Woodside Farmhouse Limited

Woodside Farm House

Inspection report

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18 April 2017

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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

We inspected Woodside Farm House on the 13 and 18 April 2017, the inspection was unannounced. Woodside Farm House is a care home for up to eight people with a learning disability. At the time of the inspection seven people were living there. Two people were living in self contained flats at the rear of the property and the rest lived in the main house. Woodside farm House is part of the Potens group, a national provider of health & social care support services for children and adults with disabilities and complex needs.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 they felt safe living at Woodside Farm House and they liked the staff. Relatives also told us they felt people were well cared for and safe. This view was echoed by the health and social care professionals we spoke with. Staff knew how to help protect people if they suspected they were at risk of abuse or harm. The service kept people's personal monies for them and accurate records of all expenditures. Risks to people's health, safety and wellbeing had been assessed. Staff knew how to minimise risks in order to help keep people safe from harm or injury.

Some people could become distressed or anxious at times and found this difficult to cope with. When they were particularly anxious they could act in a way which could put themselves or others at risk of harm. Staff were aware of how to support people appropriately at these times to help keep them safe and well.

There were sufficient numbers levels of staff to meet people's needs. Staff were deployed effectively across the service to help ensure all people's needs were met quickly. Rotas were flexible to enable people to take part in activities which fell outside of normal shift patterns.

People received their medicines appropriately and as prescribed. Systems for recording the administration and stock of medicines held at the service were not robust. We have made a recommendation about this in the report.

People were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals when appropriate. Records showed applications for DoLS were being made appropriately and some people had DoLS authorisations in place. People were supported to have maximum choice and control of their lives

and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff demonstrated an enthusiasm for their work and a genuine fondness for the people they supported. They spoke of people positively and emphasised their attributes and qualities when describing people to us. One person was going through a particularly difficult time and staff were sympathetic and understanding towards them and displayed a concern for their well-being.

People were supported according to their individual needs and preferences. Although people sometimes liked to spend time with each other they also enjoyed taking part in individual activities to suit their own pace. Staff had access to four vehicles and were able to plan people's days to reflect their interests. Some people were able to use public transport in order to access the local community.

There were clear lines of responsibility in place. The registered manager was supported by a deputy who had a good working knowledge of the day to day running of the service. The registered manager had oversight of the service and staff told us she was approachable and had a good understanding of the service. There was a key worker system in place. Key workers are members of staff with responsibility for the care planning for a named individual.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Woodside Farm House

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 was carried out by one adult social care inspector on 13 and 18 April 2017 and was unannounced.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

We spent some time meeting and talking with four of the people living at Woodside Farm House and observed staff interactions with them. We spoke with the area manager, registered manager, deputy manager and four care workers. We also spoke with two visiting relatives and an external healthcare professional. Following the inspection visit we contacted a further three relatives and three external healthcare professionals to hear their views of the service.

We looked at people's detailed care records, staff training records, staff rotas, three staff files and other records relating to the running of the service.

Good

Is the service safe?

Our findings

Relatives and external healthcare professionals told us they considered people were safe at Woodside Farm House. People approached staff throughout the day and were relaxed and at ease with them. One relative commented; "She couldn't be anywhere better."

Medicines were kept in a locked cabinet in the main office. The office was locked at all times and could only be accessed using a keypad when the door was closed. We saw staff ensured the door was kept closed even when the office was occupied. We checked Medicine Administration Records (MARs) and found the amount of medicines held in stock did not consistently tally with the MARs. The registered manager and deputy carried out a comprehensive check of the medicines during the inspection visit. They were able to identify where the errors had occurred and why. Medicines marked to be returned to the pharmacy had not been documented as such and therefore appeared at first count to be missing. Each day staff recorded how many doses of each medicine were remaining in stock. Some of these entries were difficult to decipher and had resulted in miscalculations. In addition staff were merely subtracting what they had administered from the previous figure and not checking this number against the amount held in stock. This meant the misread entries had not been identified.

We recommend that the service consider current guidance on the management of medicines, particularly in relation to the recording of medicines stock, and take action to update their practice accordingly.

There were no drugs which require stricter controls by law being held at the service. There were facilities available to use if necessary. Some people used PRN (medicine to use when required) for occasional pain relief or to help them manage their anxieties. There were clear protocols in place for staff to follow when administering these. People were supported to be involved in deciding when to take PRN. There was information for staff about the medicines people were prescribed, what they were for and any possible side effects.

There were sufficient numbers of staff available to keep people safe. We looked at rotas for the previous two weeks and saw the minimum staffing levels had been adhered to at all times. Daily records showed people were supported to go out regularly.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge. Newly employed night staff were required to spend a period of time working during the day to enable them to get to know people and gain an understanding of how they liked to be supported.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. The registered and deputy manager had recently completed Level 2 safeguarding training for managers and were booked to complete the Level 3

training in June 2017. Staff told us they were confident any concerns would be dealt with appropriately by the management team. They knew how to report any concerns outside of the organisation if necessary. One commented; "I'd go straight to the local authority if I needed to. I've got a really protective thing about these guys."

There were robust systems in place to make sure people's personal monies were safe. Any receipts were kept and transactions recorded. We checked one person's spending records against the receipts and cash held at the service and saw these reconciled.

Risk assessments had been completed to cover various aspects of people's life such as going on particular activities and accessing the kitchen. Some people could become distressed or anxious leading to them behaving in ways which might result in harm to themselves or others in the vicinity. Staff had a clear understanding of how to support people safely at these times and were confident about their ability to do so. Care plans contained information on how to recognise when people were starting to become anxious and the techniques which might help to de-escalate the situation. For example, one care plan read; "Staff should try and distract me talking clearly in a sing-song voice." Another identified places the person regularly visited and 'safe places' within that environment where the person could be supported safely and with some privacy if they became distressed or angry. This meant they and others in the vicinity would be protected from the risk of harm.

During the inspection there were two occasions when staff supporting one individual needed additional support as the person was finding it difficult to manage their emotions. All staff carried alarms to enable them to call for assistance if required. Staff responded quickly and calmly. Some staff stayed back stating; "Four people running towards you is enough." This demonstrated staff were able to make quick decisions about how to support people effectively during difficult times. This particular individual sometimes needed to be restrained to prevent them from hurting themselves. Staff told us that when the person was calm they discussed with them why they sometimes needed to hold them. They told us; "It's important they realise why we're doing it. We explain we don't like to do it but they understand why we need to." This demonstrated an empathetic and supportive approach. Any incidents were recorded appropriately and analysed to help identify any trends or patterns.

External healthcare professionals were positive about how staff managed risk in order to keep people safe while allowing them to develop their independence and try new experiences. One commented; "I feel that the core team are very motivated and skilled at balancing the risks posed by the clients behaviours against ensuring he has a good quality of life. Initially when he moved, the learning disability service were concerned that the client could become socially isolated and occupationally deprived due to the risks he posed, however it is evident that they are working hard to ensure that this is not the case whilst appropriately managing the risks." Another said; "They take positive risks, for example, introducing new activities, visiting new places, to promote a fuller life." We heard staff discussing how they had supported people when they had been anxious and helped them to continue with an activity. One commented; "He managed to get up and out, he really turned it around. He did very well."

People's needs were considered in the event of an emergency, such as a fire. Regular checks of emergency lighting and the alarm system were carried out. We saw records that fire drills occurred regularly. The registered manager told us a fire drill was planned to take place at the next staff meeting for night staff as they normally were carried out during the day. It is particularly important that night staff are aware of fire evacuation procedures.

People had personal evacuation plans in place. These plans helped to ensure people's individual needs

were known to staff and emergency services, so they could be supported and evacuated from the building in a safe way. An emergency box was in place containing items which might be needed in case of an emergency such as torches and blankets. The box also contained things that were important to people and might help to comfort and reassure them in extreme situations.

Good

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs. External healthcare professionals were highly complimentary of the staff team. One commented; "When I visit I observe carers supporting the service user appropriately and kindly allowing him time to make choices." Relatives told us staff were competent and confident when working with their family member.

New staff were required to complete an induction process consisting of a mix of training and shadowing and observing more experienced staff. The induction process included the Care Certificate, a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Training identified as necessary for the service was updated regularly. Staff told us they had enough training and felt equipped to carry out their roles effectively. Relatives told us they had confidence in staff skills. Staff could request any additional training to meet people's specific needs or if they felt they needed to update their knowledge. For example, one member of staff had requested more in depth autism awareness training and this was being arranged. An external healthcare professional told us; "I have also been involved in delivering epilepsy training to family members which was instigated by Woodside to ensure service user safety when they are not directly involved in care." This demonstrated staff worked to ensure people were supported safely at all times.

Staff received regular supervision and plans were in place to introduce yearly appraisals. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Comments included; "Oh yes, she [the registered manager] is really, really supportive." As described in the safe section of this report, some people could become distressed leading to incidents which could be difficult for staff to witness and manage. Staff told us they supported each other well as a team in these situations and always ensured there was a debrief as soon after the event as possible. One commented; "We won't let staff leave until they've had a proper debrief because we don't want them taking that home, it's really important."

Staff sought people's consent before providing care. Staff said they gave people time and encouraged them to make simple day to day decisions. For example, what activities they wished to take part in. They were also supported to make bigger decisions which affected their daily lives. It had been identified that one person would be safer wearing some protective headgear due to their health condition. However, the person had decided they did not want to do this. Staff respected their decision and were working with the person to find a solution more acceptable to them. An external healthcare professional told us; "Carers are working with us to develop a social story to help communicate the importance of the helmet, they have looked at alternative designs that may be acceptable to him."

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 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. The management team had followed the requirements laid down in the MCA and DoLS and had submitted the appropriate applications to the 'supervisory body.' (The local authority with responsibility for the person.) Everyone living at Woodside Farm House had an authorisation in place and staff worked to help ensure any associated conditions were met. For example, one person had a condition attached to their DoLS in respect of having regular review meetings. We saw arrangements were being made to hold a meeting with the relevant people. One person had recently had further restrictions put in place to keep them safe. The management team had contacted the local DoLS team to discuss the restrictions and check if they needed to resubmit the application. This demonstrated they were aware of the necessity of working with other agencies to help ensure people's legal rights were protected.

Staff had received training in respect of the MCA and DoLS and demonstrated a good understanding of the legislation in their conversations with us. One told us that, in addition to the training, they had "lots of discussion" about the underlying principles and they found this informative and useful.

Care plans recorded people's likes and dislikes in relation to food. The kitchen was well stocked and there was plenty of fresh produce available. One person attended college and took a packed lunch with them. It was particularly important to them that they knew what was going to be in their lunch on any day. The person's care plan contained details of what they wanted on a daily basis. Another person had a small appetite and the care plan contained suggestions of foods they would be more likely to eat and how they should be presented. For example, "Cheese, in chunks, not grated." We heard staff talk about encouraging one person to make healthy choices when eating out. One commented; "He's a grown man, he can pick what he wants to eat. I just explain what is best."

People had access to healthcare services when required. External healthcare professionals were positive about how staff worked with them to help ensure people got the support they needed. One told us; "Before [the person] moved to Woodside the carers and management were keen to ensure they understood his [health condition], could react appropriately…. and knew how to report any concerns…..They follow our recommendations via the mental capacity act and best interest process regarding [health condition] safety such as nocturnal monitoring, environmental safety and personal safety." Another commented; "It is evident that the service shows great motivation in working collaboratively with the learning disability health team, which I feel is a reflection of how passionate they are about meeting the needs of this service user as best they can. They have been very responsive to recommendations that I have made, and show great initiative in how these are implemented. When I have raised concerns, the team at Woodside have also been very receptive to these and ensured that they are addressed promptly."

Woodside Farm House was situated close to the local town. There were two self-contained flats to the rear of the property. Rooms in the main house were all en-suite. The two flats and one of the personal living spaces in the main house had their own kitchen. The remaining five people shared a kitchen and

lounge/dining areas. Rooms were decorated to reflect people's personal tastes and suit their needs. Some rooms were full of memorabilia and posters reflecting people's interests and hobbies. One person's room needed updating and this was planned to be done in the next few weeks when the person was on holiday. They showed us how one wall was going to be decorated in a way which reflected a passion they had for a particular TV programme. They were clearly excited about the changes although pleased they would not be present when the disruption took place. The shared areas of the main house were more sparsely decorated and furnished. We discussed this with the registered manager who told us they had identified this. They were planning to improve the environment and involve people in creating more comfortable and homely surroundings. Property audits were carried out regularly to identify any defects in the property.

At the time of the inspection building work was taking place at the rear of the property to extend the accommodation. The area manager told us the intention was to use this to offer people support in a more independent setting.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring and we observed staff treated people with patience and compassion. From listening to conversations between staff it was clear they liked and respected people and had a general concern for their well-being. The interactions we observed between people and staff were very positive. A member of staff told us; "(The best thing about the job) is leaving and knowing you've done a good job, seeing the smile on people's faces." Relatives told us they believed staff were kind and their family members were well cared for. Comments included; "They're marvellous" and "The staff team are very dedicated." An external health care professional said; "They're a caring staff team. It can be difficult but they're always very positive."

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. Staff responded quickly to any requests for support or indications that people were beginning to feel anxious. A 'positive document' file was kept to record people's achievements and successes. One entry read; [Person's name] focused all the while and worked really hard [at the gym]." This demonstrated a culture of recognising and celebrating positive aspects of people's lives

Some people were more comfortable being supported by a small core team and rotas were arranged to accommodate their preferences. However, management recognised the importance of encouraging people to develop new relationships and introduced new staff into teams gradually when possible.

Staff recognised the importance of family relationships to people and supported them to maintain them. Families told us they visited regularly and were made welcome. Staff also supported people to visit their families. On the day of the inspection relatives were visiting two people during the day. We saw they were able to spend time alone with their family member if they wished. One told us; "It was difficult to visit yesterday because the buses were not so regular [due to it being a bank holiday]. So they gave me a lift back." The person they were visiting smiled broadly at this and were clearly pleased that staff had supported the visit.

Routines were important to people and this was recorded in care plans. For example, one read; "Staff should let me know of any changes in my routine and explain to me why things have changed." Staff told us two people attended college regularly but this would finish in the summer. The deputy manager told us they were exploring new activities for both people to create a new structured routine for them. They said this was important to them and were keen to put it in place in advance of the summer break to avoid any period of uncertainty around day to day activities.

One person found it difficult to modulate the volume of their vocal expressions and was unable to understand the negative impact this might have on others in the vicinity. The provider had arranged for additional sound proofing and double glazing to be fitted to try and limit the effect their noise had on others.

People's communication needs and styles were identified and respected. Some people used

communication tools to help them understand what was planned as well as to support them to communicate with others. For example, staff used sequence strips to help inform one person of what was planned over the course of the day. Sequence strips are visual supports where small pictures or symbols are attached to a board in the order they are going to occur.

Information in care plans was positive and emphasised people's strengths and talents. One described the person as; "Very good at pool. Good memory, good at adding and subtracting." Care plans also reflected what was important to people as well as what was important for them. For example, there was detail about the hairdressers one person liked to visit and which individual stylist they preferred to cut their hair. This allowed staff to form a full picture of the person which was not entirely focussed on their medical needs or the difficulties they faced. It is important that staff supporting people with autism have information to help them develop strategies to achieve social interaction, communication and independence skills as well as addressing their healthcare needs.

People were supported to develop independent living skills. One person's care plan directed to staff to use a sequence strip to display pictorial images of the next four tasks the person would be completing when carrying out household chores. There was clear guidance as to the amount of support required and what the person could do unsupported. For example; "Staff will get the mop and bucket and prepare the bucket. I will mop the floor." A relative told us; "They've come on so much. When they come home now they will make a cup of tea and take it through to [relative]. She'll do things now where she wouldn't before." Another person's plan stated; "I may be able to do most things in preparing my breakfast but maybe quite slow, staff must allow me to do this myself and be patient."

People's dignity and privacy was respected. Staff knocked on people's doors before entering and asked people if they would mind showing us their rooms. Some people required constant supervision to keep them safe. Staff worked to protect people's privacy as far as they were able to in these circumstances. For example, due to the risks associated with their health condition, one person needed to be monitored while bathing. Systems were in place to enable staff to do this in an unobtrusive a way as possible. A video monitoring system was in place to use if necessary and the care plan stated staff were to remain in earshot with the bathroom door ajar. This meant the person was able to bathe with some privacy while staying safe.

Care plans included limited information about people's backgrounds. This kind of information is important as it can help staff to gain an understanding of past events which may have contributed to who people are today. Many of the staff team had worked at the service for a long time and had an in-depth knowledge of people's preferences and how they liked to be supported.

Good

Is the service responsive?

Our findings

Before people went to live at Woodside Farm House the management team and team leaders took steps to help ensure people's needs could be met. A healthcare professional told us; "Before [person] moved to Woodside the carers and management were keen to ensure they understood his [specific health condition], could react appropriately if he [became unwell] and knew how to report any concerns. The staff team received [specific health condition] training prior to his moving in."

Care plans included sections on behavioural support and communication needs as well as information about people's health needs and routines. Information was detailed and personalised including guidance for staff on how to support people in order to avoid them becoming distressed or anxious. One page profiles provided staff with an overview of people's needs which included information on areas such as; "What makes me happy" and "What would be a not so good day for me." Regular reviews were carried out on care plans to help ensure staff had the most recent updated information to support people.

Staff told us the systems in place to help ensure they were up to date with any changes in people's needs were effective. Daily logs were completed throughout the day for each individual. These recorded any changes in people's needs as well as information regarding appointments, activities and people's emotional well-being. The logs had been completed appropriately. Daily handovers took place at each shift change so staff were aware of any changes in needs as well as people's emotional state and any appointments. We attended a handover and heard staff discuss an occasion when someone had become upset and what had helped them to recover. Staff discussed the possible causes for the distress and displayed empathy and concern for the person's well-being. One commented; "She's been through a lot lately." When staff had been absent from work for a log period they were given a detailed handover which covered the whole period they had been away. Staff told us this worked well and they were always kept up to date about change in people's needs.

Key workers completed monthly summaries which highlighted any incidents, including positive events, visits from external healthcare professionals, use of medicine to help people manage anxieties, care plan and risk assessment reviews and room checks. This allowed the management team to get an overview of any significant events or changes in people's lives. Action plans were then created to address any issues.

Some people had specific physiological and/ or psychological needs. These required regular monitoring to enable healthcare professionals to quickly identify any changes in their needs or try and establish what events might trigger anxiety. External healthcare professionals were positive about how staff managed this and the communications they received from them. Comments included; "They are very good at recording", "Initially there were some communication concerns …. but these were quickly resolved with management and I have confidence in their communication now" and "Often I struggle to get services to complete ABC forms (a form used to collect information about circumstances surrounding incidents) adequately. However from the outset Woodside have demonstrated the skills to be able to complete good quality ABC recordings, analyse these to determine patterns and functionality to the challenging behaviours, and use this new understanding to adapt care plans accordingly."

People were supported to take part in activities outside of the premises on a regular basis. Staff had access to four cars to enable people to go out on individual trips according to their interests. One care plan read; "Staff should give me a choice in the activities that are available to me so I can choose what I want to do." We heard staff discuss with one person how they wanted to spend the afternoon and where they would like to go. Care plans showed people were supported to try new activities if they asked to. For example, one person had recently decided they no longer wanted to attend a dance/exercise class and had started going horse riding. This demonstrated people were supported to be flexible when choosing how they wanted to spend their time. As well as day time activities, people went out during the evening to social clubs and to visit local pubs. Staff shifts were flexible to accommodate any activities which fell outside normal shift patterns. An external healthcare professional commented; "My client has been supported to engage in a wider range of experiences and activities since living at Woodside Farm House."

There was a satisfactory complaints procedure in place. Relatives told us they had no concerns but were confident any issues would be dealt with appropriately. The complaints log showed any issues raised had been investigated and responded to in line with service policy.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Woodside Farm House was taken over by Potens UK in 2016. Potens have a number of similar services throughout the country. The company have a clear set of values in place and these were communicated through the organisation. The registered manager told us they were well supported by the organisation.

Staff told us the move from a small provider to a national one had been well managed. They reported feeling well supported and part of the larger organisation. The area manger visited every one to two weeks. Staff told us the area manager was; "Communicative" and they were able to contact them for any support or advice. One commented; "We can contact him with any concerns, he's made that clear."

Potens UK employed a Positive Behaviour Support (PBS) facilitator who was able to offer support and training to the staff team including training specific to individuals needs to the whole staff team if required. The registered and deputy managers were due to attend a two day training course in the MCA and DoLS and PBS leadership. They were planning to share what they learnt with the staff team in staff meetings.

Staff meetings were held regularly and for all members of staff. The registered manager told us they always discussed a policy at the meeting to help staff refresh their knowledge and keep up to date with any changes in working practices. A 'service vision day' was being planned to discuss, and plan for, the future of the service. This would involve staff and other relevant stakeholders and would include plans for the use of the new buildings referred to earlier in this report.

The registered manager attended bi-monthly manager meetings which were time tabled to take place shortly after area manager meetings. In turn, these were scheduled to follow on from senior management meetings. Potens circulated newsletters annually to the staff team. This demonstrated there were systems in place to enable information to be cascaded through the organisation. A monthly nomination scheme was in place where staff and other stakeholders could put forward good news stories and nominate in categories such as service user outcome of the month or manager of the month. The results were communicated through email and shared across the organisation. This enabled examples of good practice and successes to be widely shared.

There were clear lines of accountability and responsibility in place at Woodside Farm House. The registered manager worked at the service on a full time basis and was supported by a deputy manager. Both had active roles within the running of the service and good knowledge of the people and the staff. The deputy manager worked every other weekend either on shift or running the shift. This meant they were aware of any issues or concerns within the staff team regarding people's care or working practices.

Team leaders and senior staff shared responsibility for overseeing individuals care planning and the supervision of staff. Key worker groups, headed by team leaders had been developed. Key workers work closely with a named individual to oversee their care plan and risk assessment reviews, communicate with families and arrange any appointments. Each person living at Woodside Farm House was supported by a team of five keyworkers.

Staff and relatives were positive about the management of the service and described both the registered and deputy manager as approachable and available if needed. The registered manager regularly met up with night staff so they were aware of any issues which might be specific to that staff team. The deputy manager told us; "We are one team." Relatives told us they were kept well informed of any changes in their family member's needs.

Staff were motivated and positive in their approach to people and support. Staff told us they enjoyed their work and worked well as a team. One commented; "It's a brilliant staff team, we work very well together, especially after incidents. It can be intense but we look after each other in the debriefs." Some members of staff had worked at the service for many years and this meant people received consistent care and support from staff who knew them well and understood their needs.

There was a quality assurance system in place to drive continuous improvement within the service. The registered manager carried out monthly audits in line with policies and procedures, for example audits on care plans, staff files and financial records. These were then sent to the area manager who completed a report for head office. This meant all relevant stakeholders within the organisation had access to information about the service.

Regular audits and maintenance checks were completed which related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

Incidents were recorded appropriately and the registered and deputy managers continually assessed them to identify any trends or patterns. Systems were in place to help ensure reports of incidents, safeguarding concerns and complaints were overseen by the area manager or the company's senior management team. This helped to ensure appropriate action had been taken and learning considered for future practice.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.