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Summer Cottage

Inspection report

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Date of inspection visit: 8 December 2015
Date of publication: 15/03/2016

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

Overall summary

Summer Cottage is registered to provide personal care and accommodation for up to two young adults who may have a learning disability or an autistic spectrum disorder. The service is located on a rural road within a short walk of Palace Farm which is owned and run by the same people as Summer Cottage.

This inspection took place on 8 December 2015 and was unannounced. The service was last inspected on 30 December 2013 when we found the regulations we inspected were being met.

The service 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.

Palace Farm is located on the grounds of a small working farm. People who lived in Summer Cottage were able to visit the farm at any time and take part in animal care.

Summary of findings

The animals included horses, sheep, chickens, ducks and geese. Also located on the farm was a large vegetable garden and a workshop area which offered woodwork and mechanics.

People benefited from a large number of meaningful activities which met people's individual interests. For example, people took part in horse carriage riding, swimming, cooking, gardening and shopping. On the day of our inspection people were in and out of the home taking part in various activities. We saw people enjoyed the activities they were involved in.

People's relatives and healthcare professionals were complimentary about the care provided. Comments included "I think it's great" and "100% marvellous" and "They really look after their residents. It's really, really good. They know what they're doing".

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 spent time speaking with each person individually whilst using different communication methods. Staff communicated with people using pictures, photographs and Makaton (a language using signs and symbols).

Staff received training that was specifically related to the needs of the people who lived at Summer Cottage in order to support them to lead fulfilling lives. Staff told us they felt skilled to meet people's needs and had received regular training. Staff comments included "Staff have enough training, if you want more training you just ask" and "We are offered loads of training".

People were supported by staff who knew them well. Staff knew people's routines, preferences and histories and knew how best to communicate with people.

People's needs had been assessed and care plans had been put in place to meet those needs. Where people's needs had changed, staff had taken action to ensure people received the care they needed.

Where people were not able to make decisions for themselves staff involved people's relatives and appropriate professionals to make sure people received care that was in their best interest. People were supported to be involved in as many decisions as possible and were always asked for their consent and given options. Some people were being deprived of their liberty as they were under constant supervision and were not able to leave the home on their own for their own safety. The registered manager had made the appropriate Deprivation of Liberty Safeguard (DoLS) applications to the local authority and these had been approved.

There were sufficient staff to meet people's needs. Staff spent time chatting with people individually and helping people to take part in individual and group outings. Staff comments included "There are always enough staff".

People were helped to eat and drink enough to maintain good health. 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.

People's relatives were involved in the home and always felt welcome. Relatives told us they could visit the home at any time and could contact staff whenever they wanted. One healthcare professional told us they also felt welcome anytime. They said "I never feel uncomfortable turning up unannounced. I always get a warm welcome". Relatives felt involved in people's care and told us they were kept regularly informed.

People were protected against the risks associated with medicines because the provider had appropriate systems in place to manage medicines. Staff had received training and competency evaluations in relation to medicines.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people. For example, where one person's behaviours presented challenges and risks to themselves and others, staff had discussed the behaviours and created a specific plan. This plan included specific routines to follow in order to ensure the best outcome for the person. Staff had sought advice from healthcare professionals such as speech and language therapists, the person's GP and a consultant psychiatrist. This minimised the risk to the person and staff.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to ensure

Summary of findings

the risk to people was minimised. Premises and equipment were maintained to ensure people were kept safe and there were arrangements in place to deal with foreseeable emergencies.

People were protected by staff who knew how to recognise possible signs of abuse. Staff told us what signs they would look for and the procedures they would follow to report these. Safeguarding contact numbers were accessible to staff and people who lived in Summer Cottage were also provided with information for reporting concerns. There was a disability hate crime poster in hallway which contained contact information for reporting concerns.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent Disclosure and Barring Service (police record) checks to ensure they were suitable to work with vulnerable adults.

The two owners of Summer Cottage managed the service and one was the registered manager. A third manager had been employed to assist with day to day management. There was an open culture in the service and the management team were available and approachable. Staff members said “They are all really supportive” and “Every single one of the managers is supportive and approachable”. One healthcare professional said “The owners are always around and have a good grip and know what’s going on”.

Relatives told us they felt comfortable speaking with management and felt they would be listened to. They felt confident if they made a complaint this would be dealt with. One relative said “I do know how to make a complaint but I’ve never had to”.

There were systems in place to assess, monitor and improve the quality and safety of care. The registered manager and the manager undertook regular spot checks to ensure people’s care needs were being met, staff were displaying the home’s philosophy of care and documentation was being maintained. The home’s philosophy of care was to treat each person as an individual and enhance people’s independence and living skills through meaningful activity. Staff and management carried out weekly and monthly audit which looked at the care provided, medicines management, fire safety and the environment.

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.

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

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

Risks to people were identified and plans were put in place to minimise these risks.

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

Good

Is the service effective?
The service was effective.

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

People's rights were respected. Staff had clear understanding of the Mental Act 2005 and where a person lacked capacity to make an informed decision, staff acted in their best interests.

People were supported to have enough to eat and drink. Mealtimes were social experiences and people were involved in the planning, choosing and cooking of their meals where possible.

Good

Is the service caring?
The service was caring.

Relatives were positive about the caring attitude of staff.

People were treated with dignity and respect. Staff used different methods of communication to speak with people.

Staff supported people at their own pace and in an individualised way.

Staff knew people, their routines, preferences and histories well.

Good

Is the service responsive?
The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

Good

Summary of findings

People benefited from personalised and meaningful activities which reflected their interests.

Is the service well-led?
The service was well-led.

Relatives, staff and a healthcare professional spoke highly of the management team and confirmed they were approachable.

Staff worked well as a team to make sure people got what they needed.

The provider had systems in place to assess and monitor the quality of care.

The provider sought feedback from people, relatives, staff and healthcare professionals in order to improve the service.

Good

Summer Cottage

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 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 took place on 8 December 2015 and was unannounced. One social care inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection, two people were using the service. We used a range of different methods to help us understand people's experience. We did not speak with the people who used the service as they were not able to share their experiences with us and they were both taking part in various activities throughout the day. We did not conduct a short observational framework for inspection (SOFI) due to people not being present in the house for the majority of the day and one person becoming anxious by our presence due to their condition. We observed people taking part in one activity and spoke with both people's relatives. We also spoke with three members of staff, the manager, the registered manager and one visiting healthcare professional.

We looked at both people's care plans, their home environment and also looked at medicine records, staff files, audits, policies and records relating to the management of the service.

Good

Is the service safe?

Our findings

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. They felt the registered manager and the manager would listen to their concerns and respond to these. One staff member said "I would feel comfortable raising anything, it would be acted upon immediately". Where safeguarding issues had been raised in the past the provider had taken action, had learned lessons, made changes and had involved people in the process. Staff were encouraged to speak about safeguarding concerns in an open way. People living in Summer Cottage were encouraged to report concerns to staff, to the management or to outside agencies. There was a disability hate crime poster in the hallway which contained relevant contact information for people to use. Staff supported people to raise concerns where they were unable to do so on their own.

People living at Summer Cottage required support to take their medicines safely. Staff had undertaken assessments to determine what people could do for themselves in relation to medicines and how they best liked to be supported. Staff had created detailed profiles relating to people's preferred medicine routines. Some people had specific epilepsy guidance in place which gave staff clear direction on how to identify signs people were becoming unwell and how staff should use medicines to respond to these. People's medicines were stored safely and securely. Staff who gave people medicines had completed training to do so. Records of the medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Senior care staff carried out medicine audits every day to ensure people had received their medicines. This meant any issues could be picked up quickly and action could be taken.

Staff were proactive in making sure people were prescribed the right medicines and contacted GPs if people's needs changed. Staff had arranged for people to have medicine reviews. When one person had developed a sore mouth staff had taken the person to the doctor and had asked them for a medicated cream. This had then been applied by staff and the person's skin had improved. One person's relative said "They always keep up to date with medication and they are all given properly".

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people. For example, where one person's behaviours presented challenges and risks to themselves and others. Staff had discussed the behaviours and created a specific plan to manage/prevent this. This plan included specific routines to follow in order to ensure the best outcome for the person. This minimised the risk of incidents and possible harm to the person and staff. Staff had sought advice from healthcare professionals such as speech and language therapists, the person's GP and a consultant psychiatrist.

Specific risks to people had been identified and action had been taken to minimise these. For example, one person displayed obsessive behaviours around taking baths during the day and night. In order to manage these risks a decision had been taken to turn the water supply off to the person's en-suite bath at night. A best interest decision had been made about this with the involvement of this person's relatives. This ensured staff were able to ensure the person's safety by being able to supervise when they had a bath.

Staff had identified risks to people in all areas of their lives and had created personalised risk assessments and plans to minimise these. For example, people had risk assessments for visiting specific places, going out into town or to take part in activities, staying safe whilst travelling and specific behaviours.

There were sufficient staff to meet people's needs. Staff responded to people's needs and requests in good time and there were sufficient staff to ensure people could take part in activities in the home as well as out in the community safely. Both people living in Summer Cottage received one to one care and there were a number of other staff available to assist people with activities where more support was required. Two other homes run by the provider of Summer Cottage were within a short walking distance and staff members from these other homes regularly attended Summer Cottage to assist people and meet their individual needs. One member of staff said "There are always enough staff". During our inspection both people were being supported at their own pace to take part in outings and activities.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable

Good

Is the service safe?

people. This included a disclosure and barring service check (police record check). People living at Summer Cottage were involved in the recruitment of staff and new staff remained under observation until the registered manager was happy with their practice.

Where accidents and incidents had taken place, the manager reviewed staff practice to ensure the risk to people was minimised.

There were arrangements in place to deal with foreseeable emergencies and both people had a personalised hospital passport document. This was to be taken with them in the event of an emergency hospital visit and detailed their health needs and the help their required. When people were admitted to hospital staff accompanied them and stayed with them to offer support throughout the entire stay if the person's relatives were not present. The home had fire extinguishers and clearly signposted fire exits to assist people in the event of a fire.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills to meet their needs. Staff told us they felt skilled to meet people's needs and had received regular training. One staff member said "Staff have enough training, if you want more training you just ask". Another staff member said "We are offered loads of training". Staff had undertaken training in areas which included conflict resolution, fire training, first aid, consent, communicating effectively, anxiety, infection control, safeguarding, epilepsy and nutrition. They had also undertaken training specifically relating to the people who lived at the home, such as supporting individuals with learning disabilities, principles of proactive risk taking and awareness of autistic spectrum conditions. One relative said "The staff have had a lot of training on autism which helped them understand her and her needs".

Where staff requested further training this was provided where possible. For example, one staff member told us they were not confident in using computers and they had been supported to undertake a computer course. A healthcare professional said "All the staff are really good here. They probably have more training than they need here".

Staff were encouraged to work towards the care certificate. Four members of staff had completed the care certificate and two members of staff were still in the process of completing it as part of their comprehensive induction. 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 had received regular supervision. During supervision, staff had the opportunity to sit down in a one-to-one session with their line manager to talk about their job role and discuss any issues. One staff member said "They're really supportive". Another member of staff said "Staff are treated like gold dust, they are amazing to you".

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.

Staff had a good knowledge of the Mental Capacity Act (MCA) 2005. Staff sought consent from people before supporting them to make decisions about their care. Staff used different communication methods to involve people and to gain their consent. Both people who lived in Summer Cottage were able to use speech to express themselves but also required some additional communication tools such as pictures. Where people became anxious or distressed staff used their knowledge about them to interpret their choices through the use of body language and the sounds people made. One relative said "They respect her choices. She has plenty of choices".

When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. Both people had been assessed as not having capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves they spoke with relatives and social and healthcare professionals to make sure people received care that met their needs and was deemed to be in their best interests. Records confirmed families and professionals had been consulted about people's care and decisions had been made in the person's best interests. One relative said "They consult with the right professionals and I am always included in those meetings" and "They make sure we all work together".

People's care plans also contained information about advocacy groups which helped people make decisions where needed. People were supported to attend local advocacy groups facilitated by Devon Link-Up and staff received training in advocacy awareness.

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. People at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. The applications had been authorised.

Good

Is the service effective?

People were assisted to eat and drink enough to maintain good health. At lunchtime and breakfast time people ate different meals depending on their choices and preferences and people ate at different times to meet their routines. People were involved in the planning of the weekly menu and if people did not want the meal on offer they could choose an alternative. Staff ate alongside people at the dining table. People enjoyed a sociable mealtime experience with lots of people and staff chatting and laughing whilst eating their food. If people did not want to eat at the dining table they were supported to eat in other, quieter areas. People were provided with regular drinks throughout the day.

People ate high quality food. One member of staff said "Everything has to be quality". All meat was bought from a local butcher, vegetables were either grown on the farm itself or bought from a local fruit and vegetable shop and all baked goods were made at the home. At the time of our inspection people could choose from a variety of foods grown on the farm, including brussel sprouts, carrots, beetroot, french beans, leaks and raspberries grown on the farm.

People were encouraged to have a healthy diet and participate in cooking the meals. Where one person was not able to actively participate in cooking staff supported them to be in the kitchen and to wear an apron in order to feel included. This person's relative said "They try to get her to help cook things but even if she just stands there with an apron on. She participates". This relative also said "They're very aware about her diet" and "They have encouraged healthy eating habits".

People were regularly supported to see healthcare professionals such as GPs, dentists, opticians, epilepsy nurses, speech and language therapists, consultant psychiatrists in learning disabilities and neurologists. One healthcare professional said "If there's ever any problem they are straight on the phone. They contact me for opinions and advice and they take it" and "It's really, really good. They know what they're doing".

Good

Is the service caring?

Our findings

People looked very comfortable with the staff when we saw them taking part in activities. People's relatives told us people were comfortable and happy at the home. Relative comments included "She is always happy to go back" and "She's relaxed and happy there". Relatives spoke highly of the staff and the relationship staff had with their loved ones. Comments included "She has very good relationships with the carers", "She's always pleased to see the carers" and "She feels the carers are her friends". Relatives also commented on the caring attitude of the staff and said "They pay attention and care about her" and "They are very caring".

A healthcare professional said "Everyone always looks happy. It's a caring environment" and "The environment is so relaxing and peaceful".

Staff displayed affection for people and a concern for their care and well-being. Staff comments included "The care provided here is the best, we care for the residents", "It's all about the service users", "Everything is person centred" and "Every individual's needs are taken into consideration".

Staff treated people with kindness and respect. Staff cared about people's well-being and went out of their way to make people feel happy and secure. For example, one person who lived in Palace Farm had been admitted to hospital and was seriously unwell. Staff had organised for people to take part in a video for the person while they were in hospital, each sending personal messages and filming the horses the person was fond of. The registered manager told us this had helped lift the person's spirits and reminded them they were part of a family at the service. Sadly, this person died. Staff supported other people living at the service to take part in the ceremony and celebrate their friend's life. For example people each wrote their feelings for the person on balloons which they then let go, and planted some of the person's favourite flowers in the garden. The registered manager told us this had really helped people come to terms with the loss of their friend. One person's relative commented on this and said "When the person died staff spoke to each person at the level appropriate to their needs. I was very impressed with them".

Staff knew people's life histories, their likes and dislikes. Care plans contained a document entitled "My life". This document contained information about people's childhood, their family, friends and interests. The document was written in an easy read format and contained lots of lovely pictures of the person as a baby, as a child, their parents, loved ones and activities they enjoyed. It was clear people had been involved in creating this document and some people had included pictures they had taken themselves of things they liked.

People had personalised their bedrooms as much as they wanted. Rooms had been painted in people's preferred colours and they had posters, bedding and ornaments which reflected their individual preferences. Summer Cottage was a very nice, homely house. It was well maintained and had a nice sized garden outside. There were beautiful pictures of people and their loved ones throughout the house.

People were encouraged to take part in chores around the houses and learn skills required for living independently. One person's relative told us their loved one took part in vacuuming and cooking where they were able. This helped people learn life skills as well as making the environment feel more like their own home.

Relatives told us they were involved in the home and were always made to feel welcome. One relative commented that they often came to visit unannounced. Relatives felt involved in people's care and told us they were kept informed of any changes. One relative said "They make sure I am in the loop" and "If anything has changed they are on the phone to me". Another relative said "I am always included" and "They ring me up and include me in any discussions". A healthcare professional said "I never feel uncomfortable turning up unannounced. There is always a warm welcome".

Good

Is the service responsive?

Our findings

People had specific needs relating to their health, their learning disability and their communication skills. Staff ensured people's needs were assessed individually and that people were supported to maintain their health and to lead fulfilling lives. A healthcare professional said "They go out of their way to sort stuff for people".

Staff knew each person's preferences and how to deliver care to ensure their needs were met. Care plans were regularly reviewed and updated to reflect people's changing needs. For example, one person had specific needs relating to their epilepsy. Staff had created an epilepsy care plan for this person which was reviewed each time they suffered a seizure. This person's GP and neurologist were regularly consulted and their advice was used to keep the epilepsy care plan up to date.

People's care plans were developed by staff members and the people they related to. People were asked to talk about a range of subjects including 'how I feel about my health, my work, my religion, people who are important to me and my hobbies and interests'. People were cared for by staff to understand the questions and reply through the use of various communication methods such as pictures, visual clues and Makaton (a language using signs and symbols). Where people were able they also wrote their answers on the document.

Each person's care plan contained a large amount of detail around people's individual routines. Staff told us they spent time familiarising themselves with people's care plans and reviewed them regularly in order to keep up to date with their changing needs. Some people had very specific routines which needed to be followed in order to ensure they felt happy and calm. Staff knew people's routines well and ensured they followed these.

We saw that staff worked together to respond effectively to each person's care needs. For instance, one person became distressed when they were assisted with their medicines in the mornings. Staff met as a team to discuss how this distress could be relieved. They involved the person's family and consulted relevant healthcare professionals in their discussions and following this, changed the care plan to support this person to awake naturally, in their own time. Since then the person had been much calmer and had reduced the number of times they had been distressed. A relative said "It much improved her mood and behaviour. We are really really happy with it" and "They have a lot of strategies they put in place to make her life easier. They really work hard at de-stressing her".

People's care plans contained information about their personal histories and interests. Each person had a staff key worker who spent time looking for ways to develop meaningful activities for people and develop their skills. For example, one person enjoyed playing swing ball. Staff had purchased a swing ball set and had set it up in the garden for the person to enjoy. Staff had organised for swing ball events to take place in which other people were invited in order to help the person socialise.

On the day of our inspection people took part in several activities including shopping and riding in a horse driven carriage. We saw people taking turns riding in the horse driven carriage during the afternoon. People were laughing and smiling and were enjoying this activity.

People enjoyed a variety of activities organised by the service as well as activities in the community. The service had trained a number of staff to deliver specific activities, such as archery, basket making, music, art and cooking. There was a working farm on the premises as well as a vegetable garden, a stable yard, a tea room, an arts room and a workshop. People spent time during the week using the facilities and taking part in entertainment such as gardening, caring for the animals and riding horses. People attended regular local coffee mornings, local 'quiz and chips' evenings and took part in group gym sessions delivered for people with a learning disability. This enabled people to socialise and make friends outside of the home.

People were encouraged to engage in their preferred activities. For example, one person had enjoyed horse riding prior to moving into Summer Cottage. Although the service had their own horses, staff continued to take this person to the horse riding centre they had been to before. They did this to ensure the person could continue to enjoy an activity they were used to with the people they knew.

Staff demonstrated they knew people well. For example, one person displayed obsessive behaviours around posting letters. This person would become anxious if they were unable to post letters and so the staff had bought and

Good

Is the service responsive?

installed a post-box on the grounds of Palace Farm to enable this person to post letters whenever they wanted. This had provided this person with some comfort and reduced their anxiety.

Relatives could visit the home at any time and were kept informed about people on a regular basis. One staff member said "We're in contact with families at least once a week". One relative said "They make sure I am in the loop". Relatives told us they were contacted when their loved one needed to attend a medical appointment, were asked whether they wanted to attend and were always contacted following the appointment with a result. Relatives told us they felt listened to and felt comfortable sharing their ideas and views with staff. Staff helped people create a monthly newsletter which was shared with people and their families.

People were protected from the risk of social isolation. For example, one person did not always want to take part in group activities. Staff would always encourage this person to participate in group activities but if they did not want to staff would support them to do something else. This person's relative said "They really try to get her to be involved but if she won't do it they will sort something out specifically for her. It's very much one to one".

Relatives were confident if they made a complaint this would be dealt with. None of the relatives we spoke with had needed to make a complaint. One relative said "I do know how to make a complaint but I've never had to". The house contained an easy read complaints book for people to use should they want to make a complaint.

People and their relatives were encouraged to give feedback. The home actively sought informal feedback from people on a regular basis through complaints books, residents meetings and review meetings. The home also sought formal feedback annually from people by contracting a local advocacy group 'Vocal Advocacy' to support people to complete questionnaires. A report of results was then created and published in an easy read format on the website and to the houses. The provider also sought feedback from relatives and healthcare professionals through the use of surveys.

Good

Is the service well-led?

Our findings

Summer Cottage had two owners who were both very involved in the running of the home as well as delivering care to people. One of the owners was also the registered manager. A consultant manager had also been employed to assist with the day to day management of the home. Relatives and staff spoke very highly of the management of the home. Comments from staff included "They are all really supportive" and "Every single one of the managers is supportive and approachable". One healthcare professional said "The owners are always around and have a good grip and know what's going on".

There was an open culture in the service and managers were approachable and available. Staff told us they felt comfortable speaking with members of the management team about anything and felt listened to. There were regular staff meetings and monthly staff forums to ensure lines of communication were open within the service.

Staff were encouraged to share their views and ideas about the home and how things could be improved. Staff took part in the home's quality assurance feedback report and were involved in the process of evaluating and planning for improvements based on the feedback. For example, one action to come out of the last report dated November 2015 was for staff members to give the management ideas and suggestions about new activities that could be introduced. The manager felt this would benefit people and also benefit staff who could use their skills and develop new ones.

Staff knew the registered provider's vision and values for the service which revolved around people being supported as individuals to learn life skills through the use of activities and this was reflected in their practice. Staff comments included "It's really fulfilling for people, there is so much choice", "It's all about the service users, everything has to be quality", "Everything is person centred, every individual's needs are taken into consideration", "The residents have a fantastic time" and "Every client is individual, the care provided here is the best". Staff worked well as a team to make sure people got what they needed. Staff comments included "The staff team are brilliant" and "The staff team are amazing".

There were systems in place to assess, monitor and improve the quality and safety of care. The owners were involved in the running of the home and spent time monitoring the care staff were providing. The registered manager and the manager undertook regular spot checks to ensure people's care needs were met and documentation was being well maintained. Where issues were identified, action had been taken. For example, a manager had identified one member of staff was not displaying the values of the home when caring for people. The manager had undertaken a process whereby this staff member was being supported towards improving. This meant staff performance was continually under review so as to ensure people were receiving the best possible care. One senior member of staff said "We are observing staff all the time".

Staff and management carried out weekly and monthly audits which looked at the care provided, medicine management, fire safety and the environment. The local fire department had undertaken an audit at the home and following their feedback changes had been made. A member of staff had been made fire champion and undertook regular audits of the fire procedures at the home. Individual staff members had also been made champions in COSHH (control of substances hazardous to health), first aid and medicines. This meant that staff had received specific training in those areas in order to make sure people the service was following best practice.

The manager wanted to develop and improve the service. They accessed resources to learn about research and current best practice. Staff and the management were in constant contact with healthcare professionals such as the speech and language therapists, GPs, psychiatrists in learning disabilities and nurse practitioners in order to seek advice and best practice. One healthcare professional said "They contact us for our opinion and advice and they take it".

The management had notified the Care Quality Commission of all significant events which had occurred line with their legal responsibilities.