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Montrose Barn

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?

Outstanding 

Overall summary

Montrose Barn provides accommodation and personal care for up to two people who have a learning disability. During our inspection visits two people were living at the home. The provider was also the home's 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were relaxed and happy at Montrose Barn. We saw people and staff laughing together and enjoying each other's company. People said, "It's nice here" and one person's relative told us, "I feel that (the person) could not be in a better environment than that at Montrose Barn". Health and social care professionals told us, "I would put this service right at the very top of those I deal with.... people have complex needs and the service is able to meet all of those needs".

Care records were accurate, detailed and care had been planned effectively in order to provide people with

Summary of findings

customised and highly person focused care and support. Care plans included specific information about each person's care needs and clear guidance for staff on the ways in which each person preferred to be supported.

The service used robust and effective risk assessment processes designed to enable people to take managed risks if they chose to do so. The risks assessments were site specific and included detailed guidance for staff on how identified risks should be managed. The provider's health and safety management systems had recently been externally audited and found to be "very good".

People were respected as individuals and staff worked to support each person to engage with a wide variety of activities in the home, the local environment, and with the local community. These activities reflected people's individual interests and hobbies.

Staff and managers had a detailed understanding of the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. They had received specific training in relation to recent changes to the interpretation of this legislation. Care records included numerous examples of best interest decision making with the involvement of family members and health and social care professionals.

People and staff were able to communicate effectively together using specific, individualised techniques that had previously proved effective. During our inspection we observed staff using a variety of different communication strategies while supporting people.

The staff team were highly motivated and well supported by the provider and deputy manager whose roles were well defined. Staff told us their training needs had been met and training records confirmed this. Their comments included "(the provider) is extremely supportive" and "training is always on-going". Professionals told us, "It's fantastically well managed". Montrose Barn's staff management systems complied with current best practice and had been accredited by Investors in People.

There were robust quality assurance systems in place at Montrose Barn. Regular quality assurance audits had been completed and any issues identified promptly resolved. People had been supported to provide feedback on the quality of care they received. We saw feedback was valued by the provider and staff. All feedback received was used as a learning opportunity and was used to improve the service and ensure each person's individual needs were met.

Summary of findings

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 was safe. There were sufficient numbers of skilled and knowledgeable staff available at all times to meet people's care needs.

Risks were managed effectively and arrangements for the management of medicines were robust.

Good



Is the service effective?

The service was effective. Staff were well trained and fully understood the requirements of the Mental Capacity Act.

People's care had been planned effectively to ensure individual care needs were met.

Staff used appropriate strategies to help people when they became upset or anxious.

Good



Is the service caring?

The service was caring. The staff team was well established and people were supported by staff who respected their rights and valued people as individuals.

People's wishes were respected and staff supported people to maintain relationships that were important to them.

People were supported by staff to make meaningful decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care records were detailed, informative and highly person centred.

People were able to engage with a wide variety of activities based on their personal interests and hobbies.

Information provided by people was used effectively in order to improve their experiences of care.

Good



Is the service well-led?

The service was well led. The provider and deputy manager provided effective leadership. Staff were highly motivated and believed in the organisational aim of providing customised care.

Quality assurance systems were robust, effective and feedback received was acted upon.

The service was open and honest in its communication with external organisations. Where guidance was provided this information was incorporated into people's care plans.

Outstanding



Montrose Barn

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 21 October 2014 and was announced. The provider was given notice of this inspection because the location provides care for two people who are often out during the day and we needed to be sure that people would be at the home to speak with us. The inspection team was limited to an individual inspector as it was felt additional team members would have represented an undue intrusion into the home.

Before the inspection we reviewed the Provider Information Record (PIR), previous inspection reports and other information available on the quality of care provided

by Montrose Barn. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the two days of our inspection we spoke with both people who used the service, two members of care staff, the deputy manager and the provider. In addition we spoke with an Independent Mental Capacity Advocate (IMCA) and four other professionals from outside the organisation who were involved in people's care. Following the inspection we contacted one person's relatives to gain additional feedback on the quality of care provided by Montrose Barn.

We observed people being supported within the home's communal areas and garden. We inspected a range of records. These included people's care plans, three staff files, staff training records, staff duty rotas, policies and procedures and the home's quality assurance systems.

Is the service safe?

Our findings

People told us they felt safe at Montrose Barn, one person said, “yes they look after me”. A relative told us, “I feel that (my relative) could not be in a better environment than that at Montrose Barn”. Staff told us “without a shadow of a doubt people are safe.” Professionals who visited the service consistently told us people were safe. Comments included; “the people there are safely in their care”, “they have provided a safe home for (the person), a sanctuary” and “yes it is a safe and caring service”.

People were relaxed and comfortable in their home and we saw numerous incidents of staff providing care safely while encouraging independence. For example, we saw one person being supported to fold clothes and prepare lunch while the other person was assisting with maintenance tasks in the garden. Staff provided guidance and encouragement throughout the activities we observed in order to ensure people were safe and aware of relevant risks.

Staff had completed appropriate training and were able to explain to us both, the provider’s and the local authorities procedures for the safeguarding of adults. Care records demonstrated that staff had appropriately raised concerns with the local authority in relation to a number of incidents beyond the home’s control. This meant people were protected from the risk of abuse because staff were trained to identify signs of possible abuse, knew how to act on any concerns and had experience of making appropriate safeguarding referrals.

The care records included detailed risk assessments specific to the care needs of each person. The risk assessments clearly described the identified risk and provided staff with appropriate guidance on how they should manage the risk. Risk assessments were wide ranging, personalised and included information on how a person’s mood should be taken into account when assessing the risks associated with specific tasks. The assessment documents also included advice for staff on alternative options to consider if risk factors on a specific day meant the level of risk associated with a particular activity was unacceptable. This demonstrated a flexible approach to risk which helped ensure people were supported to take day to day risks safely.

We discussed the risk assessment procedures with the provider who explained “there is a book of 70 or so risk assessments. The point is it doesn’t limit us, it helps us to be able to do things.”, “just because you have to be conscious of risk does not mean we can’t have a comfortable lounge with nice things in it” and “if people are safe you can then explore possibilities”. Staff told us “everything is risk assessed but that does not stop us from doing things”. Daily care records and other information within the home demonstrated people at Montrose Barn were actively engaged with a wide variety of tasks both within the home and the local community. The provider’s comprehensive approach to risk management enabled people to engage with daily living tasks and enjoy their hobbies and interests while providing people with appropriate levels of protection.

Regular weekly fire drills were completed at Montrose Barn. We saw that Personal Emergency Evacuation Plans had been developed for both of the people who lived at the home and for members of staff. These plans included clear guidance on the support each person required in the event of an emergency evacuation and detailed assessments of the associated risks. These included risks associated with the medical conditions of both staff and people who used the service.

On both days of our inspection there were sufficient numbers of staff on duty to meet people’s identified needs. Care records demonstrated that staffing levels were highly flexible. We saw additional staff support was routinely provided as required by the three members of staff who lived on site. During our inspection we saw people received care and support in a timely manner, that staff were not rushed and spent time chatting with people and enjoying each other’s company. We reviewed the home’s staff rota and found that both the provider and deputy manager had allocated administrative time. This meant they had dedicated time in which to complete their managerial responsibilities.

Disclosure and Barring Service checks and employment history checks had been completed for all of the staff whose records we inspected. This meant people were protected as the service had taken appropriate steps to help ensure staff were suitable for their role.

The arrangements for the administration of medicines at Montrose Barn were safe. We saw that where people had capacity to consent to the administration of medicines this

Is the service safe?

had been recorded in the care records. Where people lacked capacity appropriate risk assessments and best interest decision making processes had been completed as required by the Mental Capacity Act (2005). People's medicines were stored in individual lockable cupboards. We reviewed the Medicines Administration Record (MAR) charts. These records had been fully completed and accurately recorded details of the person's medicines. Staff had completed relevant training and the services medicines policies were appropriate. At the time of our inspection there were no homely remedies used at Montrose Barn as all medications were prescribed. Homely

remedies are medications that are not formally prescribed such as pain killers and cough medicine. However, the home did have a draft homely remedy policy available for use in the event that people's care needs changed.

We found that Montrose Barn was clean and tidy and people were involved in some cleaning processes. In addition the night staff task list included detailed cleaning schedules for the communal areas of the home. The cleaning procedures were designed to promote infection control. We found that all Chemicals or Substances Hazardous to Health (COSHH) substances were diluted prior to use and stored securely when not in use.

Is the service effective?

Our findings

Montrose Barn had actively recruited staff members who were known to people in the home. Of the two most recently recruited members of staff one had previously been one person's Independent Mental Capacity Advocate (IMCA) and the other new member of staff had previously provided people with care and support in a community setting. People told us, "I have different people every day but I know them." This meant people were supported by staff who they knew and who had established a good relationship with them.

We found there were robust induction procedures for new members of staff at Montrose Barn. Staff completed approximately two weeks of shadow shifts and induction prior to providing care independently. They explained their initial shifts had been at night where they had been introduced to people in the home, observed the provision of care and spent time reviewing care plans and policy documentation. When staff were comfortable that they understood their role they began shadowing day shifts. The induction process included Common Induction Standards (CIS) training. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. At the time of our inspection the provider was in the process of reviewing and updating the induction processes to ensure it complied with and exceeded the requirements of the new Care Certificate.

Staff had received appropriate training, regular monthly one to one supervision from the provider and annual performance appraisals. Staff told us, "(the provider) is extremely supportive" and "training is always ongoing, I've done safeguarding training, break away techniques and some training on CDs (Controlled Drugs) recently". External health and social care professionals told us, "staff appear very competent, there seems to be quite a low staff turnover as familiar faces regularly attend meetings", "the staff are very knowledgeable and have people's best interests at heart" and "The staff have people's best interests at heart and actively pursue it."

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), with the provider, deputy manager and staff. During these conversations staff demonstrated a detailed understanding and in depth knowledge of the

requirements of the legislation. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. One person's capacity to make decisions was limited. The service had identified that the use of photographs of this individual engaged in activities may enable the person to choose which activities they wished do at a particular time. Recognising that the person did not have capacity to consent to taking of photograph or the development of the planned communication tool the provider had involved relevant professionals and staff in a best interest decision making process. The possible benefits and risks had been fully discussed and a decision made that the development of and trailing of the communication tool was in the person's best interests.

DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. There have been recent changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. The provider and deputy manager had received specific training in relation to the impact of the "Cheshire West" case on the MCA and DoLS. We saw the service had applied for and been granted a DoLS authorisation in relation to one person. We inspected these records and found that the service had fully complied with the conditions of this authorisation.

Staff knew the people they supported extremely well and were able to recognise and predict events that may cause people to become anxious. Where staff identified these issues they provided appropriate support to enable people to deal with the situation. In addition we saw that the service took steps to manage external sources of anxiety. For example when we contacted the service to announce our inspection we were asked not to display identification cards on a lanyard as this was known to cause anxiety. Care professionals who we spoke with told us "They managed my arrival so as not to make (the person) anxious. It was great, the sort of thing that impressed me is the way they managed the details", "they really know and understand

Is the service effective?

the people who live there” and “They were aware of their training around autism and how best to support the service user, and I was aware through discussion (with staff) of the best approach to supporting (the person’s) behaviour.”

Staff told us “We do not use any physical restraint”, “it’s about calming techniques.we use a low tone of voice, hand signs and verbal prompts” and “it’s all about using the least restrictive practice”. The care plans we inspected included detailed guidance for staff on methods to be used when people’s behaviour challenged them. This included details of each person’s signs of anxiety and guidance on the use of specific key phrases, standard gestures and tone of voice to assist with supporting people when they became anxious and likely to behave in a way which challenged staff. We observed that these techniques were used effectively by the four staff we saw providing care and support. The provider told us, “it’s about total team work, if we all follow the care plan, it makes it all easier” and staff said, “it’s about knowing your client well and recognising the little signs that something is not right” and “we all understand and know (the person) well”.

Staff recognised the importance of consent and empowering people to make meaningful decisions about their lives. Staff told us, “It’s very important for (the person) to be able to choose, you can see improvements in (the person’s) self-esteem as a result of real choices being made”.

People at Montrose Barn were supported to shop for and prepare their own balanced meals. We observed one person being supported to prepare soup and a toasted sandwich for lunch. Appropriate prompts, guidance and encouragement were provided by staff while the individual worked at preparing the sandwich and putting it into the toasted sandwich maker. Food available in the home was fresh, homemade and reflected people’s cultural backgrounds.

Records showed people’s day to day health needs were met and people were supported to attend routine medical check-ups and out-patient clinics as necessary. We saw that where the service had identified concerns in relation to people’s health needs timely referrals to health professionals had been made.

Is the service caring?

Our findings

There was a small established staff team at Montrose Barn. Staff knew people well and were able to spend time providing individualised care and attention. During the inspection we saw staff and people who used the service laughing together, drumming and engaged in a variety of household tasks. Staff were able to identify and predict people's care needs and acted promptly to ensure these needs were met. Staff members told us, "We aim for a family type environment, it's very, very client centred" and "I love supporting (the person)". Professionals said, "staff are incredibly switched on to people's needs", "they really know how to manage (the person's) behaviour" and "If I needed to be anywhere like this, this is where I would choose". One person's relative told us, "the staff are chosen and trained well in how to maintain (the person's) care and calmness, which also helps a great deal" and "I find Montrose Barn is a very happy place for (the person) to be living and be cared for".

People at Montrose Barn were valued as individuals and staff respected their wishes and beliefs. We saw that one person had been empowered to complete culturally significant activities and this person proudly told us of these activities. The provider said one person had referred to a religious symbol on a number of occasions. Staff had worked with the person to identify this symbol using a variety of techniques including drawings and pictures. Once identified a version of the symbol had been purchased and staff told us this person enjoyed looking at the symbol as part of their bed time routine.

During our conversations the provider and other members of staff demonstrated pride in the achievements of people who lived at Montrose Barn. Staff comments included, "I am proud that (the person) has become more..."; "we are so proud of (the person)... it was so great to see" and "It's a massive improvement". Professionals told us, "the staff

are incredibly switched on to people's needs", "very good at monitoring behaviour in relation to community involvement and adapting as necessary" and "they make sure people are not set up to fail".

People at Montrose Barn were provided with information in a variety of ways to ensure they were able to process and understand options available to them. For example information about activities available during the day was provided on a picture board outside one person's room and explained verbally throughout the day using appropriate techniques designed to help the individual understand the information provided. People's care plans included detailed guidance for staff on how to support individuals to make choices. For example one care plan said, "(the person) can become overwhelmed by too much choice, staff could assist (the person) in making decisions regarding what to wear by encouraging choice from two or three garments".

People were supported by staff to maintain relationships which were important to them. For example one person was supported to regularly write to a relative. In addition the service produced a quarterly newsletter. This was available to relatives and visitors to the home, and it included details of activities at Montrose Barn and reviews of current soap opera story lines written by people in the home.

We saw people had been supported to access advocacy services. One person was currently receiving monthly visits from an IMCA and staff told us, "we are all advocates really".

Staff respected people's privacy and individuality. We saw that staff asked permission to enter people's bedrooms and asked people if they would like assistances with tasks around the home. One person had their own keys and was able to lock their front door and bedroom if they wished. This promoted independence as it empowered this person to take on responsibility for the security of the home.

Is the service responsive?

Our findings

We observed that people were happy at Montrose Barn. One relative told us, “I feel that (the person) could not be in a better environment than that at Montrose Barn” and staff said, “I think this is the best place (the person) could be” and “it’s very easy to be person centred here”. Health and social care professionals who worked with people at Montrose Barn said, “they really respond to the needs of each person” and “the location is perfect for the people who live there”.

Care plans had been developed using current best practice, they were highly individualised and contained extensive detailed information for staff about people’s health and social care needs. For example, one care plan said staff needed to be patient, respectful, understanding and have a good sense of humour to be able to support the person effectively.

We saw there were additional versions of the care plans using pictures and short sentences to enable people to read, understand and comment upon their care plan. People and staff were able to communicate effectively together. The care plans we inspected included guidance for staff on the use of a variety of communication techniques that had previously proved effective. During our inspection we observed staff using a variety of different communication strategies while supporting people.

The care plans included details of people’s life history and information about current hobbies and interests. The care plans were up to date and included detailed, individualised and well defined aims for care interventions. Staff told us “we do proper person centred planning”.

There were effective systems in place for sharing information within the staff team. For example a book was used to record new or unusual phrases used by one person, this information was shared with all the staff who worked together to identify the meanings of new phrases and thus enable effective communication.

We saw that where the service gained new information about a person’s likes this was shared effectively to improve people’s experiences. For example the service had recently used a survey with yellow coloured faces to enable people to provide feedback on the quality of care they required. During this process one person had commented that they would have preferred orange or purple faces on a

quality assurance questionnaire, because they preferred these colours. This information had been shared with all staff. On the day of the inspection this person went shopping with the provider for fancy dress items, we noted that the person had purchased a hat with purple hair for themselves while the provider had selected orange hair.

There were three pet dogs at Montrose Barn, two of which were greyhounds. The provider explained that these dogs had been specifically chosen as research had shown greyhounds make good pets and can provide positive therapeutic interactions for people with autism. We saw that people were comfortable with their pets and interacted with them regularly. One person particularly enjoyed going for long walks with the dogs and the provider reported this person often spent time relaxing on the sofa with one of the dog’s heads on their shoulder.

Each person at Montrose Barn was encouraged to engage in a wide variety of activities depending on their interests. During the two days of the inspection people went for local walks, attended a day centre, went shopping, worked to maintain the homes gardens, drummed and completed a variety of household tasks. People we spoke with were proud of their achievements and staff told us, “It’s all geared up to what people want to do” and “anything (the person) wants to do within reason then we do it”. Professionals told us, “people are able to access the environment and community”, “they have tailored the environment of the home to meet people’s needs” and “there are lots of positive meaningful outdoor activities for people to do.”

People at Montrose Barn were actively engaged with the local community and attended numerous events including sponsored walks, craft fairs and providing help to neighbours to maintain the local environment. The service had recently received an email from a member of the community congratulating them on improvements they had observed during a recent conversation with one person while out walking.

Montrose Barn shared information effectively with other organisations involved in people’s care. Staff told us they regularly spoke with staff at the day centre, which one person attended, to share current information about care needs and interests. Professionals told us they received regular updates from the service and said, “communication is really good, they are very receptive to ideas and the information they have about each individual is vast”.

Is the service responsive?

There were effective procedures available for the handling and investigation of complaints received by the service.

Information on how to make complaints was available within the service in a number of different formats. In addition people's relative had been provided with copies of the service's complaints procedures.



Is the service well-led?

Our findings

The provider, who was also the registered manager and qualified nurse lived adjacent to the home and provided day to day leadership to the staff team. In addition there was a deputy manager who was a qualified social worker and Independent Mental Capacity Advocate. There were clear divisions of responsibilities between the managers with the provider focusing on the management of staff and the services operating procedures while the deputy manager focused on the planning and delivery of care. Both the provider and the deputy manager took an active role in the running of the home and had a good knowledge of the staff team and the people being supported. Staffing rotas demonstrated that the provider and deputy manager routinely worked as members of care staff within the home.

People at Montrose Barn told us, "It's nice here". Staff said, "it's very supportive, they are always pushing for the best interests for the people here" and professionals told us, "It's fantastically well managed", "I am pretty impressed with what they do" and "I would put this service right at the very top of those I deal with.... people have complex needs and the service is able to meet all of those needs".

Montrose Barn showed itself to be a learning organisation with a highly personalised approach to care. All staff sought to share knowledge and information to help ensure people received the highest standards of care which matched their needs. For example, we saw staff recorded details of new or unusual phrases people used in a specific book. These records included detailed notes of the situation and local environment at the time the new phrase was used. Records of team meetings and contacts with external health professionals showed new phrases were often discussed as staff endeavoured to share experiences and pool their knowledge in order to decipher the meaning of new or unusual phrases.

Where the organisation was unsure of the best way to resolve particular issues appropriate support was sought from external health and social care professionals including the Care Quality Commission. Professionals involved in people's care told us, "they are always open and very honest" and "Montrose Barn is very engaging and request support when necessary. When suggestions are made they do carry them out and incorporate advice in their care plans."

Care records clearly demonstrated the service worked effectively with partner organisation to ensure decisions were made in people's best interests. We saw a number of well documented best interests decisions recorded within the care plans we inspected. Staff said, "(the person) has a really good relationship with the provider, (they) have been a stable point in (the person's) life" and "the provider is always pushing for the best for people". The provider told us, "I know I can be annoying when I am standing up for my guys". Professionals involved in the care of people at Montrose Barn told us, "it's all done for the benefit of the clients".

We saw the provider was willing to challenge others when they believed decisions were not being made in people's best interests. For example, we saw that the service was in the process of developing a full chronological sequence of events as part of the process of challenging the findings of a recent external report. Staff believed the report was inaccurate and were able to demonstrate this from their analysis of information recorded in care records.

We saw the service had experienced challenges in relation to the level of funding available from commissioners. These challenges had been seen by the provider as an opportunity to further customise the care provided. Staff had been provided with additional training and equipment to enable them to support people with activities that had previously been provided by an external organisation. This meant activities that people enjoyed continued and were more flexible as external staff were no longer required. Staff told us, "we've had to be very creative since the funding cuts..... it's all been geared to what people want to do".

The service was highly supportive and endeavoured to act in the best interests of the people they cared for even when this caused significant challenges. The provider told us, "we want to give good quality lifestyles for our guys". Professionals who worked with the service told us, "It is really positive for the home that they have tried to work through challenging situations with us" and "I've not had a single negative comment from anyone".

The provider told us one of the priorities for the service was to provide a "custom service for the people in the home" and staff told us, "it's not for show, its natural, it is the way we do things here". The provider said, "I am proud of the team, I know they go the extra mile, they have bought into the ethos" and one person's relative told us, "the provider runs a tight ship at Montrose which works well for (the



Is the service well-led?

person) and the providers ability to empathise and provide this high level of support year after year is for me a great comfort". During our inspection we saw that the support each person received was different. This reflected the differences between the individuals and demonstrated that each persons' wishes and preferences had been respected.

The provider and staff team demonstrated during their conversations with us a shared approach to the way in which Montrose Barn was managed. They spoke of the need to be 'flexible' whilst supporting people which showed the service was organised according to people's needs.

There were effective arrangements in place to gain feedback from people and relatives on the quality of care provided by Montrose Barn. People were supported to provide formal feedback on the quality of care they received using specially designed survey questionnaires. The most recent survey had been completed in September 2014. The results had been positive with people reporting they were "happy" and wished to stay at Montrose Barn. We saw people's feedback was valued and that changes had been made in response to feedback provided.

The provider's policy documentation was up to date and reflected current best practice. We found there were detailed procedures in place to ensure appropriate audits were completed. The audits we reviewed were effective as we found actions identified during audits had been addressed and resolved. We noted that the majority of fire drills had been conducted at meal times. The provider explained that this was intentional as they had found that people were least likely to respond to fire alarms during meals. As a result the provider had chosen to focus their fire drills at meal times to ensure people and staff knew how to respond appropriately when the fire alarm sounded. This demonstrated how the provider used their knowledge and understanding of peoples' needs to ensure training drills provided the maximum benefit for people and staff.

The provider had attended a number of training events and local manager support groups in order to keep up to date

with the latest guidelines and ensure procedures at Montrose Barn reflected current best practice. Where the provider had identified during these meetings that staff or management required additional training this had been provided promptly. For example both the provider and Deputy manager had completed update training in relation to the recent changes to the interpretation of the Deprivation of Liberty Safeguards.

All accidents and incidents at the home or involving people had been appropriately reported and documented. Incidents had been investigated thoroughly and where possible improvements to procedures or people's care plans had been identified, these had been adopted. Montrose Barn's Health and Safety procedures had recently been externally assessed. The report of this assessment found, "the overall standard of health and safety management appears to be very good".

The staff team were highly motivated and told us they were well supported by managers. The provider told us, "it's about playing to people's skills and interests" and "it's about total team work, if we all follow the procedures in the same way it makes everything easier". We saw staff had been encouraged to take on responsibility for specific tasks based on their individual areas of interest. At the time of inspection one member of staff was in the process of redesigning the lay out of the services statement of purpose to make it more accessible and another staff member was developing new communication aids. Staff told us team meetings occurred regularly at Montrose Barn and one staff member said, "if you have a new idea, you write it in the communications book. It's then discussed by the team and if it's a good idea it can be added to the care plan". This demonstrated staff input was valued by management and used effectively to improve the quality of care provided. Montrose Barn's staff management systems complied with current best practice and had been accredited by Investors in People. Investors in People is a UK government funded organisation that provides accreditation for employers who can demonstrate the provision of high quality personnel management.