

Consensus Support Services Limited

Grovelands Farmhouse

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Grovelands Farmhouse is registered to provide personal care, support and accommodation for up to nine adults who may have a learning disability, an autistic spectrum disorder and physical health needs. The service was made up of two separate houses, Grovelands Farmhouse and Primrose Bank, which were located on a rural road within a short walk of each other. Grovelands Farmhouse could accommodate seven people and Primrose Bank could accommodate two people. At the time of our inspection each room was occupied in both houses.

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

We carried out a previous inspection of this service on 16 June 2014 where we found the service was meeting the requirements in the areas we looked at.

This inspection took place on 9 November 2016 and was unannounced. At the time of our inspection there were nine people being supported at Grovelands Farmhouse. People had a range of needs, with some people living with learning disabilities, autism, epilepsy and other healthcare needs.

Grovelands Farmhouse and Primrose Bank were located next to a working farm. People who lived in both houses were able to visit the farm at any time and take part in animal care, farming activities as well as arts and crafts and life skills classes. People benefited from a large number of meaningful activities which met their individual needs and interests. These took place at the farm, at the service or out in the community. For example, activities included swimming, cooking, dancing, gardening, shopping and trampoline sessions.

People and their relatives spoke highly of the staff at the service and the quality of care provided. Comments from people included "I do love living here", "I've got a nice home here" and "I love (staff name) and I love all the other staff". Comments from relatives included "We are impressed with the quality of the carers they have there" and "The staff are genuinely caring. Some of the staff are like having a proxy mum, that's how caring they are".

Staff treated people with kindness and respect. People enjoyed pleasant and affectionate interactions with staff which demonstrated people felt comfortable in their presence. Staff knew people's preferences and communicated with people using their preferred methods of communication. For example, some people who had difficulty communicating verbally used pictures to help them communicate.

People were protected from risks relating to their health, medicines, nutrition and behaviours. Staff had assessed individual risks to people and had taken action to minimise these risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of

reoccurrence. Staff supported people to take their medicines safely and staff competencies relating to the administration of medicines were regularly checked.

Staff knew how to recognise possible signs of abuse which helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible to staff and people who lived in the service. People and staff told us they felt comfortable raising concerns. Recruitment procedures were in place to ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable.

Staffing numbers at the service were sufficient to meet people's needs and provide them with two to one or one to one support where required. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and had been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to have enough to eat and drink in ways that met their needs and preferences. Mealtimes were a sociable experience with staff eating alongside people. People were supported to help prepare their meals and could choose what they wanted to eat. People's mealtimes were relaxed and flexible to meet people's activity commitments and routines.

There was open and effective management at Grovelands Farmhouse. People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were effective systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived at the service

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and spoke about people with affection and respect.

Staff supported people in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity.

People were encouraged to be independent and have a say in the way their care was delivered.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People felt comfortable making complaints and were encouraged to do so.

Is the service well-led?

Good ●

The service was well led.

People and relatives spoke highly of the registered manager and confirmed they were approachable.

There was an open culture where people and staff were encouraged to provide feedback. This was used to improve the service.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

People and their relatives were asked for their feedback.

Grovelands Farmhouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 visit took place on 9 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

Some people who lived in Grovelands Farmhouse were able to talk to us about their experience of the home but some were less able to do so because they had communication difficulties. We were unable to conduct a short observational framework for inspection (SOFI) during our inspection. This was due to the fact that people were in and out of the home going about their day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. Although we were unable to conduct a SOFI, we used the principles of SOFI when carrying out our observations in the service.

We looked around Grovelands Farmhouse, spent time with people in the lounge, the kitchen, the dining room and their bedrooms. We observed how staff interacted with people throughout the inspection. We spent time with people over the lunchtime meal period. We spent time with almost all the people who lived at Grovelands Farmhouse, three members of staff and the registered manager. We also spoke with two people's relatives.

We looked at the way in which medicines were recorded, stored and administered to people. We also looked at the way in which meals were prepared and served. We sought feedback from external healthcare professionals who had visited the home but did not receive any feedback from them.

We looked in detail at the care provided to five people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

The people who lived in Grovelands Farmhouse had specific needs relating to their learning disability, their autism and their health. Staff recognised the need for people to receive structured support. People and relatives told us people were safe at the home. Comments from relatives included "I feel he's safe. When he's had an accident they have immediately taken action".

People were protected by staff who knew how to recognise signs of possible abuse. Staff and records confirmed they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Safeguarding information and contact numbers were displayed in the service for staff to use. People and staff were encouraged to speak about safeguarding and this was a regular topic of discussion at staff meetings. Safeguarding was a reoccurring agenda item during staff handovers and staff were required to discuss what they had done during that shift to keep people safe. One member of staff said "Safeguarding is always brought up. They (the people who lived in the service) have their own meetings once a month and we discuss safeguarding and encourage them to report anything".

All the people who lived at the service required support from staff to take their medicines. Where some people were being supported to be as independent as possible with their medicines, there were specific plans and risk assessments in place to ensure risks to people were managed whilst also encouraging their independence. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and the registered manager carried out medicine audits regularly to ensure people had received their medicines and any errors were picked up without delay. Prior to our inspection an audit had identified a medicine error. Following this a further audit was carried out, a new system and a new medicines administration chart was put in place in order to ensure lessons were learned and to minimise the risk of reoccurrence. Records showed, and staff told us they had been trained to administer medicines safely and had their competencies checked by the registered manager prior to administering medicines on their own.

People's needs and abilities had been assessed prior to them moving into the home and risk assessments had been put in place to guide staff on how to protect people. Risks to people were being well managed. People who lived at the service had a variety of needs relating to their health, their eating and drinking and their behaviours. The potential risks to each person's health, safety and welfare had been identified and staff had used guidance to ensure these risks were minimised. For example, one person displayed behaviours which could cause harm to themselves or others. Staff had identified potential triggers to these behaviours, had put in place early intervention strategies. Staff supported the person by using personalised coping strategies to prevent escalation of the behaviours and knew how to support the person following any episodes of distress.

Where people had specific healthcare needs, such as epilepsy, there were detailed assessments and plans in place for staff to follow. These plans incorporated additional risks to people relating to all areas of their lives. For example, where one person regularly experienced seizures, there were plans in place to guide staff on risk reducing steps they should take when supporting this person in various locations and activities. For

instance, when staff supported this person to go walking in the park they were instructed on how to position this person and hold their arm in case they suffered a seizure and fell. This ensured staff had guidance on how to reduce risks to people's safety in different circumstances.

There were sufficient staff available to meet people's needs. Where some people required one to one or two to one care this was provided and extra staff members were called upon when people needed to be supported to take part in specific activities. Staff and people confirmed staffing levels at the service were adequate. Staff responded to people's needs and requests in good time and there were sufficient staff to ensure people could take part in the activities that met their preferences.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the home. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories; this protected people from the risks associated with employing unsuitable staff.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. Details of the incident as well as actions taken following the incident were recorded. The registered manager reviewed incident records regularly in order to look for patterns and take action where needed without delay.

There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan. This detailed how people needed to be supported in the event of an emergency evacuation from the houses. The premises and equipment were well maintained to ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care.

Is the service effective?

Our findings

People and their relatives told us staff knew people's needs well and how best to meet these needs. Comments from people's relatives included "Staff know [name of person] intimately and know his moods" and "We are impressed with the quality of the carers they have there".

People were supported by staff who had the skills to meet their needs. Staff had undertaken training in areas which included medicines management, conflict management, disengagement, person centred planning, positive behavioural support, infection control, basic life support skills, health and safety, moving and handling, fire safety and safeguarding. Where people had specific needs, such as epilepsy, staff had received training in these areas along with competency questions to test their knowledge. Staff told us they had received sufficient training to carry out their role and meet the needs of the people at the service. Staff training needs were regularly reviewed and discussed with staff during supervisions and appraisals. Staff told us they could ask for more training if they wanted it. One member of staff said "We get all the training and more".

Staff were encouraged to work towards further qualifications and new staff were undertaking the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt supported by the registered manager. Staff had regular supervision and appraisal with the registered manager which staff told us they found useful. During supervision, staff had the opportunity to sit down in a one to one session with the registered manager to talk about their job role and discuss any issues.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. Staff sought consent from people before supporting them and encouraged people to make as many decisions about their care as possible. People had been involved in the creation of their support plans and each had a person centred decision making plan in place which detailed how people should be encouraged and supported to make decisions. Where people had been assessed as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA, had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. Records confirmed families and professionals had been consulted about people's care and decisions had been made in the person's best interests. People's relatives confirmed they had been involved in making decisions for their loved ones when this was necessary. Relative comments included "They've come to me if decisions need to be made". This ensured this person's rights were respected where they were

unable to make decisions for themselves.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. Most people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care. Some applications had been approved and others were awaiting approval.

People were supported to have enough to eat and drink. At lunchtime and breakfast time each person ate a different meal depending on their choices and preferences. People ate at different times to meet their routines. Some people went out with staff for their meals whilst others ate in the houses. During our inspection several people went out for lunch and when they returned they told us they had enjoyed this. Another person went to the shop to buy some seasoned chicken to eat at Grovelands Farmhouse for their lunch, which they enjoyed. Staff ate alongside people to make this a social experience. The weekly menu was created by each person choosing an evening meal for a particular day. If people did not want the meal on offer they could choose an alternative. Where people chose a meal they were supported to go to the shop to buy the ingredients and assist with cooking the meal. One person told us with enthusiasm about the meal they were going to be cooking that evening and how they would be going out to the shop to buy the ingredients. People were supported to be as independent as possible with cooking and preparing drinks.

Where people had specific needs relating to their nutrition or hydration, these were responded to. For example, one person was at risk of choking and required their food to be cut up into small pieces and for staff to supervise and assist them when they were eating. Staff knew about this person's needs and supported this person as they were instructed which ensured the person was kept safe and also ate sufficiently.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, speech and language therapists, district nurses, occupational health practitioners, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care.

Is the service caring?

Our findings

People who could speak with us spoke highly of the service and the staff. Comments from people included "I love her (talking about a member of staff)", "She makes me laugh she does (talking about a different member of staff)" and "I love (staff name) and I love all the other staff". Relatives told us how much they valued the caring nature of the service and the staff. Comments from relatives included "I think all of them are caring. They go above and beyond what they need to" and "The staff are genuinely caring. Some of the staff are like having a proxy mum, that's how caring they are". Staff made comments to us and made statements in people's notes which demonstrated how much they cared for the people who lived at the service and valued their individual personalities. Their comments included "he is a friendly and caring person" and "I love working with the people here".

Staff treated people with kindness and respect. Staff cared about people's wellbeing and went out of their way to make people feel happy and offer them the freedom of choice. For example, during our inspection staff offered a person the option of different activities they enjoyed. This person then made a decision about what activity they wanted to participate in and changed their mind on numerous occasions. Staff ensured the person felt listened to and responded positively every time they changed their mind. As the person appeared to be getting agitated by the choice they were trying to make, staff distracted them by helping them to do some art. The person enjoyed this distraction and this provided them with a calm environment to be able to choose the activity they wanted to do that afternoon. Staff then accompanied and supported this person to go to a trampoline session followed by a walk in the park. This person highly enjoyed their afternoon.

People's bedrooms had been decorated in a way that represented their personalities and preferences. People told us they loved their bedrooms and were very proud of the way they were decorated. The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff, sharing jokes with them and showing physical affection. Staff knew people well and engaged people in conversations about their interests and preferences.

People's dignity and privacy were respected. Staff did not enter people's rooms without first knocking and waiting for a response. Where people were able and wanted to, they were provided with a key to their bedroom. During our inspection one person told us they had decided to purchase a lanyard for the purpose of keeping their key around their neck as they did not want to lose their key. Staff accompanied and supported them to purchase a lanyard later that day which pleased the person.

People were supported and encouraged to maintain their independence and learn new skills. Staff and relatives told us how far people had developed since moving into the service. For example, one person's relatives told us how much work staff had dedicated to encouraging this person to go shopping. This had previously been a very distressing experience for this person but their relative told us "Staff worked hard with him and now he goes into shops". Clear guidelines had been set for staff to follow which involved explaining to this person each step they were going to take and what items they were going to be purchasing. This had helped in relaxing this person who went from not going shopping at all, to needing the support of two

members of staff, to only needing the support of one member of staff. This demonstrated the importance staff placed on people's independence and life skills.

People were encouraged to take part in chores around the houses and learn skills required for living independently. During the day we saw people helping with washing dishes, cooking and vacuuming. People were involved in tidying and cleaning their rooms as well as doing their washing. During our inspection we saw a member of staff encouraging one person to do their washing with support. People were proud to tell us about their accomplishments and one person said "I made my breakfast. I put butter on my toast. I help with cooking. I'm a good cook".

People were involved in all aspects of their care and the running of the service. People were asked for their opinions and had been involved in the planning of their care. Each person's care plan contained information about their history and their personality. People's likes, dislikes, preferences and specific routines were included in their care plans. When changes had been made to the service and the houses, people had been consulted. For example, a new quiet room had been created next to the kitchen to give people a place to relax that wasn't their bedroom or the television room. People had been consulted about the colours the room should be painted and the colours of the curtains.

Staff cared about people's wellbeing and were kind and considerate in their approach. During our inspection we saw one person become emotionally distressed on a number of occasions following a recent loss of a loved one. Staff treated this person with gentle kindness, gave them physical affection and time to talk with them. Staff had identified this person was worried about not receiving a gift from this loved one at Christmas time and were in the process of purchasing gifts for them so they did not miss out. We heard one member of staff telling another that every time they were in town they went into charity shops searching for CDs of this person's favourite musical artists. This was being done in this member of staff's free time and when we asked them about it they told us they cared deeply for this person and did not stop thinking about new ways to make them happy.

Relatives told us they were involved in the care of their loved ones and were always made to feel welcome at the service. One relative said "The door is always open. We could turn up midweek or whenever and we would always be welcomed with a cup of tea".

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care that was delivered at Grovelands Farmhouse. Comments from relatives included "We are very pleased with it". People's comments included "I do love living here", "I've got a nice home here" and "It's really good sometimes. I like it".

People who lived in both houses at the service had a variety of needs and required varying levels of care and support. People's needs had been assessed and from these, with the input from people and their relatives, care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had displayed some new behaviours when they were travelling in a vehicle with another person. In order to respond to this and ensure risks were minimised, staff reviewed both people's care plans and risk assessments. Their care plan had been updated and actions had been identified and taken to address the risks.

We looked at the care and support plans for five people receiving care and support. People's plans contained detailed information about their specific needs, personal preferences and how staff should minimise risks. Support plans evidenced that all areas of people's needs were being considered and planned for. For example, one person had a specific condition which affected their behaviours. There was detailed guidance for staff about the specific condition, how this affected this person and what steps they needed to take to ensure the person was safe, free to express themselves and never felt talked down to or disrespected. This person's care plan contained the instructions: 'Do not treat (name of person) as a child. Do instead treat him as an adult and always consider how you would wish to be talked to and communicated to as an adult' and 'Do not tell him what he is doing is wrong. Ignore the behaviours but not him'. This demonstrated staff responded not only to people's physical needs and health needs, but also to their emotional needs.

People's care was responsive to their needs and staff were clear about people's needs and how they could best support people to meet them. People's care plans stressed what they were able to do for themselves and how staff were to maintain and promote independence. For example, people's care plans detailed how they were able to participate in their personal care and what actions staff should take to ensure they continued to take part, develop and maintain these skills.

People had varying levels of communication, where some were able to express themselves verbally and others were not. Staff communicated with people in the ways most appropriate for them. For example, one person was better able to understand options presented to them if these were in the form of pictures. Staff had created a picture board relating to activities and places to visit as well as picture menus for the person to choose from. During our inspection we saw staff discussing the activities picture board with the person in order to choose what they wanted to do later on in the afternoon. This demonstrated staff communicated with this person in a way which understood their needs and enabled them to make choices.

People had access to activities which met their social care needs. Each person's care plan contained details about their interests and the activities they enjoyed. Each person had a staff key worker who spent time

looking for ways to develop meaningful activities for the person and develop their skills.

Grovelands Farmhouse and Primrose Bank were located next to a small working farm. People who lived in both houses were able to visit the farm as often as they wanted and take part in animal care and other farming activities. The animals on the farm included cows, pigs, sheep, goats, chickens, horses and rabbits. Also located on the farm was a vegetable garden and a number of activity rooms which included arts and crafts, puzzles and living skills. People could attend the farm and take part in farming activities or other activities which resembled a day centre experience. People who lived in other homes owned by the provider also attended this farm so this gave people opportunities to socialise and make new friends.

People enjoyed a variety of activities organised by the service, the farm or out in the community. People spent as much or as little time as they wanted using the facilities on the farm. On the day of our inspection a number of people attended the farm. When they returned they told us they had enjoyed themselves. People also took part in individual activities with staff at the home, such as arts and crafts, cooking, baking and making puzzles. People attended organised activities in the community, such as swimming, trampoline sessions, other day centres, dancing, gardening, football, nightclubs and karaoke. During our inspection people took part in a number of these activities and one person told us how much they were looking forward to going dancing that evening. People and their relatives commented on the amount of activities people could take part in and how this was beneficial to their wellbeing and happiness.

A complaints policy was in place at the home. People told us they knew who they could raise complaints to and felt comfortable they would be dealt with appropriately. One person said "I feel I can talk to her (the registered manager), I can talk to (name of staff member)". Relatives' comments included "We like the manager. We could go to her. She's always there to listen and she acts" and "If we've had a concern they've always dealt with it". Staff supported people to make complaints where appropriate. Where one person had complained about the noise coming from another person's bedroom, staff had supported them to put the complaint to the registered manager in writing. This had been recorded, investigated and action was being taken to reinforce the ceiling of the person's room to help reduce the noise.

Is the service well-led?

Our findings

The manager at the home had very recently registered with the CQC. People, relatives and staff spoke highly of the registered manager and told us they found them to be open, approachable and thorough.

There was an open culture at the home, led by the registered manager. The registered manager had an 'open door' policy and encouraged people, relatives and staff to share their views and ideas with them. During our inspection we saw people freely going in and out of the registered manager's office and discussing all kinds of topics with them. People told us they felt listened to by the manager, their key worker and the rest of the staff. Comments included "I talk to them. They listen". This culture of openness was also part of the provider's vision. The provider held regular management meetings attended by managers of their services. The registered manager always shared the minutes of these meetings with the rest of the staff team. The registered manager told us this helped all staff feel involved and demonstrated openness and transparency on behalf of the provider and senior management.

Staff knew the provider's vision and values for the service and these were reflected in their practice. The provider's values were displayed in Grovelands Farmhouse where people and staff could see them each day. These were choice and respect, ambition and imagination, reliability and professionalism, honesty and integrity, responsibility and accountability, inclusive and supportive.

Staff, people and relatives were encouraged to share their views and ideas about the home and how things could be improved. Staff told us the registered manager listened to their ideas and implemented them where appropriate. People and their relatives were encouraged to give feedback. Yearly surveys were sent out to people's relatives, people and staff. Once these surveys were completed and returned, they were analysed and action plans were created to respond to any issues raised. Following some feedback received in the most recent survey the registered manager had responded to areas requiring improvement and had implemented changes. For example, some improvements had been made to the driveway at Grovelands Farmhouse.

Regular 'residents meetings', staff meetings and team leader meetings took place in which people were asked for their feedback and ideas. For example, people were asked what activities they would like to take part in in the coming weeks and these were then planned for wherever possible. During a previous meeting one person had stated they wanted to see a show and therefore staff arranged for them to be supported to go to the theatre which they enjoyed.

People benefited from a good standard of care because the service had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted. For example, a recent medication audit had identified a medication error. The registered manager had taken immediate steps to ensure the person the medicine error concerned was not at risk, had conducted further checks, had implemented new control measures and

was in the process of rechecking each member of staff's competencies.

Every month an operations manager conducted a quality monitoring check in line with the CQC style. They checked whether the service was safe, effective, caring, responsive and well led. The registered manager regularly updated the information held in the service's computer system. This information was reviewed by senior management from the provider's management team. The registered manager told us this included information about accidents and incidents. Following a recent increase in one person's behaviours, they had been contacted by senior management who had offered them extra support and guidance from a behavioural intervention team. This demonstrated the systems in place to monitor people's care and support was effective in responding to the risks identified.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.