

The Community of St Antony & St Elias

Priors Piece

Inspection report

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Ratings

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

Summary of findings

Overall summary

Priors Piece is a small care home for people who are experiencing severe and enduring mental health conditions. The home provides accommodation, personal care and support for a maximum of three people. The home belongs to a group of homes owned by The Community of St Antony and St Elias (The Community). The homes all act as a community with group activities and group management meetings and oversight.

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

This inspection took place on 22 March 2016 and was unannounced. At the time of our inspection there were three people using the service. People had a range of needs with some people being more independent and others requiring more support with their care.

We had carried out a previous inspection of Priors Piece on 29 January 2014 and found them to be meeting the regulations we inspected.

People who lived at Priors Piece received effective support which met their individual needs. The Community held values which revolved around people being seen as individuals and being supported to lead more independent lives through activities and proactive support. Staff at Priors Piece believed in these values and demonstrated these through their practice.

Each person's care needs were assessed on a regular basis and risks were identified and acted upon. Clear and detailed management plans were in place in relation to each person's needs. These gave staff information about each person's specific needs, how these presented themselves, and how to ensure people's wellbeing was maintained. People were encouraged to become as independent as possible and were supported to develop their skills. People's skills were reviewed yearly in order to ascertain how people had progressed and which areas they needed to gain further skills in. Healthcare professionals spoke highly of the home and told us people's abilities grew when they lived in Priors Piece. One healthcare professional said "I cannot speak highly enough about Priors Piece. They have turned the life around of one of my service users".

Staff at Priors Piece had great respect for the people they supported and valued their dignity and self-esteem. Where staff provided people with support this was done in the most discreet way possible and staff were highly aware of not wanting to pressure people or underestimate their intelligence. Staff spoke very highly of the people in Priors Piece and spoke of their great intellect and abilities. Staff knew people well and were knowledgeable and confident when they spoke about people's support needs. Staff knew people's histories, their likes, dislikes, interests and preferences. Priors Piece had a very homely atmosphere and

throughout the day we observed positive interactions between people and staff as well as laughter, joking and chatting. People's privacy was paramount and each person had a key to their room. Staff did not enter people's rooms without permission.

Staff had received training in, and understood, the principles of the Mental Capacity Act 2005 and the presumption that people could make their own decisions about their care and treatment. Some people who lived in Priors Piece did not have the capacity to make specific decisions at specific times. Where this was the case staff had followed the principles of the MCA, the Mental Health Act and decisions had been made in the person's best interest. The registered manager had a good understanding of the laws regarding the Deprivation of Liberty Safeguards and had made one application to the local authority which had been authorised.

People felt safe at Priors Piece and staff had received training in safeguarding people from possible abuse. Staff knew how to raise concerns if they were worried about anybody being harmed or neglected. Staff had received information about whistleblowing and felt confident about doing this if they needed to. People and staff felt confident any concerns they had would be acted upon quickly and effectively by the registered manager.

People spoke highly of the staff and staff had enough time to meet people's individual needs. Staff supported people to attend activities, tend to people's needs and spent time individually with people. People had access to a wide variety of activities which met their individual preferences and interests. There was a comprehensive activities programme which some people took advantage of and people also engaged in their own activities, either on their own or supported by staff.

Staff received sufficient training to meet people's needs well and further training was available to those who wanted it. Staff were encouraged to gain further qualifications and pursue their interests through further training. There were robust recruitment processes in place to ensure that suitable staff were employed. Staff performance was monitored with supervisions, appraisals and spot check observations. Poor practice was picked up and acted on and staff knowledge was regularly tested. Where staff did not answer test questions to the registered manager's satisfaction, they received further training and coaching.

Staff were encouraged to share their views and ideas in the form of supervisions, team meetings and staff handovers. Staff felt confident the registered manager valued their ideas and implemented them where appropriate.

People told us they felt safe and well looked after. Staff had received training in safeguarding people and knew how to raise concerns if they were worried about anybody being harmed or neglected. Staff had received information about whistleblowing and felt confident about doing this if they needed to. Staff knew how to raise concerns and contact details for external bodies were available. People and staff felt confident that any concerns they raised would be acted upon quickly and effectively by the management. There were robust recruitment processes in place to ensure that suitable staff were employed. Poor practice was picked up and acted on and staff knowledge was regularly tested. Where staff did not answer test questions to the registered manager's satisfaction, they received further training and coaching.

Where risks were identified in relation to people's mental health, their general health, their wellbeing or their safety, these had been assessed. Staff had sought advice from external healthcare professionals and had created plans to minimise risks for people. People's care plans and risk assessments were regularly reviewed and updated with any changes.

People were supported to take their prescribed medicines by staff who had been trained in medicine administration. Medicines were managed safely. People were referred to external healthcare professionals where necessary.

People at Priors Piece were supported to eat and drink enough to ensure they maintained good health.

People were provided with healthy balanced meals which met their preferences and people could make choices with regards to their food. People's diets and preferences were catered for and people were encouraged to help themselves to drinks and snacks throughout the day.

People and staff spoke highly of the registered manager. The leadership structure at the home was clear and staff were confident in their responsibilities. The registered manager had an effective quality monitoring system in place which was used continually to review and improve the service provided. People's views, opinions and feedback were sought through the means of meetings and questionnaires.

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 were in place and there were sufficient staff to meet people's needs.

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

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

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

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.

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

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

People were supported to have enough to eat and drink. Food options met people's preferences.

Is the service caring?

Good ●

The service was caring.

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

The service had a strong person centred culture which

encouraged people to express their views and share their opinions.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

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.

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

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

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

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke highly of the registered manager and had confidence in them.

People's feedback was sought and acted upon in order to improve the service.

There was a robust and effective system in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

Priors Piece

Detailed findings

Background to this inspection

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

This inspection visit took place on 22 March 2016 and was unannounced. The inspection was carried out by two adult social care inspectors. Before the inspection, the provider and acting manager completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. 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.

We spoke with all three people who lived in Priors Piece. On this occasion we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us, but we used the principles of this framework to undertake a number of observations throughout the home. This helped us understand the experiences of people. We spoke with the registered manager and two members of staff. We sought feedback from a number of healthcare professionals and received replies from three of them.

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.

Is the service safe?

Our findings

People who lived in Priors Piece were able to communicate their needs and wishes but some people suffered with an altered sense of reality and other mental health issues. People told us they felt safe at the home with comments including "I feel safe, no one comes in" and "Yeah I feel safe". Healthcare professionals we spoke with confirmed they felt people were safe at the home, with comments including "My experience is that they are safe" and "It is safely and effectively keeping these patients well".

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff said "I have had safeguarding training". Contact details about how to report concerns to the local authority safeguarding team were clearly visible in the staff office. Staff were instructed to listen to any comments made by people which may refer to possible abuse, record and report these. Where people suffered with regular intrusive thoughts of abuse we saw evidence staff had taken these seriously and had reported them to management who had made some further enquiries. For example, one person had regular intrusive thoughts relating to their possessions being stolen. Staff had listened to this person's concerns, assisted them in searching for the missing property and had increased their vigilance over the person's possessions. Staff had reported and recorded this person's concerns and staff had met to discuss a management plan to ensure this person did not suffer from anxiety over these intrusive ideas. There were management plans in place to safeguard people's finances. Where management's enquiries determined that abuse may have been possible, these had been reported to safeguarding. Staff felt the registered manager would listen to their concerns and respond to these. Staff said "I feel he would definitely listen and take action. He's on the ball". Staff were aware of whistleblowing procedures, whereby they could report any concerns outside of the organisation if the registered manager were not to take action, without repercussions.

People received their medicines safely and at the time they needed them. Staff received training in the management of medicines. Once they had received this, staff observed medicines being administered and were then themselves observed administering medicines before having their competence assessed. There were clear policies and processes around the storing, administering and disposal of medicines and staff followed these. People who lived in Priors Piece required support with managing and taking their medicines. None of the people at the home had expressed the desire to self-administer their medicines but this option was available should they wish to.

Medicines were regularly audited and all medicines were kept securely. Medicines were kept within a locked cabinet within a locked room. People used a combination of blister pack medicines and boxed medicines. Staff managed medicines in ways which met people's specific needs. For example, one person was in the process of doing a staged reduction in one of their medicines due to their changing mental health needs. This reduction was being overseen by this person's consultant psychiatrist. Staff had clear guidance and information around the process to follow in relation to this reduction. There was clearly set out information about the medicine dose and how it was changing over two week periods. Each period was reviewed and updates about any side effects this person was exhibiting were recorded daily. This ensured this person's

specific medicine needs were continually under review and monitored to ensure they did not suffer negative effects from this.

There were enough staff at the home to support people in the way they needed. People spoke highly of the staff. One person said "They're very friendly". There were two members of staff and the registered manager working throughout the day. One staff member said "We have enough staff. We have time to sit down with the guys. We keep them company". Staff worked in two day shifts in order to help people have some consistency of staff and for staff to be able to gain a good understanding of people's moods and any changes to their mental wellbeing. Staff worked across the different homes owned by The Community of St Antony and St Elias (The Community) and therefore the registered manager was able to source staff members from other homes to cover leave and sickness. This meant people benefitted from a stable staff team who knew them well. During our inspection we saw there were sufficient members of staff supporting people to meet their needs. Staff spent time individually with people and chatted with people in a relaxed and unhurried environment.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. The registered manager told us that they only employed staff who they felt displayed a caring attitude and that staff were carefully monitored in their induction period to make sure they were suitable. Potential staff attended a taster day and their attitude was observed throughout to ensure they displayed the values the registered manager looked for, in that they treated everybody with respect and as an individual.

Priors Piece provided support and accommodation to people who had varying levels of needs relating to their mental health and their general health. Risk to each person's safety, health and wellbeing had been individually assessed and these were regularly reviewed. People had individualised risk assessments which covered a range of issues such as risks of self-neglect, risks of developing diabetes and risks relating to road safety. These risk assessments were personalised and contained detailed information about the person's level of risk and how staff should respond in order to minimise this risk. For example, one person was at risk in relation to their safety due to their lack of awareness around road safety. Their risk assessment detailed the steps staff should take to closely supervise this person when they were on the road but also allowing them a degree of freedom. Staff told us how they supported this person and demonstrated they knew the risks to this person and how best to manage them. Staff always ensured that risk management processes infringed as little as possible on people's freedoms. For example, where one person was at risk of falls, staff had a risk management plan in place which revolved around staff being aware of the person's location and accompanying them when they were outside. Staff were aware, and it was recorded, that these measures restricted this person's liberty and should therefore only be practiced whilst the risk of falling was high. These measures were discussed with the person who agreed to them.

Where accidents and incidents had occurred, the registered manager had reviewed staff practice to ensure the risks to people were minimised. For example, one person had gotten lost in town after becoming confused. Staff had taken action to protect this person by fitting an alarm on the back gate, ensuring the door was always locked, and ensuring this person was always accompanied when they went out into town. These had been assessed as being the least restrictive options. Staff also ensured they recorded what the person was wearing each day in case they got lost and purchased a wristwatch for the person to wear which had their name and phone number engraved on it. The registered manager had made appropriate applications to the local authority in relation to this restriction to the person's freedom. Since these measures had been put in place this person had not become lost.

The home was maintained to ensure people were kept safe. For example, health and safety checks, such as fire safety checks, fire equipment checks, fire drills, fire door checks and emergency lighting checks were completed regularly. Staff regularly received training in fire safety and each person had a highly detailed personal emergency evacuation plan in their care plan. During our inspection one person burned some toast in the kitchen and this set off the fire alarms. We observed fire doors closing automatically and staff taking steps to ensure action was taken and people were safe.

Is the service effective?

Our findings

Some people who lived in Priors Piece did not have the mental capacity to be able to consent to living in the home and receive care. One person had a community treatment order under the Mental Health Act 1983 in place in order to ensure staff administered their medicines. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 were encouraged to be fully involved in their care and have as many choices as possible in their day to day life. Staff supported people to make decisions and had a clear understanding of the principles of the MCA. Staff respected people's rights to make decisions as far as they possibly could. Records confirmed people had been consulted about their care. Two people had been highly involved in the writing of their care plan and the third person had been given the option to do this but had refused. People had full access to their care records and attended review meetings about their care. People confirmed they could look at their care plan whenever they wanted. People's consent was sought in relation to any decision that was made and any support that was provided. Throughout our inspection we saw people being asked for their choices and their opinions.

When people lacked capacity to make a specific decision at a specific time appropriate processes were followed. For instance, one person's mental health had deteriorated and following a review from their consultant psychiatrist a best interest meeting was held in order to discuss the person's medicines. Following this meeting a decision was held to introduce a controlled reduction of one of this person's medicines.

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 or the Mental Health Act. The application procedures for this in care homes and hospitals under the MCA are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was very knowledgeable about DoLS. If a person is under continuous supervision, is not free to leave on their own and does not have the mental capacity to consent to these arrangements, they are being deprived of their liberty. An application must be made to the local authority for legal authorisation. The home had an alarm on an access gate and the front door was locked in order for staff to continuously monitor one person's location. This person was being deprived of their liberty to leave the home on their own and therefore the registered manager had made a DoLS application for this person and this had been authorised.

Staff were knowledgeable about people's support needs and benefited from training and support which helped them meet the needs of each person. Staff were able to describe people's needs in a way which showed they had good knowledge about each person. Staff received training to make sure they knew how to meet each person's needs. The Community had a training manager who organised a regular training

programme. Each month new topics were covered in the programme and staff attended courses when these were due and if retraining was required. Staff had completed mandatory training in areas such as moving and handling, medicines, first aid, food hygiene, and food hygiene. Staff also received training relating specifically to the care needs of the people who lived in Priors Piece, such as breakaway training, communication and conflict resolution. Staff spoke highly of the training available at the home and told us they could always request further training if they wanted it. One member of staff said "The company provides lots of training and there is always the opportunity to do more all you have to do is ask".

Staff received regular supervision and annual appraisal. During supervision, staff had the opportunity to sit down with the registered manager to talk about their job role and discuss any issues and further training wants and needs. One member of staff said "(The registered manager) is really on the ball with supervisions, we get them really regularly".

The registered manager took the opportunity, during staff supervisions, to assess the knowledge of staff. Staff were asked a series of questions to test their training and knowledge. Some recent supervision records we saw showed staff had been asked questions on the Care Act, privacy and dignity, different types of possible abuse people could be victims of and how to report potential abuse. Staff were also asked about individual people's characteristics and their specific care needs. Staff had to give satisfactory responses to these questions and if their answers did not satisfy the registered manager they ensured the staff member received further training or guidance. One member of staff said "When we get supervisions we get asked questions about people". One member of staff told us they had not answered satisfactorily a question about the MCA during their last supervision. The registered manager had instructed them to read the home's policies and procedures around this area again. The member of staff told us they valued this process and the opportunities to revisit their knowledge.

The home was a bungalow and had several accesses to an outdoor secure garden area. This environment met the needs of the people who lived in Priors Piece.

People were supported to eat and drink enough to maintain good health. Some people who lived in Priors Piece were more independent with cooking than others but all people required some support in this area. Staff supported people with planning and cooking meals to meet people's individual preferences and needs. During our inspection we saw people eating lunch. The lunchtime meal was a balanced meal of fish, new potatoes and salad. Staff ate alongside people at the dining table which gave a homely and family atmosphere. There was a lot of chatting and laughing during the meal and people enjoyed this as a social event. People were involved in the planning of weekly menus and they were provided with options which met their individual tastes. Where people were able to cook or make drinks for themselves they were encouraged to do so. One person told us with pride how they helped staff in the kitchen and during the inspection they made themselves some toast and cups of tea. People spoke highly of the food and comments included "The food was nice".

One person had been identified as being at risk of developing diabetes because of their lifestyle and the medicines they were taking. Staff had worked with the person to create a risk assessment which detailed signs to look out for which could potentially mean the person was developing diabetes. This person's management plan also detailed how staff should encourage them to eat more healthily. Staff encouraged the person to choose healthy snacks and watch the amount of chocolate they ate but did not interfere in the person's choices. Staff said "We ask people what they would like to eat and we try to keep it healthy. I know what people like".

People saw healthcare professionals promptly if they needed to do so. Care files contained records of

referrals to a range of healthcare professionals including GPs, district nurses, dentists, chiropodists and consultant psychiatrists. The outcomes of these referrals were documented and any changes to people's care needs and plans were transferred to their care plans.

Is the service caring?

Our findings

The atmosphere at Priors Piece was very homely and life revolved around people as individuals and their personal choices. Staff knew people, their histories, preferences, interests, likes and dislikes well. Staff spoke highly of the people who lived in Priors Piece and praised their talents and personalities. Staff made comments such as "He is a lovely chap, hugely intelligent", "He's a poet, like no one you've ever met", "He is excellent company" and "He is a very friendly and most likeable chap".

People spoke highly of the staff at Priors Piece and they care they provided to them. People spoke of the kindness and caring nature of the staff with comments such as "The people who work here are funny", "They're nice to me, they're never rude" and "They are nice to me here".

During our inspection we observed some nice interactions between people and staff. There was much laughter, chatting and friendly banter exchanged. Staff clearly knew people well and people responded to staff in comfortable and friendly ways. For example, people chose to sit next to staff on the living room sofa and looked comfortable in their company. Staff used terms of endearment to talk to people and told us they cared for them. One staff member said "I love it. It's like my other family".

People were treated with dignity and respect and were given privacy. People's bedrooms were their own personal spaces and they had decorated these in the ways they wanted. One person said "I like my room. I've got a lovely bed, it's blue, I love blue". People had keys to their bedrooms and staff did not go into people's rooms without their permission. One member of staff said "We always ask permission before we go into the guys rooms". Confidentiality was very important at the home and staff did not speak about people within earshot of others. On one occasion the registered manager had observed two members of staff speaking about a person within earshot of others. They had raised this with the staff members, warned them not to do this again and recorded these conversations within supervision records.

Staff were very aware about not wanting to patronise people or show disrespect. Support to people was always delivered in as discreet a way as possible. The registered manager said "We have to be very careful not to insult people so we deliver personal care in a very discreet way". Where people required support with their personal care this was provided only by male staff as the people who lived in Priors Piece were all male. Where people required support from staff when they were out in town staff were instructed to support them in a way that was not obvious so as not to invade the person's privacy or cause them to feel disempowered. The registered manager said that when risk management plans were implemented "This is done in an unobtrusive way so that the person receiving the care doesn't feel infringed upon or their lives constrained by their care requirements".

Staff cared deeply about people's wellbeing and self-esteem. Each person's care plan contained information about how staff should boost people's self-esteem. For example, staff were encouraged to include one person in all conversations, where possible, and acknowledge their achievements with positive feedback. With another person, staff were encouraged to create opportunities for the person to boost their own self-esteem through sport and outdoor activity, which they excelled at. Records showed people were

continuously given positive feedback and were included in all day to day activities in the home. This helped people feel valued and accepted.

People were actively involved in their care where they wanted to be. People were included in any meetings held about them and had access to any records about them. People were given options of activities to take part in every day of the week and were given opportunities to be involved in day to day tasks around the home. If people refused to take part their decision was respected and the point was not pushed.

Staff worked hard to encourage contact between people and their families. People were supported to see their relatives and the registered manager had regular contact with people's families. Staff had recorded birthdays of people's family members so they were able to remind them and help them to maintain these relationships.

Is the service responsive?

Our findings

People's care was responsive to their needs. People who lived in Priors Piece had a variety of needs and required varying levels of support. People's needs had been assessed and from these, with the involvement of people, staff had developed a detailed care plan for each person. These care plans contained information about the person's needs and how staff should meet these. For example, one person had specific routines they liked staff to follow when they were supporting them in the mornings. This routine was detailed and had been written alongside the person. Staff were reminded to ask the person every day in what order they wanted to complete their routine and to follow the person's wishes.

Care was delivered in an individual way for each person. One person said "It's perfect for me". Each person was seen as an individual and each person's care plan was specific to them and their needs. For example, one person was very reluctant to go out of the home. This person's care plan instructed staff to follow this person's preferences. Should this person express the desire to go out, staff were instructed to do all they could to accommodate them. This was due to the person regularly changing their mind. This ensured this person received the care they needed and wanted at the time they wanted it. The registered manager said of this person "He lives life exactly how he likes to live it".

Each person's care plan was regularly reviewed and updated to reflect their changing needs. Action was taken to respond as soon as possible to people's changing needs and guidance and advice was sought. For example, one person had been on a long walk with staff on the moors. Staff had noticed this person was struggling to keep up and looked uncomfortable when walking long distances. Staff had referred this person to their GP and had asked for their general health to be reviewed. A new management plan had been put in place to ensure staff encouraged this person to lead a healthier lifestyle.

Staff used a range of communication methods to make sure they kept up to date with people's changing needs. For instance, through care plans, written records and staff verbal handovers. Shift handovers occurred three times a week, during which the previous two days were discussed as well as all future plans and issues. This ensured continuity across staff approach. Staff handovers were highly detailed and covered information about people's health, their mood, wellbeing, the activities they had taken part in and any appointments that would be taking place in the next few days.

Staff worked with people towards becoming more independent and learning or regaining basic life skills. People were encouraged to work towards self-catering, travelling into town on their own, participating in outdoor activities, doing household chores and understanding budgeting. Each person's care plan contained objectives they were working towards, such as participating in physical activity, becoming more independent and helping with household chores. Each day staff completed daily notes about what people had done during the day and what actions had been taken towards people achieving their goals. One staff member said "We look at the care plans every day so we can complete the aims and objectives". This showed people's long term and short term goals and wishes were at the forefront of their care. Healthcare professionals told us people's abilities increased whilst living in Priors Piece. Some of their comments included "I cannot speak highly enough about Prior's Piece. They have turned the life around of one of my

service users".

People had access to a range of activities that met their social care needs. The Community's ethos was to enable people through the use of activities which engaged people and developed their skills. The Community had a monthly activities programme which had been developed using people's interests and feedback. Some of these activities included surfing, climbing, tennis, guitar and piano lessons, cookery, sound and video tech, tai chi, arts and crafts, gardening, canoeing and taking part in a radio programme. People who lived in Priors Piece attended some of these activities as well as activities on their own or supported by individual staff members. Where people refused to attend these activities these were still offered to them every week and alternative activities were organised for them. One member of staff said about one person "He likes one to one attention but he doesn't like large groups, he always puts his name down for lots of activities but he doesn't always take part".

People who lived in Priors Piece enjoyed such activities as writing and drawing, walking, going to the pub and the coffee shop and walking on the beach. An art session took place at the home once a week and people enjoyed this. We spoke with one person about a recent walk they had been on through the Moors and they said "I loved it". People were encouraged to take part in activities and staff went out of their way to find activities which would meet people's interests. One person had voiced an interest in fly fishing so staff had organised for the person to attend a demonstration. Unfortunately on the day of the demonstration the person had changed their mind. People enjoyed their favourite shows and films on the television and the home had a large film collection. One person enthusiastically showed us their favourite film collection and told us they enjoyed watching these. One person enjoyed cricket and on the day of our inspection a member of staff assisted them in finding a game of cricket to watch on the television.

A complaints policy was in place and people living in Priors Piece had all been given a resident's complaints procedure. A copy of the complaints procedure was displayed in people's bedrooms and had been sent to people's relatives. No official complaints had been received at the home but people told us they would feel comfortable raising any concerns they had with the registered manager. One person said "There are no things that I am unhappy with". People told us the registered manager was approachable and they had confidence in them. One person said "I like (registered manager's name)".

Is the service well-led?

Our findings

The Community's visions and values were embedded in every aspect of the home. The Community's values related to people being seen as individuals and being supported in a homely environment and through activities to lead more independent lives. People's individuality was nurtured and people were encouraged to take control of their lives as far as possible.

Staff demonstrated they understood the principles of individualised, person centred care through their practice and talking to us about how they met people's care and support needs. Staff and the registered manager shared The Community's ethos and this was reflected in their practice. The registered manager said "We all work to the same principles".

People and staff spoke highly of the registered manager. Comments included "I get on very well with (manager's name)", "He's excellent", "(manager's name) is very approachable. He cares that's why" and "He's a lovely manager and very supportive".

The registered manager told us how they worked towards providing the highest quality and personalised care for people. The Community held a weekly management meeting which was attended by all senior managers and registered managers. Knowledge and lessons learned from different homes were shared at these meetings in order to improve the overall service provided. The registered manager attended a quarterly quality assurance meeting and every year an annual development plan was produced. These plans ensured the organisation was forward thinking and following best practice guidelines. People's feedback fed into these quality assurance meetings and into the development plan.

There was a clear management structure and staff confirmed there were clear lines of responsibility within this. Staff knew who they needed to go to if they required help or support. There was an out of hours management rota which ensured there was always a manager for staff to contact for advice and support.

There was a culture of openness where people and staff were encourage to provide their feedback and be involved. There were resident meetings, staff meetings, staff handovers and management meetings. People were encouraged to share their thoughts at each of these meetings or at any other time. There was open communication between the registered manager and the staff team regarding the reasons behind any decision made.

People were encouraged to provide feedback and feedback forms were made available for people to complete. The home encouraged people to complete a number of questionnaires and feedback forms. The registered manager had developed an 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 developing this document and making it attractive for people to fill 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.

Feedback was sought from people every day. Staff asked people whether they had enjoyed the activity they had taken part in, the meal they had eaten, the show they had watched on television and so on. This helped staff gain better knowledge of people and a better understanding of what options to give them the next day. The registered manager employed an open door policy for both staff, people who lived in Priors Piece and their relatives.

Feedback was also sought from people and relatives in more formal ways, such as annual feedback forms. People were provided with an anonymous feedback form where they were able to share their views without the need to identify themselves. The registered manager told us people's feedback was taken very seriously and used to improve on the running of the home. Staff were encouraged to share their ideas and feedback with the registered manager. Staff were asked for their ideas and feedback during supervisions, these ideas were listened to and implemented where appropriate. For example, one member of staff had spoken about having driven a large number of hours during their shift when travelling with a person. The registered manager had acted on this information and had reviewed the staff driving policy in order to restrict the number of hours staff should drive for their health and wellbeing.

The registered manager and staff completed a number of audits to ensure the care people received was safe and met their needs. The registered manager completed internal health and safety quality assurance audits monthly. Actions identified during these audits were completed promptly. For example, maintenance tasks requiring completed were added as actions and staff had recorded the dates the actions had been completed.

The registered manager undertook other audits such as legionnaires checks, gas safety checks, fire audits and medicines audits. Senior management undertook internal unannounced inspections and regular spot check visits. There were audits relating to all aspects of health and safety in order to ensure people were supported in a safe environment.

Staff handovers took place every two days and a number of checks were completed at the beginning of each one. Staff coming off their shift and staff coming on their shift both checked areas such as fire checks, emergency checks, medicine checks, finance checks, health and safety checks and action points from last handover had been completed. This ensured staff starting a new shift knew all relevant checks had been completed, they had up to date information about people, their medicines and their finances. Records at the home were well maintained and contained up to date information.

The registered manager lead by example and ensured staff continuously delivered a high standard of care and followed best practice. Staff attended regular supervisions where their performance and knowledge were discussed and the registered manager also conducted observations on the staff. Should their performance not meet the registered manager's standards they would tackle this. The registered manager told us staff supervisions were aimed at inspiring, motivating and teaching staff about how to employ best practice in all aspects of their job. We saw evidence staff's performance was analysed during supervisions and their knowledge was tested. Where staff had not met the high standards of the registered manager, further training and coaching had been organised.