The Community of St Antony & St Elias

The Community of St Antony & St Elias - 5 Priory Drive

Inspection report

5 Priory Drive
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Ratings

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

Overall summary

5 Priory Drive is a small care home for people of working age who are experiencing severe and enduring mental health conditions. The home provides accommodation, personal care and support to a maximum of three people. The home only offers placements to women. The home belongs to a group of homes owned by The Community of St Antony and St Elias. The homes all act as a community with group activities and group management meetings and oversight.

This inspection took place on 19 August 2015 and was unannounced. There were three people living in the home at the time of our inspection. People had a range of needs with some requiring a high level of support with their physical care needs. All people had freedoms but some were restricted under the Mental Health Act. The service was last inspected in August 2013 and was found to be meeting all the regulations.

Summary of findings

There was a registered manager in post. 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.

People who lived in 5 Priory Drive were supported towards independent living with care, dedication and understanding. People spoke very highly of the home and described how living there met their individual needs. People who lived in the home had complex mental health and emotional needs as well as physical needs. Staff ensured a great deal of planning and preparation was involved in their care. Staff had liaised and coordinated with people, their relatives, healthcare and social care professionals as well as relevant authorities in order to provide a support package and an environment which reflected people's individual needs and preferences.

People's relatives also praised the home, they said "I have always been impressed by the care" and "There is nothing negative I could say". Healthcare professionals said "They are not like other providers, I find it excellent", "I cannot fault anything that they do", "There are very few settings that could manage as well as they do" and "They are an amazing place".

People were confident about being safe and were comfortable about raising any concerns they may have to the management team. People's relatives also stated they felt people were safe. One relative said "Her safety always comes into everything" and "A great deal of consideration is taken for her safety". One healthcare professional said "I feel people are safe, they protect people and I find it excellent". People were protected from risks and comprehensive risk assessments had been carried out. These had been highly personalised and extensive thought had gone in to identifying all potential risks and actions to avoid them happening. People had a very thorough assessment prior to moving into the home in order to identify their needs comprehensively as well as any potential risks to them or others. People's safety was paramount and staff spent a lot of time understanding people. People were supported to be as independent as possible, taking responsibility for their medicines, finances and learning new skills. The staff ensured people were physically safe and that their mental wellbeing was prioritised. There were very detailed assessments of the risks to people's mental health, the triggers that could lead to a relapse in their mental health, the signs that their health was deteriorating and the actions staff were to take. Steps were taken to minimise the risks of people suffering abuse and the home had a very open culture around complaints and raising concerns. People were protected against risks relating to medicines as very specific protocols and training were in place.

Staff were equipped with the skills, knowledge and understanding to be able to support people with diverse and complex needs. Staff told us they were happy with the training they had received and felt skilled to meet the needs of the people in their care. Staff told us people came first and their wellbeing was paramount to the work staff undertook. Staff were supported to develop individually and to share their thoughts and opinions in order to improve the home. Prior to staff being recruited, candidates were invited to spend a 'taster day' at the home. This involved the candidate spending a day in the home getting to know the people who lived there and ensure people living at the home felt comfortable with them. People, their relatives and healthcare professionals praised the staff at the home. One relative said "They must vet the staff really well, the calibre of staff is exceptional ". One healthcare professional said "I feel staff are competent, I cannot fault anything that they do".

Staff sought advice from health and social care agencies and acted on their recommendations and guidance in people's best interests. A healthcare professional said "I can say unreservedly that I have never before worked in such a positive, therapeutic organisation, and I regard it a privilege to be able to use my skills in such an effective environment".

People's experience of their care and support was positive. People were involved in all aspects of their care, including planning and reviews, and took pride in being able to direct their care. People discussed and shaped the activities programme they wished to take part in and their feedback was listened to and their ideas were implemented. The home had a very comprehensive activities programme in place which people took advantage of. The service was well known and respected within the local town which helped people feel part of the local community. People took part in local social events as well as more individualised activities that met their

Summary of findings

needs and preferences. Staff supported people to make choices and decisions about their care and lifestyle. People's care records were detailed and were written in a personalised way. It was clear people were consulted during the writing of their care records and were involved in reviewing these. People were included in decisions about their care and where people did not have the mental capacity to make a particular decision at a particular time, staff had involved the right people and professionals in making the decision. People confirmed their wishes and preferences were respected.

The service had a strong person centred culture which helped people to express their views and share their points of view. People were supported in a caring way which promoted their well-being and helped them to increase their self- esteem. For example, one person had been supported to express their feelings more in order to be understood and to understand themselves. This person had become more expressive and was able to make themselves more clearly understood.

Staff treated people with kindness, compassion, dignity and respect. Steps were taken to improve people's relationships with their relatives and staff had organised regular day trips for one person to visit their relatives as they could no longer stay there overnight. People were always treated with dignity and respect. One relative said "They try very hard to respect her privacy, whilst still recognising how much help she needs".

The community's visions and values were embedded in every aspect of the home. People were treated as equals and were encouraged to take control of their lives as far as possible. Staff competence and behaviours were continuously monitored by management to ensure they were displaying the values of the community and the high level of competence expected.

The provider had a robust quality assurance system in place and regularly sought feedback from people, their relatives and health and social care professionals. The provider continually strived to deliver a very high quality service and always sought to improve. The management structure offered staff support and demonstrated a culture of openness. There was an out of hours management rota which ensured there was always a senior member of staff to contact for support and advice. People told us they felt comfortable sharing their feedback and complaints with the registered manager and the deputy manager.

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?

Good

The service was safe.

Robust recruitment procedures ensured there were sufficient staff with the right skill mix, aptitude and insight to help people identify and manage risks effectively.

People said they felt safe at the home. Relatives and visiting professionals were confident the care and support provided ensured people's safety.

People were protected from risks and thorough and personalised risk assessments had been carried out.

There was clear evidence that people's safety was paramount and that staff spent a lot of time understanding people and their risks.

Medicines were effectively administered and managed. People were supported to look after their own medicines as far as possible.

Is the service effective?

Good

The service was effective.

People were involved in the assessment of their needs and had consented to their care and support needs. Innovative ways were used to gain people's consent and ensure they were able to express their choices and preferences.

The service was meeting the requirements of Mental Capacity Act, the Mental Health Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were up-held.

People had access to relevant healthcare services for on-going healthcare support. The service worked in partnership with other professionals to ensure people's health needs were monitored and met.

Thorough methods were used to ensure staff with the right competence and behaviours were recruited. Staff were well supported. They received regular training, supervision and appraisals to enable them to provide the care and support people required. Staff also received training in aspects specific to the people they cared for in order to deliver the best possible individualised care.

There were procedures in place to ensure staff were delivering a good standard of care which followed best practice and had the skills to care for people's needs.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

Summary of findings

The service had a strong person centred culture which helped people to express their views and share their points of view.

Care was taken to develop people's confidence and self-esteem through communication and activities.

Staff knew people well and how to support them in a way which promoted their independence and choice.

Is the service responsive?

Good

The service was responsive.

People received consistent, high quality, personalised care and support.

People were supported to achieve their personal goals by working with staff to identify and agree their personal objectives and identifying the steps to take to achieve them.

Staff understood people's preferences and their abilities well. A varied activity programme took into account people's personal hobbies and interests and introduced them to new activities.

People's care plans were detailed, personalised and contained information to enable staff to meet their care needs.

People's care was extremely personalised and centred on their individual needs and aspirations.

Is the service well-led?

Good

The service was well-led.

By constantly striving to improve and learn from the views and experiences of people, staff endeavoured to make sure a high quality service was delivered.

There was a well-defined emphasis on support, transparency and an open culture.

The management team had very robust and effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The Community of St Antony & St Elias - 5 Priory Drive

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 visit took place on 19 August 2015 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. During the inspection we spoke with the registered manager, another Community of St Antony and St Elias manager and three members of care staff.

We spoke with the three people who lived at 5 Priory Drive during this inspection, two relatives of people who used the service and two healthcare professionals.

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

Good

Is the service safe?

Our findings

People told us they felt safe in the home. People's relatives said "I do feel (name) is safe there", "Her safety always comes into everything" and "A great deal of consideration is taken for her safety".

One healthcare professional said "The residents are very safely looked after", another healthcare professional said "I have never come across any problems, everyone always looks well looked after" and another healthcare professional said "I feel people are safe, they protect people and I find it excellent".

People were protected from risks because extensive risk assessments had been carried out; risks had been identified and control measures had been put in place to reduce any risks. The registered manager undertook a thorough assessment of people's needs prior to them moving into the house in order to ensure the home was able to meet their needs. New staff were introduced to the home over a period of weeks in order to ensure people felt comfortable and safe. The provider had arranged for a local psychiatrist and a head of care who was a qualified social worker to oversee people's care on a regular basis. This ensured people received professional input and assistance on a regular basis. A Community manager told us that having regular access to specialist professionals mitigated potential risks to people's mental health and their safety as potential warning signs of deterioration were picked up very quickly. One relative said "They are very aware of the facets of her illness and her safety is top priority".

People's risk assessments were comprehensive, identifying known hazards and how these would be reduced to enable them to go about their daily lives as safely as possible. For example, one person had been diagnosed with breathing problems. Staff had put in place measures to minimise any risks associated with these and had also researched ways in which to ensure the person was still able to take part in the activities they enjoyed. Records showed and staff told us that people's safety was paramount and staff had spent a lot of time understanding people, their needs and risks in order to identify all potential areas for risk. Risks identified were personal to the individual and did not only focus on people's physical safety but also their mental and emotional wellbeing. For example, one person's care plan stated that an indicator of their mental health deteriorating was spending prolonged times in their bedroom listening to the same song at very high volume. Staff were instructed to encourage the person to discuss any issues with them and were given advice around the best communication methods and types of questions to ask in order to gain a response and calm the person.

Staff knew what signs to look out for and how to act in order to minimise risks to people. This was done in a pre-emptive way as well as in a reactive way. For example, one person's care plan indicated that taking medicines was a risk to them with regards to swallowing. Staff had increased their vigilance around medicines, observed the person swallowing, ensured the person drank plenty of water whilst taking their medicines and stayed with the person for at least ten minutes after they had taken their medicines. We observed this taking place during our inspection. Another person's care plan detailed what items of clothing or jewellery they wore if they were feeling particularly insecure or vulnerable. Staff were encouraged to see these details as indicators of potential risks and therefore paid particular attention to them and reacted appropriately by speaking with the person and reassuring them.

One person suffered from potential side effects relating to the medicine they were prescribed. Staff knew about the potential side effects, how these revealed themselves and what to do should they appear. The signs staff looked out for were a sore throat and a high temperature. In order to pick these signs up early staff checked the person's temperature daily and regularly asked them about their throat. This ensured staff picked up on signs the person's health was deteriorating very early in order to ensure they received treatment as soon as possible. Another person who lived in the home had specific physical health needs and each day staff monitored this person's pulse, blood oxygen levels, sugar levels, temperature, peak flow breath readings and bowel movements. This enabled the staff to quickly spot and respond to any concerns. A waking night staff member made regular checks on this person through the night in order to provide assistance if needed. The registered manager had ensured this member of staff was carefully chosen and trained and that there were clear plans and guidance for them to follow in the event the person's health deteriorated.

Where people's needs had changed, new risk assessments had been created to respond to these changing needs. For example, two people who lived in the home used mobility

Good

Is the service safe?

scooters. Risk assessments had been created in relation to these. These assessments were very detailed and were regularly updated as new issues were identified, such as how the scooter responded to a particular weather, specific street curb or shopping being placed on it.

Staff encouraged positive risk taking. One healthcare professional said "They are brilliant at enabling and encouraging people". To make the most of their daily lives people were encouraged to try new experiences whilst managing any risks they might face. Two of the people who lived in the home were completely independent with their money. In order to support them with this and ensure security of people's personal money, the staff had installed small safes in those people's rooms. This enabled them to keep their money securely whilst also having access to it whenever they liked.

The Community had a dedicated health and safety officer who monitored and regularly reviewed policies, procedures and working practices, as well as premises and working environments. The staff undertook regular risk assessments of the environment and any actions had been completed and dated. Each person had a personal evacuation plan in place should they need to leave their residence in an emergency. Staff had access to information about who to call and what action to take in an emergency. Out of hours support was available from senior management. People used mobile phones to keep in touch with staff when out of the home and were always encouraged to keep these charged and in their possession.

Staff had all received training in safeguarding and told us the steps they would take should they suspect any potential concerns. Staff said they felt comfortable raising concerns and would know which outside agencies to contact should they not be able to speak to management. There was an up to date safeguarding policy as well as a whistleblowing policy. Contact information and reporting protocols for safeguarding were displayed within the staff office.

People were protected against the risks associated with medicines. There were policies and processes around medicines which staff followed. Medicines were stored safely and securely. People's medicines were clearly labelled and stored within specific drawers with their names on. The amounts were checked before and after the medicine was administered and medicine balances were recorded on the medicines administration records (MAR) every day. Medicines were ordered and destroyed or returned correctly. Regular audits took place which ensured any errors were identified without delay. People we spoke with told us they had no concerns surrounding their medicines. They told us they were told by staff exactly what medicines they were taking and what they were for. Each person's medicines were administered in a personalised way reflecting their preferences and their capabilities.

People were supported by sufficient numbers of staff on duty. Staff told us they felt there were enough staff to care for people. During our inspection we observed staff spending time with people. People were also supported to go out during the day to attend activities. Staff worked on a two day rota, which staff told us enabled them to spend more time with people and be able to more accurately identify any possible dips in their mental health and mood. The home did not use agency staff and when cover was needed staff from other Community homes would be used. The registered manager told us that this ensured people had access to staff who knew and understood them which provided continuity of care and made people feel more safe and secure.

People were protected from the risk of unsuitable staff because the service had appropriate recruitment systems in place. The registered manager had taken steps to ensure staff were of good character, had appropriate skills, knowledge and skills to carry out their role.

A community manager told us that should staff feel the need to whistleblow or if anyone made a complaint they could be confident they would be protected and supported. Staff said they would confidently raise concerns under the provider's whistleblowing procedure and knew management would respond appropriately.

Accidents and incidents had been appropriately recorded and analysed and steps had been taken to avoid the likelihood of reoccurrence. Incident forms were completed, reviewed by the registered manager and then sent to the health and safety coordinator who also reviewed them. This ensured that any patterns were identified without delay. Action plans were then created and action was taken to minimise the risk and minimise the possibility of reoccurrence.

Good

Is the service effective?

Our findings

People were happy living in the home. One person said "I'm as happy as can be". People told us they trusted the staff supporting them and felt they were well trained. We observed, during our inspection, people feeling relaxed in their home environment. People were involved in activities and spent time talking with staff who were extremely positive and enthusiastic. Staff were clearly competent in caring for people with mental health issues and communicated with people in personalised ways which calmed and reassured them.

Relatives we spoke with could not fault the home and said "I am not saying this in a biased way, I have complete confidence in them", "I have always been impressed by the care" and "There is nothing negative I could say". Records were available to demonstrate communication between relatives and the home was well established and outcomes of conversations and meetings were effective. Healthcare professionals said "They are not like other providers, I find it excellent", "I cannot fault anything that they do", "There are very few settings that could manage as well as they do" and "They are an amazing place".

It was evident the Community valued staff training and ensured this was thorough, relevant and up to date. People were supported by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Essential staff training included topics such as infection control, manual handling, first aid, health and safety, record keeping, values, equality and diversity, communication skills and activities. Additional training was completed to ensure staff knew how to meet people's specific needs, for example, conflict resolution, diabetes, specialist care procedures, the law and confidentiality. All staff also received training in the mental health conditions people in the home lived with. Staff had undertaken further training in promoting independence, managing aggression and sleep apnoea, amongst other topics. One staff member told us they had received specialised sleep apnoea training in Torbay Hospital following the admission of a person who suffered with sleep apnoea. This has enabled staff to care for this person in a way that reflected best practice.

Staff told us about their induction process and that they found this very useful and comprehensive. A Community manager told us all staff underwent thorough induction training which provided them with good foundation knowledge in care. Following this induction staff were required to shadow a more experienced member of staff and spend as much time as possible with people before working with them alone. A Community manager told us that staff completed an intense period of training, both in the classroom and whilst on shift. They told us training was regularly refreshed to ensure staff stayed up to date with changes in legislation and best practice. Staff told us they received a large amount of training which helped them care for people. Staff files showed they had received a number of training courses which were regularly updated. Staff received classroom training in medicines and following this, observations of staff practice around medicines administration had been undertaken a large number of times before staff were able to administer medicines on their own. It was clear during our observations that staff were competent and applied the Community's procedures consistently.

The registered manager conducted regular observations of staff competencies and behaviours. Regular formal supervisions as well as regular handovers and informal conversations and catch ups took place between the management and staff. A community manager told us this led to staff feeling supported and having a clear idea of the home's ethos and what was expected of them. Staff confirmed they were asked for their feedback and training needs during regular supervisions. During formal supervisions specific training and learning was discussed in order to develop staff's skills and knowledge to benefit the people they cared for. There were procedures in place to ensure staff were delivering a good standard of care and had the skills and knowledge to care for people's needs. One relative we spoke with said "They must vet the staff really well, the calibre of staff is exceptional". One healthcare professional said "I feel staff are competent, I cannot fault anything that they do".

Staff were encouraged to gain further knowledge and qualifications in areas such as management or specific medical conditions. One staff member we spoke with said "We are encouraged to progress". The registered manager told us that every manager within the community as well as three out of four senior managers had started as a care worker and had progressed through the ranks with the support of the senior management. This showed staff were encouraged and supported to progress. The registered manager told us this ensured the community's ethos and vision remained at the fore and that people at all levels of

the organisation really understood what supporting people entailed. It also created consistency for people who had lived in the home a long time and saw staff members progressing in their career.

The registered manager also told us that staff were supported to become specialised and were supported to develop their individual development needs. Previous staff members had gone on to train as psychiatric nurses, social workers, dieticians, art therapists or care home management. Whilst these members of staff were training they had shared their newly gained skills and knowledge with the Community and used these skills to benefit the people in the home.

Appropriate referrals were made, and communication between the staff at the home and other professional bodies and healthcare professionals was effective in supporting people. This was confirmed by healthcare professionals we spoke with. The registered manager told us they had strong links with outside healthcare professionals who provided support to the people living in the home. They had input from diabetic nurses, physiotherapists, consultants, district nurses and the community matron. The registered manager said "We have a close working relationship with these health care professionals and often contact them if we need advice". We spoke with a visiting healthcare professional who said "Staff seem on the ball, they listen and take it all on board".

People told us they were becoming more independent and were being supported by the right people to do so. It was clear that people were challenging themselves to become more independent but were not feeling pressured to do so. One person had severe healthcare needs and following a time in the hospital a meeting took place with the home's management, the person, their relatives and other healthcare professionals to discuss the possibility of the person returning to the home or needing to be moved to a nursing home. At the meeting the management asked the healthcare professionals what they could do in order to provide the necessary support as they wanted to ensure the person could return to the home they enjoyed living in. The person had expressed this was their wish. Immediately after the meeting the registered manager organised for the person's bathroom to be changed and for a stair lift to be fitted in the home. They also liaised with the local respiratory nurses in order to learn best practice and implement it correctly. The person was able to stay in their home of choice whilst getting all their care they required. One healthcare professional who had been involved in this meeting said "They were open in their dialogue and they stepped up to find out what they could do. They are not like other providers. I find them really brilliant".

Staff understood people's rights under the Mental Capacity Act 2005 (MCA), the Mental Health Act (MHA) and in relation to depriving people of their liberty. The provider was meeting the requirements of the MCA. Staff had received appropriate training and could demonstrate a good understanding of the issues around capacity and consent. A member of staff we spoke with told us how they obtained consent from people who did not have capacity to make decisions. They also told us about the communication methods they used in order to ensure the person was supported in making the decisions they were able to make. One person's care plan said 'I understand that when I am ready I can go out alone. I will let you know when I feel ready to try this'. One person's care plan said 'Please encourage me and support me to increase my independence at a pace that I feel comfortable with, but understand that sometimes I will not feel up to stretching myself and may need support'. One person had their freedom restricted under the Deprivation of Liberty Safeguards (DoLS). There was specific guidance for staff around ensuring the least restrictive option was always used and to encourage the person to make the choices they were able to make. The home always followed decision making guidance and tried to enable people to make their own decisions wherever possible. We saw a best interest decision had been made in relation to a person having a lock on their wardrobe. Clear reasoning for the decision was recorded, how this would impact the person and who had been involved in the decision. One healthcare professional said "They recognise about capacity, they include clients in decision making. They include people in everything".

A member of staff told us people were always given choices and were involved in every decision. They told us the different communication methods they used to gain the consent of people who did not have capacity. We saw within the records for one person who lacked capacity to make particular decisions that staff had recorded what this person's body signals meant and how staff were to react to these. There was a lot of detail about the decisions they were unable to make and how staff should ensure they sought her involvement. Staff told us they knew that for this

particular person, using closed questions worked well, as well as giving them options they could see. In order to gain this person's choices around activities the staff had taken photos of them actually taking part in the activities, photos of them cooking, walking, shopping for example. These were then shown to the person and they were asked which activity they would like to do. This showed staff prioritised people's views and wishes.

People were always involved in their care and their consent was always sought. When we spoke with people who lived in the home and their relatives, they told us they were always involved and consulted about decisions regarding their care and welfare. For example, one person took medicines which made it unsafe for them to drive their mobility scooter for a period of time after taking them. Staff had spoken with the person about these risks and had amended the relevant risk assessment accordingly. Six monthly reviews of people's care took place with the person the care related to, their relatives and other healthcare professionals, to ensure any decisions were made in their best interests and to make sure their care and support continued to meet their needs. People were encouraged to participate in all the decision making involved in their care as well as the running of the home. One person's care plan stated "Please involve me in planning meetings with staff and co service users to give me opportunity to participate in decision making processes". We saw this had taken place.

Staff encouraged the development of people's communication skills at all levels in order to enable people to better understand, not only staff, but also themselves. One person was being encouraged to verbally express themselves as much as possible in order to learn more about their own emotions, feelings and fears. With the support and encouragement of staff this person had become more communicative and had gained better communication skills. This had also been very beneficial for their health as staff had been able to understand them better. For example, staff now knew that there was a clear difference in the person's symptoms and how to help these if the person said their head hurt or their head was fuzzy.

People were encouraged to be as independent as possible with cooking their own meals. Where people were not able to cook for themselves, people were offered choices of meals which took into account their preferences. We observed people being supported with eating their lunch. People were asked for their preferences in relation to food and these were acted on. It was clear staff knew people's likes and dislikes but they still asked the person for their choices in order to involve them in the decision making. Every week people were able to attend a cookery lesson organised by the Community. People were taught about healthy eating and were encouraged to have a balanced diet. Where appropriate people were being supported by nutritionists and dieticians. Staff encouraged people to eat specific foods where necessary, for example, one person was encouraged to eat calcium rich foods following a recommendation by South Devon Osteoporosis Service. One person had been enrolled in a weight loss programme and was being supported with this. This diet plan had been agreed following a meeting between the person involved, a dietician, the head of care, the assistant manager for the home and other healthcare professionals.

Staff ensured people had access to healthy foods like fruit, vegetables and fresh meat and fish. People did their own shopping where they could and were supported to do this. The community also had an allotment which was used to grow vegetables which were supplied to the houses.

Good

Is the service caring?

Our findings

People who used the service, their relatives and other healthcare professionals who had contact with the service, were positive about the caring attitude of the staff and the amount of respect they showed for people. The overall impression from people was that everyone thought those who lived at the home received the best possible care from an excellent staff team.

People told us they were happy living in the home and said the staff were kind and caring. Our observations during this inspection confirmed people's views. We observed some very kind, calm and positive interactions between staff and people. Throughout the day we observed people smiling and laughing. People expressed happiness at living in the home and the way they were being supported by staff.

People's relatives said "The staff have always been kind to (name)", "The staff are very nice" and "I think the staff genuinely care for her", "She has a really good relationship with them, a really friendly relationship", "(name) always seems to like the staff, they take a special interest in her".

The atmosphere in the home was very welcoming and friendly. Throughout our inspection we heard laughter and saw positive interactions between staff and people. Healthcare professionals said "Everyone seems happy. It seems like a happy atmosphere", "I have never worked in such a caring environment" and "It feels like a home". One person's relative told us their loved one always referred to 5 Priory Drive as their home and missed it when they were away. This gave them pleasure and reassurance. One relative told us that the staff treated everyone as equals and this was apparent when they visited and sometimes they were unable to tell who was a resident and who was a member of staff. They told us this was because people were "together" and "treated each other with so much respect".

We found staff were caring and people were treated with dignity and respect and were listened to. Throughout the inspection we spent time observing people and saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking with people in a friendly manner and in ways that made the individual people feel comfortable. We saw staff sat next to people during conversations and that they never seemed rushed and actively listened to what people were saying. It was clear, when speaking with the registered manager, that they cared for the people who lived at 5 Priory Drive. They spoke to us at length about how special, interesting and individual each person was and said "It's difficult to do them justice in writing".

The service had a strong, visible person centred culture which helped people to express their views so they could be understood and involved in all aspects of their care and support. People were involved in the staff recruitment process, in all care review meetings, in feedback sessions and resident meetings. People were encouraged to share their views in imaginative ways, such as humorous feedback requests relating to activities. Staff and management were fully committed to this approach and found ways to make it a reality for each person living in the home. For example, people were asked for their views on how their day had gone at the end of every day and what progress they were making towards their chosen goals. This was recorded and used to plan their personalised support. Care reviews were person centred and chaired or led by the person they referred to if they were comfortable to do so. People were fully involved in the planning of their care and setting their own goals. Regular reviews of goals took place with people so they could acknowledge their achievements and what they were working towards. This meant people who lived in the home experienced care which was empowering and provided by staff who treated people with dignity, compassion and respect. We saw people received care and support in accordance with their individual preferences and interests. Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences.

One person had suffered the loss of a relative. Two members of staff accompanied the person to their relative's funeral more than 200 miles away to provide support. The registered manager had identified the two members of staff as being the two this person had the most trusting relationships with. This ensured the person received a high level of support which played a significant part in helping them cope with the loss.

When people had been assessed by the registered manager prior to moving into the home, they ensured the person showing them around the home was the person who had made the initial assessment. This ensured they felt more comfortable, made the visit less anxiety provoking and ensured that the staff there knew them and

Good

Is the service caring?

their communication methods well. Before moving in people were offered several visits and were encouraged to participate in an activity of their choosing. Wherever possible the staff offered an overnight stay in order to allow people to spend time at the home before choosing whether they would like to live there.

One healthcare professional told us the registered manager had a very close and caring relationship with people and this was also observed during our inspection. This created a very comfortable and trusting atmosphere which meant people were encouraged to share their views and opinions.

People were supported in a caring way which encouraged their well-being and their self- esteem. Staff spent a lot of time one to one with people, taking part in activities that interested them. One person enjoyed a specific television show and a member of staff watched this with them every day in order to share in the person's interest and boost their enjoyment. The person told us they really enjoyed this time the staff member spent with them.

Staff understood the importance of maintaining and building relationships between people and their relatives. They told us how good familial relations could impact greatly on people's mental health, their sense of belonging and wellbeing. People were taken on regular trips by staff to visit their families and extra visits were organised to accommodate special occasions such as weddings and family celebrations. One person's relative told us they felt upset they were no longer able to look after their relative at home overnight. They had shared this with staff who had organised for the person to be driven to a seaside town every few weeks where their relatives could come and join them for a day out. The person's relative was very grateful for this idea and told us their loved one thoroughly enjoyed these days they spent together. This showed staff had used innovative ideas to ensure people got to spend time with their loved ones in order to benefit their wellbeing and mental health.

We saw the relationships between staff and people receiving support demonstrated dignity and respect at all times. Daily notes detailed people's lives in a very respectful manner. Where there were instructions for staff to support people with their personal care, there were instructions for staff to 'support her and make sure she maintains her dignity'. One person's relative said "They try very hard to respect her privacy whilst still recognising how much help she needs".

Good

Is the service responsive?

Our findings

People received consistent, high quality, personalised care and support that aimed to meet their needs. People were involved in identifying their needs, choices and preferences and these were used in the delivery of their care. People confirmed the daily routines were flexible and they were able to make decisions about the times they got up and went to bed; how and where they spent their day and what activities they participated in. People said staff listened to them and respected their wishes and choices.

Before people moved to the home an assessment of their needs was completed to ensure their needs and expectations could be met. Care plans were very personalised and had been written with the input of the person they related to. Where changes had been made to care plans, following incidents, and new boundaries and restrictions had been set, these had been discussed with and signed in agreement by the person they related to. The support people required was very detailed and encouraged, enabled and supported people's independence.

Daily records were written throughout the day and signed by the staff member with the time they had made the entry. This ensured people's moods were regularly reviewed in relation to any outside influences such as activities or time of day. This then enabled staff to have a better understanding of people's moods and behaviours and what may cause these to deteriorate. From the daily notes we established staff were responsive and flexible to people's individual needs.

People were supported in achieving their personal goals by working with staff to identify and agree their personal objectives and identifying the steps to take to achieve them. Support included practical assistance, emotional support and encouragement. Support was flexible and personalised and was guided by the needs of each individual. Care plans included goals the person wanted to achieve, such as live more independently, manage their own medicines or money. Daily updates were recorded for each person and staff had to record what actions had been taken that day towards achieving people's goals. This showed people's long term and short term goals and wishes were at the forefront of their care.

People's mental health was assessed in great detail and triggers and signs of deterioration in mental health were identified. These triggers and signs were analysed and care plans were created which were aimed at avoiding and managing them. This meant that people's mental health was very closely monitored to ensure people enjoyed a high quality of life free from anxiety and distress. There was guidance for staff around managing people's mental health should it deteriorate and how to do this in a manner which caused the least amount of distress and required the least amount of intervention.

One healthcare professional told us that when people first moved into the home they did not make any changes to their medicines, unless there was an urgency to do so. This was done in order to assess the effect living in the community had on people with no other factors. This healthcare professional said "I never cease to be amazed that in a relatively short period (six to eight weeks) quite remarkable changes take place". All healthcare professionals we spoke with as well as people's relatives told us people had progressed whilst living in the home. They told us people had gained new skills, improved upon existing ones and had become more communicative and happy.

During our inspection we saw that people were having breakfast at different times and were being supported in an individual way. There was guidance to staff within people's care plans relating to the best communication methods required to speak with people and how to encourage them to be involved in their care. People's rooms were individualised and people had been involved in decorating these. One person told us they had been involved in decorating the sitting room and this had given them pleasure and satisfaction. They also told us they had had considerable input into the design of the home's music centre and what was played there. They thoroughly enjoyed music, purchasing new albums and playing them for the house to enjoy. This reinforced the feeling of 5 Priory Drive being this person's own home.

People had access to a range of activities to suit their preferences and abilities. Activities were personalised for people in relation to their interests, their likes and dislikes.

The Community of St Antony and St Elias had a monthly activities programme and people chose which activities they wanted to attend. Where people who lived in the home had specific interests these had been incorporated

Good

Is the service responsive?

into the activity programme. Regular feedback was sought in relation to the activity programme in order to cater to the interests of all the people who lived in the homes. There were activities such as walks, climbing, surfing, tennis, guitar and piano lessons, cookery, sound and video tech, tai chi, arts and crafts, working on the community's allotment, canoeing and taking part in a radio programme. People who lived at the home attended several of these activities and told us how much they enjoyed these.

People were encouraged to provide feedback and feedback forms were made available for people to complete. The home encouraged people to complete resident questionnaires, staff questionnaires, family feedback forms, activity feedback forms and staff supervision feedback forms. We saw a community activities feedback form which encouraged people to give their views. The form contained a text which was very humorous and acknowledged the 'dullness' of filling in forms but reinforced the importance of people's feedback. Effort had gone into completing this document and making it attractive for people to fill it in and share their views. This ensured the activities programme reflected the views, wishes and interests of the people living in the community as accurately as possible. It also ensured people felt in control of the running of the homes and felt their views were listened to and implemented. One healthcare professional we spoke with said "People are included in everything, they always ask for their opinions and take into account their feedback".

Staff respected people's need for personal space but also acted in a way that made people feel included, valued and avoided loneliness. People were encouraged and supported to share their experiences and support each other. A community manager said people's strength and confidence grew from being able to offer advice and support to one another. They said "Observing others around them overcoming their own challenges offers opportunity for discussion, reflection and growth, and this can diminish isolation and loneliness".

During their time at the home people had gained skills, become more independent, had regained some control over their mental health, had become more communicative, had gained self-confidence, had rekindled relationships with their relatives and had gained a quality of life.

At the time of our inspection the home had not received any recent formal complaints. Where the home had received feedback, either from people who used the service or their relatives, this had been responded to appropriately. People were encouraged to share their views and feedback and were made to feel comfortable in doing so.

Good

Is the service well-led?

Our findings

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was an organised cycle of planning, action and review, reflecting aims and outcomes for people who lived in the home.

As part of our inspection we spoke with health and social care professionals as well as people who lived in the home and their relatives. The feedback we received from people we spoke with was that the success of this home came from its competent, approachable and open management. We were told that people who lived in the home benefited from "outstanding care" because of the competence and dedication of the management.

The community's visions and values were embedded in every aspect of the home. The community's values were based on people being seen as individuals and being supported in a homely environment to challenge themselves in order to lead a more independent life. People were treated as equals and were encouraged to take control of their lives as far as possible. Staff competence and behaviours were continuously monitored by management to ensure they were displaying the values of the community and the high level of competence expected. One healthcare professional said "Their ethos is clear, they manage it in an incredible fashion". Another healthcare professional said "There is an ethos of "everyone is of value just as they are and nothing is too good for them" this results in an atmosphere of total care.

A community manager told us how The Community of St Antony and St Elias homes worked towards providing the highest quality and most personalised care for people. A management meeting was held weekly which was attended by all senior managers and registered managers. They told us they used lessons learned from other homes to improve the overall service. They told us they wanted to learn from their mistakes and be open in order to improve. The community used managers from different homes who had different expertise to audit the different homes and support one another.

The service had a comprehensive quality assurance system and developed a quality assurance development plan every year. Progress was reviewed throughout the year. A quality assurance cycle plan was also created every two years. A yearly fire risk assessment was conducted and all actions arising from that had been completed. The pharmacist who supplied the medicines had carried out an audit in one of the homes. Actions arising from that had been fed into the weekly management meeting so as to improve the medicines management in 5 Priory Drive. There were internal health and safety audits which were conducted by senior management. There were audits relating to all aspects of the environment.

The community had a clear and visible management structure with clear lines of communication and accountability. Senior managers regularly visited the home to inspect the home and supervise managers. Senior managers made themselves very approachable and always spent time speaking with staff and people who lived in the home. They regularly asked people for their opinions and feedback. A community manager said "This leads to a culture of openness where people feel like they are contributing to the development of the service".

People were encouraged to provide feedback in an informal way on a day to day basis but were also asked to complete questionnaires relating to their experience of the home and how they could improve on it. Relatives told us they were always asked for their feedback and their comments were always listened to. One relative told us they were involved in every process involving their loved one. This empowered people and their relatives to share their views as they felt they would be listened to and respected.

The management structure offered staff support and demonstrated a culture of openness by encouraging feedback. One relative said "They are open about everything". There was an out of hours management rota which ensured there was always a senior member of staff to contact for support and advice. The staff said they felt the management team were supportive and very approachable, and that they would be confident about challenging and reporting poor practice, which they felt would be taken seriously.

We observed interactions between the registered manager, staff and people who lived in the home. These interactions were inclusive and positive. All staff spoke of their strong commitment to providing high quality care for people. They told us the manager was approachable and supportive. People told us they felt comfortable sharing their feedback with the management.

Good

Is the service well-led?

There was a culture of openness in which staff were encouraged to share their views. For example, staff handovers took place every two days and there were regular staff meetings, these gave opportunities for staff to contribute to the running of the home. Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about others or the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

The organisation was well known and respected within the local town and as such the people who lived in the homes were viewed very positively by the local community. The service took a key role in the local community and worked towards building further links. The service had links with another local care provider and together they ran various day services and vocational activities. This enabled people who lived in the homes to meet other people who required care services and build friendships. Weekly sport sessions took place in the local leisure centre and the service shared an allotment with a local supported housing project. The service had links with the local South Devon Art Centre which had recently hosted a variety show in which people and staff had performed. People had performed songs, theatre, poetry and comedy to an audience made up of people who used the service, staff and the service's community partners. There were links with a local adult education centre where people could attend classes. There were also links to an equine therapy centre, local stables, local surf school, a writer's group and a centre which provided day services for people with acquired brain injuries. This ensured people had access to a wide range of activities as well as a wide range of support networks and people to talk to.

Through our observations and discussions with staff, people who lived in the home, their relatives, the manager of the home and other healthcare and social care professionals. We found that the service's vision and values were highly person centred and made sure that people who lived in the home were at the heart of the service.