Mrs Angela Prakash Salunke

Montrose Barn

Inspection report

Rose-in-Vale
Mithian
St Agnes
Cornwall
TR5 0QE

Tel: 01872553059

Date of inspection visit:
17 September 2019

Date of publication:
21 November 2019

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service
Montrose Barn is a care home that provides accommodation and personal care support for up to two adults with learning disabilities. The service specialises in the care of people who have a learning disability. At the time of our inspection two people were living at the service.

The service is in a rural location. People had their own rooms with en suite facilities.

The service had been open for some years and therefore had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The service was rated Outstanding in Well Led at our last inspection. At this inspection the service remained Outstanding in Well Led. We found the registered manager and staff team were highly motivated and proud of the service they delivered to people. There was a visible person-centred culture at the service. There were consistently high levels of engagement with people using the service, families and other professionals. There was a strong commitment to ensure the service was inclusive and that people had the opportunity to extend their lives in the community.

The service was also Outstanding, at responding to people's needs. Staff were exceptional in the way they supported people to learn new skills and maintain their independence. People planned for activities that met their needs and preferences and they were supported to follow their interests. A social care professional told us the service excelled at the way it supported people in promoting their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff who knew them well and were able to communicate with them in their chosen way. This ensured people could make choices about their day to day routines.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

People were cared for by staff who worked together to meet people's individual needs. Staff felt well

supported and happy in their roles. This helped to create a relaxed and happy atmosphere for people to live in.

Where restrictions had been put in place to keep people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were clearly recorded and regularly reviewed to check they were still necessary and proportionate.

People and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place. The service was exploring ways of identifying people's wishes to support end of life care and support if it was required.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through satisfaction surveys. Staff enjoyed working at the home and said they received exceptional support from the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (Published 7 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Montrose Barn

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Montrose Barn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We looked information we had about the home and at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this information to plan our inspection.

During the inspection-

During the inspection we met with the two people who lived at the service. We spoke with one person. Another person was unable to fully participate in discussions about the care and support they received. We were able to observe staff interactions with people in the communal areas. We spoke with two members of staff. The registered manager was not available during the inspection, but an acting manager was available to support the inspection.

We looked at a selection of records which included; two care and support plans, one staff record, Medication Administration Records (MAR's), Health and safety records as well as records relating to the running of the service.

After the inspection –
We spoke with the registered manager to clarify some of the information we gathered during out site visit. They sent information to help to validate the information seen during our site visit. This included care and support details. We sought the views of two professionals who were involved with the service and a relative.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse,
- Staff received safeguarding training and were confident about the systems for reporting suspected abuse.
- Information about safeguarding processes was available to staff. Staff said they would raise any concerns immediately.
- People were relaxed and at ease with staff and each other. They were clearly comfortable approaching staff and spending time with them.

Assessing risk, safety monitoring and management
- Risk assessments were carried out to enable people to receive care safely and take part in activities of their choosing. For example, staff were familiar with a person's needs when going out and taking part in activities. Measures in place meant risk was minimised by ensuring staff had the necessary training. Staff had mobile phones, so they could contact relevant people if needed.
- Personal Emergency Evacuation Plans (PEEPs) were in place outlining the support individuals would need if they had to be supported to leave the building in an emergency.

Staffing and recruitment
- There were enough staff to support people's needs. Staff responded quickly to people's requests for support.
- A member of staff told us; "We work well together as a team, even though we are often working on a one to one basis. There is always support when you need it."
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and all fitness checks were completed.

Using medicines safely
- People received their medicines safely from staff who had received training to carry out the task.
- There were regular checks taking place on stock levels which gave the opportunity to identify any errors.
- Peoples medicines were regularly reviewed to ensure they were still required or if any changes were needed.

Learning lessons when things go wrong
- Accidents and incidents were recorded and regularly reviewed by the registered manager.
- It was evident that the service was proactive in responding to and learning from incidents of concern. For example, in relation to any events that had occurred in the service or outside the service.

Preventing and controlling infection

● People were protected from the risk of infection because staff had received training about infection control and followed safe practices.

● Staff told us they had access to personal protective equipment, such as disposable gloves, and there were hand washing facilities throughout the service.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed and individual person-centred support plans were created. Support plans gave staff the information they required to effectively care for people in accordance with their wishes.
- Assessments were comprehensive and included information about people's preferred routines.
- Staff worked in accordance with support plans to make sure people received care and assistance which met their individual needs. One member of staff told us, "The support plans are very good and clear. They have a lot of information, but it's written in a way that you can easily understand."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision. A staff member told us, "Supervision gives me some structure and helps me understand what I'm working towards."
- The service used the Care Certificate where new staff who had not working in care before as an induction tool to support them. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- The induction standards of the care certificate were used for annual reflective practice and to ensure all staff had the current knowledge and skills to carry out their roles. A staff member told us, "It's a really good system and helps us reflect on what we do and how we do it."
- People were supported by staff who had received up to date training to make sure they were practicing in accordance with current best practice guidelines. Staff undertook a variety of training some of which was completed on line and some more practical based training.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a healthy and varied diet.
- Where possible people were encouraged to cook for themselves. We observed one person preparing their lunch. Staff were available if needed but they were very familiar and competent in what they were preparing. Another person was supported by staff and while encouraged to participate, required the support of a staff member to cook meals and make snacks.
- Menus were regularly reviewed. They were flexible and used local fresh produce whenever possible.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Records showed people were supported to access external healthcare professionals when needed. Health professionals told us, "A very good service. We work very closely to support them" and "An exceptional

service where clients are at the heart of everything they do."
● People received regular health checks. For example, the service had recently engaged with a specialist dentist supporting people with disabilities. This meant access to dental care for the person was person centred and designed to meet their individual needs.
● People's personal files showed people attended appointments with GPs, dentists and hospital specialists. Each person had a hospital passport. This helped to make sure other professionals would have the information they required if the person was admitted to hospital.

Adapting service, design, decoration to meet people's needs
● The service was of a domestic nature. People living there did not require any additional equipment to support them. One person had a ground floor room. They told us they liked this as they could make a drink when they wanted to.
● People had their own en-suite facilities including bathing facilities.
● The service was well maintained. Peoples rooms were personalised and included photographs, pictures and ornaments. People were able to use all areas of the service which were comfortably furnished.
● The service was rural and surrounded by garden areas. One person enjoyed gardening and was busy in the garden when we arrived. They told us, "Yes, I like being outside."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Some people had limited communication and their ability to provide verbal consent was limited. However, staff member told us that because they knew people well they knew when people were happy to be assisted. One member of staff said, "It's important we know about body language, it can tell us so much. They may not say it verbally, but we know."
● People's legal rights were protected because staff had received training in the Mental Capacity Act and knew how to apply it in their day to day work. Support plans gave evidence of how decisions had been made in people's best interests. Where other people were legally able to represent them, for example family members, they had been involved in decisions to make sure relatives views were represented.
● People had been assessed as lacking capacity to make decisions about aspects of their care. DoLS applications had been made appropriately.
● The service worked closely with Independent Mental Capacity Advocates [IMCA] to help represent a person's best interests and be involved in decisions about a person's health and welfare .

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and had formed positive relationships with them. There was detailed information in care plans about people's personal histories. Staff told us they worked hard to develop personal histories as they found the information useful when communicating with peoples. One staff member said, "It helps getting to know personal preferences and what's important to people."
- People were supported by staff who were kind and caring. During the inspection we saw friendly and happy interactions between people and staff. For example, staff offered people reassurance when a person displayed signs of anxiety and gave them friendly encouragement, thanking them when they involved themselves in tasks around the home. Staff on duty always responded by engaging with the person to clarify what was needed. In most instances it was a smile or gently reassurance. It demonstrated staff responded in a respectful and dignified way.
- People and staff had built strong and trusting relationships. Staff spoke very affectionately about the people who lived at the service and displayed genuine consideration for people in their care.
- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices. One member of staff told us, "We respect everybody for who they are."

Supporting people to express their views and be involved in making decisions about their care

- There was a visible person-centred culture at the service. It was evident that the service was run with people's wishes and interests at heart. There was an emphasis in supporting people to achieve their full potential through positive planning and listening to what people told them. For example, social activities were tailored to meet individual needs .
- We observed that people received good care and support. Staff were kind and respectful in their interactions.
- Staff used appropriate tone of voice when talking with people and clearly understood their individual communication needs.
- People were observed content and settled in the presence of staff and approached them to initiate communication. The way staff responded showed that people enjoyed these interactions.
- Relationships with family were supported. Some people chose to go to stay with their family and this was supported by staff.
- Throughout the inspection there were examples where people had the opportunity to achieve their wishes and goals. For example, being supported to go out shopping, foster relationships and enjoy individual social activities.

● People's diverse needs were respected and documented. Care records included detailed information about each person's diverse needs relating to their disability, religion and relationships.

Respecting and promoting people's privacy, dignity and independence
● Staff ensured that people's dignity was protected. Staff responded with sensitivity and kindness when people presented behaviours that might compromise their dignity.
● People were encouraged to be independent in the area of their lives as far as possible. We saw people helping with gardening and making their own lunch.
● There were areas for people to socialise if they wished to, however people were also able to have their private space if they wished. People were not expected to eat meals together but sometimes they chose to.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Staff had an excellent understanding of people's individual needs which protected their values and beliefs in a way the person wanted to receive care and support. The approach to care and support meant there was a multi-professional process which aimed at maintaining continuity, independence and autonomy for the person.

● For example, the service had worked extremely closely with one person and their health professionals, over an extended period of time to enable them to receive the right prosthetic limbs. We were told, "We really thought [Person's name] would want full limbs so that they would not be disadvantaged by height. We really couldn't understand why it didn't seem to be working." By working with other professionals and taking time for one to one conversation with the person, it was acknowledged it was important for the person to have their own unique identity, which we were told and observed, "Had worked wonders on [Person's name] self-esteem".

● The service worked closely with the prosthetic department to develop and improve mobility. For example, altering the ankle joint so there was more flexibility. This was a suggestion from the person as they wanted more variety in footwear. This had resulted in a bespoke boot being made and in a colour of the persons preference. This had resulted in a positive improvement in the person's emotional wellbeing and confidence in the community. It demonstrated a totally committed management and staff team taking time to meet a person's preferences and respecting their right to choose what suited them.

●People had been supported to increase their levels of independence and build their confidence, by working with people using the service, listening to them and liaising with other health and social care professionals. This had also led to a positive improvement in their emotional wellbeing and had reduced the number of behaviours presented which could be perceived as challenging.

● People had care plans which were comprehensive and reflected their health and social needs. These were updated regularly. Care plans reflected the principles and values of Registering the Right Support. Records referred to promoting people's independence, their diverse needs and inclusion within the local community. For example, one person was supported in a social environment they could respond to and felt safe in. Staff told us this had resulted in a positive response from the person. A relative said, "[Person's name] is very happy at Montrose Barn which is a wonderful feeling for me to know that they are so well cared for and that their personal preferences are listened to and plans always laid out to achieve as many of these as is possible".

●Records detailed people's disabilities and how they should be best supported. For example, there were guidelines in place advising staff how to support a person if they became anxious or felt unwell.

● Staff socialised with people and actively involved them in activities like supporting people when preparing meals and actively supporting people in the community. For example, one person liked to randomly call on

a relative when out. Staff supported this by calling the relative and checking it was a good time to call.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The service was exceptional in the way they supported people to learn new skills and maintain their independence. For example, identifying that one-person's balance and motor skills might be improved by attending a tennis club. The result has been extremely positive because they had developed the ability to hold the racket and hit the ball. Socially, the club had been encouraging in supporting the person to form relationships externally. This had resulted in the person experiencing events which were extremely personalised and focused on them.

● People were constantly encouraged and supported to engage in the local community. For example, supporting a neighbour in jam making and going out for walks. Staff told us this had improved people's wellbeing and reduced the need for more than one, staff member to support them at most times. We observed lots of positive examples based on prompts and recognising body language which was a way expressing mood and emotion. A family member told us how they felt this had also led to an improvement to their relative's emotional wellbeing. Because staff had supported the person to gain independence and supported them to become more confident when out in the community. This had resulted in the person engaging in almost daily events in the community.

● People's cultural needs were recognised and respected by the staff team. For example, a person's heritage was responded to by supporting the person to listen to music from their culture. A relative had supported them to purchase a smart TV which allowed them to go onto a channel and access music from their culture. A relative told us, "[Person's name] can listen to their hearts desire and they are very happy with this".

● People received care and support which took account of their individual needs and wishes. Staff knew people well and worked around their preferred routines. For example, during the inspection one person was gardening and then went out shopping with a relative.

● Staffing levels and care were adjusted to meet people's changing needs. For example, if there was a need for junior staff to gain more experience or if there were two staff required to take part in supporting an activity.

● People had lived together for several years and appeared very comfortable with each other. However, they had their own space and staff to be supported in doing what they wanted to do, independently of each other.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People had their communication methods assessed and recorded in their support plans. This ensured people were able to make their needs and wishes known. For example, hospital passports guided other professionals around how to communicate with people in the event of them requiring healthcare.

● Support plans were produced with pictures and visual prompts to make them more accessible to people. At the last inspection the service was using an interactive system to support people to understand what was happening at the service. For example, noises relating to an activity. Frying for cooking, splashing for swimming and music for clubs and dancing. This had not been as effective as expected but was still in place as other options were explored. For example, one person had benefitted from using a 'tablet' for spelling support. They were now able to form words which helped in communication. Menus were produced with photographs to help people make decisions about their meals.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to in line with the organisations policies and procedures.
- Easy read information was available to help people understand the complaints procedure.

End of life care and support

- End of life plans were in place and people were encouraged to think about and discuss what they would like to happen at this stage of their lives. Where people were uncomfortable about this it was respected.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The vision of Montrose Barn was to promote a service in which people were 'able to realise their potential as equal and active citizens who had as much control over their lives as possible. The registered manager and staff team demonstrated this clear vision and a highly positive person-centred culture was seen throughout as reported here. Staff had set high standards for themselves and this promoted an exceptionally positive culture which challenged disability perceptions, improved the confidence of people and had very positive impacts on the lives of the people using the service. For example, the exceptional and distinctive way in which a person was supported to receive prosthetic limbs which were suitable for them personally. Supporting a person to improve their motor skills, balance and social skills by introducing them to a new sport.

● The service's aims and objectives were also to provide people with high quality care and support. People were at the heart of the service and there was a strong commitment to provide people with person centred care and enable them to achieve their full potential. A staff member confirmed, "It's so good to work in a home where person centred support is at its best."

● There was a strong focus on community involvement and inclusion. The registered manager and staff had a deep understanding of how this could be achieved for each person. They provided numerous examples of people engaging in activities in their local community. For example, contributing to the local fete, being involved in fundraising charity events and helping a neighbour prepare jam jars for bottling. A relative said, [Person's name] is encouraged to help around Montrose and does so willingly, which keeps them fit and healthy.

●The provider promoted an open and transparent culture which focused on effective communication. Records demonstrated this focus was understood and valued by staff. For example, people were involved throughout the development and review of their care plans. Staff added they found the communication in reports to be "Excellent. It is so good and gives you all the up to date information we need."

● The registered manager and the provider had established a strong and visible person-centred culture. People were really valued and treated with compassion, kindness, dignity and respect by a dedicated, motivated and committed staff team including a devoted registered manager. They delivered care and support that was very caring and person-centred which had a clearly positive effect on people. The service was particularly sensitive to times when people needed caring and compassionate support. For example, supporting people through sensitive and emotional personal issues. Staff used non-verbal prompts to identify mood or emotion before interacting with people. One staff member said, "It's not just about

listening it's much more than that."

● Throughout the inspection we saw examples of people being included and empowered to make decisions about their wishes and preferences. For example, one person liked to be spontaneous at times and staff understood this and there was provision for them to do things they wanted to do when they wanted to do it. There was no assumption of a routine to be followed. It demonstrated a very focused person-centred approach to supporting the person. A professional told us, "They [Registered manager and staff] work in some very difficult situations which most services would not be able to manage. But this service is totally committed and value the clients they support in an exceptional way."

● The registered manager recognised that people should be involved in recruitment. However, they also understood the negative impact of this process, being formal and how people using the service would not be responsive to that. They had found a way of inviting applicants to visit informally. This meant people would be more relaxed. The registered manager told us by making it a relaxing experience, this also gave them the opportunity to see how applicants engaged with people. They said, "It worked really well, and staff have all said it was a positive experience, especially for applicants who had not worked in a care setting before."

Continuous learning and improving care

● The culture of the service was to continuously look at ways of improving the outcomes for people living at Montrose Barn. The example provided in the responsive domain of this report had resulted not only in the person being able to participate in a sport in a meaningful way, but also expanded the person's confidence in social situations. We were told, "It's been so positive because all the members welcomed [Person's name] inclusively and without prejudice or judgement. It has made such a difference to [Person's name] quality of life. They have even bought their own tennis racket now." A professional told us, "They [Registered manager and staff] are just exceptional in how they recognise clients potential and how they deliver on that." This demonstrated how the service used and innovative for the best outcomes for people.

● Effective quality assurance checks were carried out by key staff members. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the registered manager and actions were cascaded to the staff team. Staff told us quality checks were, "Very thorough".

● There were systems in place for the manager to recognise and respond in a timely way when things were not going well. For example, open and transparent communication with all stakeholders. A professional told us, the registered manager and staff were very responsive to any situation which they felt would pose anxiety or risk to a person. There were numerous examples, of where the registered manager responded to concerns of any sort in a calm but determined way, in order to act in the best interests of people living at Montrose Barn. A staff member told us, " [Registered manager] is the most committed person I know and will go the extra mile for [peoples names]. Totally committed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There was a dedicated staff team who were passionate about delivering the aims and values of the organisation. One staff member said, "I can't imagine working anywhere else. It's a home which is totally focused on making sure [People's names] feel it's their home and it works really well." People felt empowered to tell staff what they were doing and how they were going to do it. It demonstrated they had the confidence and independence while being discreetly supported.

● The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. They ensured staff had a clear understanding of their roles, responsibilities and contributions to the service. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating.

● The registered manager was totally focused on improving the quality of the service by encouraging and supporting staff to develop their skills. One staff member had recently completed a Level 5 Diploma in Care Leadership and Management. They were being supported by the registered manager to take on more management tasks and be involved in the development of the service. They told us the support and encouragement to develop was 'Inspiring'. Another staff member told us, "[Registered manager] is really keen for us all to develop our skills."

Working in partnership with others

● The service continued to develop strong partnerships with other stakeholders to share best practice in the area of autism. For example, they found sharing knowledge with an overseas group was useful as a way of external learning across different cultures.The registered manager and staff told us this approach had given them the opportunity to offer comparisons between the different cultures as well as providing a supportive network to each other. The registered manager said, "This global approach is interesting and sharing experiences can be very productive as well as supporting each other."

● The service worked very closely with other stakeholders. to ensure best practice was always present in the service. Their comments reflected the outstanding way the service supported people. Comments included, "Best place I have ever worked. Just so committed and supportive," "It's the fact [Person's name] knows it's their home and that they feel they belong at Montrose Barn. I've been there when they've told staff, "That's mine put it back." It just demonstrated they were comfortable to say that, showing their feeling of belonging."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● People benefitted from a provider who was open and honest. Where complaints or concerns had been raised, full investigations had been carried out to identify what had gone wrong and what lessons could be learnt. The management of the home had worked with other relevant parties, such as the local authority, to make sure people's health and well-being was promoted.