to keep people safe in an emergency; staff understood these and knew where to access the information. Information was available for staff about emergencies such as needing to evacuate the buildings and loss of utilities such as gas and electricity, as well as dealing with accidents or adverse weather. Personal emergency plans guided staff what support individuals needed to evacuate the building, and explained how this support would change if people were in different areas of the home. Staff understood the arrangements in place to keep people safe in an emergency and knew where to access the information.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. Where patterns had been identified, action had been taken to minimise any risk. For example, it was noted that a few people had slipped on the drive, so the drive had been covered with new gravel which improved the surface and resolved the problem. Staff completed forms for any accident or incident and completed body maps if people had sustained any injuries. Information was shared between staff as they changed shifts, so all staff were aware. Staff said, "We really do have good communication and talk about how we can make things better."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. During the day, the registered manager and deputy, the site manager, a shift leader, two kitchen staff, a senior and 16 staff were on duty. Staff had a range of skills which enabled them to provide workshop activities as well as the care and support people needed. Staff rotas confirmed the staffing levels were as

planned. Individual needs assessments were completed to ensure people were provided with one to one care where they needed it. The registered manager said, "We do more one to one cover than we are funded for." A visiting professional told us, "I've never seen anyone rushing about, never seen staff under stress, the atmosphere is always happy and calm and staff are always chatting with people" and "There's always enough staff." Rotas had been changed in response to people's changing needs, and staff numbers had been increased by an additional member of staff at weekends.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Appropriate checks had been completed to ensure staff were suitable to work with vulnerable people. Staff personnel files contained copies of their application form, documents proving their identity and eligibility to work in the UK, their terms and conditions of their employment, two satisfactory references and confirmation that a satisfactory criminal records check had been obtained.

There were safe medication administration systems in place and people received their medicines when required. One person was able to self-administer their medicines with the support from staff. Assessments had been completed to ensure the person had the dexterity to be able to manage their own medicines, and this was reviewed.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration, if required. The home used a blister pack system with printed medication administration records. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Although there weren't any medicines that required additional security and recording on site, the medicines policy and storage facilities were in place should they be necessary. We checked records against stocks held and found them to be correct.

A master signature list was available; this ensured that in the event of an error the dispensing practitioner could be quickly identified from their initials on the Medicine Administration Records (MAR). Fridge and room temperatures had been recorded daily to ensure the optimal storage of medicines, such as those used for diabetes.

Some people were prescribed medicines on an 'as required' basis. Where people required rescue medicines such as those used for epilepsy, staff had been trained how to use these. Where people had homely remedies these had been agreed with a GP and were reviewed annually. No one was receiving covertly administered medicines.

The PIR stated there had been 20 medicines errors in the past year. As a result of analysing the errors, some changes had been made. For example, the medicines policy had been updated and reflected current guidelines. Staff had undergone further training and competency assessments, where they had been observed on three occasions. A member of staff had been appointed as medicines lead, which meant they had overall responsibility for ensuring medicines were safe. Staff competency assessments were going to be done on an annual basis to make sure their practice was safe. Medicines were audited monthly and an external company also undertook medicines audits.

Good

Is the service effective?

Our findings

The service was effective.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. The PIR said new staff completed the Care Certificate, had intensive in-house training and shadow shifts for 13 weeks. Staff confirmed this. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people. New staff completed a self-assessment form, which asked about their skills and knowledge. If staff had no background in care, they were expected to complete all of the units in the Care Certificate. Staff were supported throughout their induction with regular meetings. Staff also completed training the provider regarded as mandatory, such as food hygiene, nutrition, infection control and first aid.

People received effective care and support from staff who had the skills and knowledge to meet their needs. Training records confirmed staff received training on a range of subjects. The provider had a training plan which meant all topics were provided on a regular basis, which included access to specialist training such as Positive Response Training theory and practical, epilepsy training and caring for people with dementia. Staff were encouraged to develop their skills and could continue their professional development with leadership and management training. New staff were not able to work unsupervised until they had completed their mandatory training and been signed off by a manager as competent. Staff told us, "Training is brilliant" and "We could shadow experienced staff for as long as necessary when we were new." Much of the training was delivered by external providers, and assessments were marked externally. The standards had been mapped to the Care Certificate which meant the training was of a recognised standard.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us and supervision schedules showed supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "We have regular supervisions but it's an open door policy, so we can talk to the manager at any time". Staff told us they felt supported by the registered manager, and other staff. Comments included: "We know the chain of command but can go straight to the manager", and "Everyone is approachable". Staff completed self-assessments in preparation for their appraisal. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. Staff told us, "Not everyone has capacity for everything, but they'll have capacity for certain decisions such as choosing their clothes or food", "Some important decisions need to be made for them, so we assess their ability to make decisions for themselves" and "Decisions people make today might be

different next week."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection, there were seven people living in the home with a DOLS in place. One person's DOLS had a condition in place; the service was meeting the terms of this.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. A visiting professional told us, "I'm here for a best interest meeting for one person; staff build very close, understanding relationship with people under their care." A member of staff told us they had attended a best interest meeting to discuss one person's modified diet and medicines. Staff told us, "Best interest meetings are when people who know the resident get together, such as their key worker, the manager, the GP, a social worker, health professional; so we can have a debate about what's best" and "We've held best interest meetings for things like taking people to the dentist." This meant the provider was following the guidance in the MCA Code Of Practice.

People told us they liked the food and were able to make choices about what they had to eat. People told us, "Staff ask us what we would like to eat" and "The menus are on the board, we can choose what we want". Staff told us they had all the information they needed about people's preferences and were aware of people's individual needs. For example, staff told us where people used special cutlery to enable them to eat independently and about peoples dietary requirements and we saw these were provided at lunchtime. People's needs and preferences were also clearly recorded in their care plans. Where people required specialist diets, for example vegetarian, gluten free or special textured diets, these were also provided. People were able to choose where they ate lunch. Some people chose to eat in the main dining room and others in smaller rooms. Where people required specialist diets, staff were allocated to each person to ensure their needs were met. We observed lunch in the main dining room and saw that people received the support they required in a discreet and dignified manner. The food served looked appetizing and was appropriately presented. People told us they were able to have their favourite party food to celebrate their birthdays.

All the necessary kitchen checks had been done, including fridge and freezer temperature checks. The kitchen files had information about nutritional care for the people who used the service. We saw four week rolling menus which showed that a variety of foods were available covering required nutritional needs. People took part in resident's meetings where they were able to discuss the food options. All staff had completed food hygiene and safety training. The home had been awarded five stars in a Food Hygiene rating in November 2014; this had been followed up in November 2016 and the rating hadn't changed.

House meetings were held regularly where discussions around menu planning, news and activities were held with people. Changes to the menu had been made following one of these meetings and kitchen activities changed after another meeting. Staff told us, "People could refuse to take part in these meetings if they wished."

People had access to health and social care professionals. Records confirmed people had access to healthcare professionals such as a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy.

Good

Is the service caring?

Our findings

The service was caring.

People were relaxed in the presence of staff and appeared to be happy. Staff were attentive and had a kind and caring approach towards people. Staff treated people like family and gave them appropriate hugs, which was greatly appreciated by the people concerned. People told us, "Staff are like my family", "I get lots of cuddles, I like cuddles" and "All of the staff help us." One professional told us, "Staff often substitute for family". Staff said, "It's an amazing place" and "If I had a disabled child, I'd have no qualms about them coming here; they all get such good care".

People received kind and compassionate care and support from staff who had got to know them well. For example, when one person found staying in hospital very stressful, staff made sure they were able to visit them regularly in hospital. The registered manager asked for the person to be discharged into the care of the staff and said, "They recovered better at home." The relationships between staff and people receiving support demonstrated dignity and respect at all times. People told us, "Staff step in anywhere they're needed" and "I like them helping me." The operations manager told us, "Dignity and respect extends to the staff as well, so we make sure we support adults to live life, offer choice and focus on individual needs."

Care plans were focussed upon the person's whole life and how they preferred to manage their health. Health Action Plans were in place describing the support the person needed to maintain their health. Hospital passports described things other healthcare professionals would need to know in order to support the person effectively. These were sent with an individual when they attended hospital. Where appropriate, families were involved in discussions about people's end of life choices, and seven people had end of life care plans in place.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People had access to easy read guidance about treating everyone fairly. For example the equality policy was available in easy read format. All staff completed training in equality and diversity. One of the key principles of the Trust was that people with learning disabilities had the same human rights and human value as everyone else. This was put into practice, for example where one person chose to display behaviours that might cause ridicule from members of the public, staff ensured the person was offered appropriate protection. Staff told us, "Everyone is respected for their different ways."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Some people could worry about things like the weather or what time they were going out. For example, one person told us, "I worry about lots of things but we talk about things and staff help me sort things out".

There was a range of ways to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and residents' meetings. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they

received and view their opinions. People were involved in planning their reviews and they could arrange them in a location of their choice, for example in a café or in the home, and use any resources they wished, such as background music or presentation boards. Feedback from social workers following reviews included, "Staff clearly put a lot of effort into supporting the person with putting together a record of their achievements", "It's obvious you take the review process very seriously, rather than just a tick box exercise which has to be completed" and "I appreciate the support you gave to me in inviting family members and co-ordinating the members of staff who needed to be present."

People told us they were encouraged to be as independent as possible. They told us how they enjoyed going out to the pub for a meal at Christmas, and one person loved attending carnivals. Staff told us, "We make sure she goes." Other people told us how they enjoyed holidays on a narrow boat, and excitedly told us about a member of staff falling in. People told us they were looking at brochures in preparation for their next holiday. People had 'home days' when they cleaned their rooms and jobs such as washing and shopping.

Some people had lived in the home between 20 and 30 years. As some staff had also worked in this home and sister homes for over 20 years, people and staff valued the relationships they had built. Some people's review documents recognised the importance of appropriate staff role models in providing effective support. For example, where one person enjoyed social occasions where they might approach strangers, staff provided appropriate guidance and ensured the person was protected.

People were given the information and explanations they needed, at the time they needed them. For example, one person had a review during the inspection. Staff explained everything to the person including information about the time the review was taking place, who was going to be there and which room was being used. The registered manager told us, "We're proud of people's reviews. The person and their key worker arrange the review." We met the advocate who supported the person, who told us, "It's very noticeable that all staff have a good knowledge of people." The advocate also supported other people living in the home and other advocacy services were also available. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. People's documents were stored in the office or in a locked cupboard. The office was always occupied by members of staff, but if required could be locked. The service was in the process of putting information into an intranet, such as people's profiles and care plans. Forms were electronically available for staff to access as well as the Trusts policies and procedures. Information held electronically was password protected and was only available to those who needed it. By doing this people's private information was protected from being seen by unauthorised parties.

Good

Is the service responsive?

Our findings

The service was responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. For example, where one person required a specialist diet, the home had worked closely with the local vicar and church community to ensure the person was able to have communion and refreshments afterwards, by taking appropriate foods to church with the person. Staff told us, "We've got a great staff team who are really good at observing and know people; we'll report anything straight away."

People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances; their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences. Care plans reminded staff that all outcomes should be met through positive, individualised support. People told us, "We're able to talk to staff about anything" and "Staff are very supportive". A visiting professional told us, "The care plans are very person centred." Staff knew how people wanted their care to be provided, what was important to them and how to meet people's individual needs.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were person centred and clearly identified the particular ways of providing support that were unique to that person. Care plans were comprehensive and provided clear and detailed information about the person's care and support needs. Plans had been completed for dietary needs, what was important for the person and what a good or bad day looked like for the person. Information was also included about who the important people in their life were, how they communicated, what medicines they took and what daily routines they had. The care plans gave clear guidance for staff about people's preferred routines, such as using non-scented soap for washing, softening the lights in the room in the evenings and putting music on after reading a story to the person.

People were at the centre of the review process. They were supported to identify what they felt was going well, things they would like to happen and anything they wanted to change. The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. We saw other professionals had been involved in a timely way when required, to ensure the health and well-being of people. Staff we spoke with told us they used care plans to inform their practice. Profiles within care records showed a good understanding of individual's care needs and treatment. There were specific plans that identified trigger points for people's challenging behaviour. These plans described how best to manage their reactions and behaviours, for the benefit of all people in the home. The information also showed staff monitored people's health and checked their needs were met. All staff had completed Positive Response Training as required by their policy.

People were empowered to make choices and have as much control and independence as possible. People told us, "We have our own rooms and can decorate them how we want", "We all have key workers who

advise us and help us with shopping, I make my own list and my keyworker helps me do them" A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and spending time with them.

People made choices about where they wished to spend their time. Some people preferred to engage in activities in the workshops and others spent time outside. We visited people in the workshops and saw many items they had made, such as cushions from felting and tapestry, pottery and woven goods. One person said, "We make cards, bags and jewellery, silk scarves, rugs, needlepoint items and ceramics for home and garden." Another person said, "My Mum would like to do the workshops as well." Everyone we spoke with was very proud of their accomplishments. Other people said, "We used to have a summer fete, now we sell our products as part of Somerset Open Studies" and "We do lots; mosaics, silk painting, doorstops and pottery." Other people told us, "We sell lots of things for holidays and stuff", "Last year I went to a lodge in Dorset, it was the best holiday in the world" and "I go to leisure clubs where I can meet lots of people and take part in a disco". When one person didn't want to take part in one activity, a member of staff offered a variety of activities for them to choose from. People told us, "I belong to a story telling group" and "We do nice things." People also said, "I like books and going swimming" and "I like the bubbles in the Jacuzzi." Staff said, "I think we do really well to make things happen for people."

Other people were taking part in computer activities, such as sending emails to their family or researching activities they wanted to take part in. One person enjoyed keeping their own vegetable plot; they told us they could grow what they wanted. They told us, "We eat what I grow". This person also told us he had made a fishpond, and he liked to change the filter and look after the fish. Other people told us, "I love it here" and "There is so much to do." A professional told us, "There is so much to do, the gardens, growing their own vegetables, day services where people come to do activities. People living here live as full a life as possible, and management facilitate this very effectively" and "People have 'home days' and do things everyone has to do, like washing and cleaning. This gives people as normal a life as possible."

Staff knew people's individual communication skills, abilities and preferences. Staff told us, "Some people are able to communicate their feelings, others are non-verbal" and "One person communicates in a very unique way, they have developed their own way of asking what they are doing today" and "One person gives us a crayon and taps it; we have a communication board and they tap the pictures." One person used Makaton and staff told us they were working on building better communication; however staff said, "We know this person so well we don't need words." We had several chats with this person and they were able to make their wishes known using simple words and gestures. Makaton signs of the week were displayed on the residents' notice board. Care plans described how people preferred to communicate, such as using picture cards or objects of reference.

The staff responded to changes in people's needs. A visiting professional told us, "Staff are all very responsive." They told us how one person's key worker noticed words that could trigger anxiety for the person, for example, 'meetings' which were then referred to as 'chats'.

People and their families had been made aware of the complaints procedures. People's concerns and complaints were encouraged, investigated and responded to in good time. Everyone we spoke with told us they had no worries or concerns, and they could talk to staff if they had any concerns. People told us, "No stress", "Nothing to worry about" and "No concerns." Staff told us, "We're very hot on complaints and take everything seriously. There is information on the resident's notice board about complaints in an easy read format" and "We look at complaints during reviews". The registered manager told us, "If we get a complaint we always look at how we can improve." There had been six complaints in the past year. All had been resolved and managed in a timely manner in line with the provider's policy. Complaints were analysed to

identify patterns and trends.

The registered manager showed us 10 written compliments the home had received. These included thanks for donating a picture and some money, and thanks for the support staff gave. Compliments included, "Words are inadequate to express our gratitude for all your loving care to my cousin" and "Thank you for making me feel so welcome at your wonderful home."

The service had good links with the local community. A visiting professional told us, "I particularly like the way people are encouraged to get out and access the local community." Staff were proactive and made sure that people were able to maintain relationships that mattered to them.

Good

Is the service well-led?

Our findings

The service was well-led.

The service promoted a positive culture. The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The vision and values included dignity, compassion, respect, equality, safety and empowerment and that people be actively encouraged. Staff told us, "The vision and values are to provide homes which provide independent living, inclusiveness, uniqueness, community between the homes" and "Good core family values that underpin what we do". A visiting professional told us, "It's an amazing place".
The vision and values were described in the policies and procedures which were available to staff both in paper format and electronically.

People's experience of care was monitored through their reviews and resident's meetings. They were able to feedback their views about the home and quality of the service they received. For example, minutes of meetings showed people had been asked about weekend activities, holidays and meals. People were also asked to share information about what was working and what wasn't working; these meetings included discussions about activities and the kitchen. Residents meetings were usually held every two months, but could be called whenever necessary, for example when people had Christmas activities to plan. As a result of feedback received through a variety of means, including people's reviews, the car park had been improved and people had been given more choices of healthy meals.

The registered manager told us surveys were normally sent to parents annually, however they had not been sent since 2014. Other ways for people and families to make their views known included family meetings, which were held twice a year, phone calls and emails. Staff were supported via a range of meetings, which enabled them to share information. For example, agendas for staff meetings showed active support for people was discussed, where staff were reminded to encourage people to do as much for themselves as possible. Care team meetings discussed issues facing people, and kitchen meetings discussed people's nutritional needs, menus and shopping.

The registered manager had made links with the local community. They told us about the home's celebration of their 30 year anniversary in 2016 and the events they had held. Excellent community links had been forged through activities such as a barn dance and other events, which people and their families had also attended. The registered manager said, "It's an excellent opportunity for people to re-kindle relationships from years ago." People regularly took part in leisure activities in the community, such as skittles, theatre visits and discos. People had also attended a local nativity play in a local farm. Some people had jobs in the community, such as working in charity shops sorting books and volunteering in a soup kitchen. People told us their work had been displayed at various exhibitions in Cheddar, Wells Cathedral and throughout Somerset. Everyone was able to have a holiday, and people could go away in very small groups if they didn't like big groups of people. The registered manager said, "We have a very innovative staff team, they're great."

The PIR said the registered manager was supported by an independent practitioner and had one to one meetings with the Chief Executive Officer; this was confirmed during the inspection. The registered manager told us about other support that was available to them, via the senior management team and the Professional Development Forum. This meant Trust wide issues such as people's changing needs and how they impacted on the service could be monitored, such as acknowledging as people got older they may develop a dementia and how best to manage this.

There were effective quality assurance systems in place to monitor safety and quality of care and plan on-going improvements. Where shortfalls in the service had been identified action had been taken to improve practice. For example, audits identified there had been a series of medicines errors, so additional training and supervisions had been provided. A member of staff had been appointed as medicines lead, which meant they were able to closely monitor medicines administration as well as ensuring the home kept up to date with good practice. Audits had also identified one person's review was outstanding; the registered manager had contacted the person's funding authority to attend the review. The registered manger said, "We don't do tick boxes." In addition to the above, there were also a number of maintenance checks being carried out weekly and monthly. These included the water temperatures, equipment and safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift.

All accidents and incidents which occurred in the home were recorded and analysed. Results of these analyses were shared with sister homes to provide a learning opportunity and reduce the risk of similar accidents. Staff told us, "There is senior cover available seven days a week, staff can always phone if something comes up."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by a deputy manager and a site manager. Senior staff reported to the managers, and support workers brought a range of skills which meant a wide choice of activities could be provided. A visiting professional told us, "The team has been around for a long time, so they know people. It's a very well led service." All staff we spoke with told us they felt the home was well-led. Staff said, "It's really well-led. I have no concerns about the direction we're going in". All staff told us the manager had an open door policy and they felt well supported. One member of staff said, "I've never felt so well supported.

Staff received regular supervisions and appraisals. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

The registered manager kept up to date with changes in the care sector by registering with recognised organisations to demonstrate they met accreditation standards. For example, some of the training provided was British Institute for Learning Disabilities (BILD) accredited. The home was also part of the Care Certificate Consortium, who were a group of providers who shared good practice. Linking with these networks meant the training provided to staff was recognised as being of good quality and up to date. The registered manager told us belonging to these groups meant they were able to receive regular updates and had access to advice and guidance.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.