Community Care Trust (South Devon) Limited

St Maur

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

Overall summary

The inspection took place on 18 and 19 November2015 and was unannounced.

St Maur is a small residential home providing short term care (usually up to twelve weeks), rehabilitation and support for a maximum of eight people with mental health needs. Some people may be detained under the Mental Health Act and some people may be under supervision in the community. St Maur is one of the services provided by The Community Care Trust, a voluntary sector provider for people who experience mental health problems. St Maur 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection people and staff appeared relaxed, there was a calm and pleasant atmosphere. People spoke highly about the care and support they received and professionals we spoke with confirmed this. Staff went the extra mile to ensure personalised care. Care records were individualised and gave people control over how

Summary of findings

they liked to receive their care and treatment. Staff were able to respond to people's change in needs because they knew people well. People were involved in identifying their needs, setting their own recovery goals and detailed how they would like to be supported. People's preferences were sought and respected.

People's risks were managed well and monitored. People were encouraged to live full and active lives and were supported to participate in community life. Activities were individualised, dependent on people's goals, varied, and reflected people's interests, individual hobbies and strengths.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs and mental health nurses.

People told us they felt safe. Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications would be made if required and advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff described the management as very open, supportive and approachable. People told us the manager was "Brilliant." Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind, compassionate and they put people first.

Staff received a comprehensive induction programme. There were high levels of staffing to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Staff felt supported by informal and formal supervision processes.

There were quality assurance systems in place. Incidents were appropriately recorded, investigated and action taken to reduce the likelihood of reoccurrence. Reflective practice discussions were held to provide learning and staff support following incidents. Feedback from people, professionals and staff was encouraged and positively received. Learning from incidents was used to drive improvements and ensure positive progress was made in the delivery of care and support provided by the home.

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. People felt safe. There were sufficient numbers of skilled and experienced staff to meet people's needs and support their recovery goals.

People were protected by staff who had a good understanding of how to recognise and report any signs of abuse.

People's risks had been identified and managed appropriately. Assessments had been carried out in line with individual's need to support and protect people.

The service was clean and hygienic and staff were aware of infection control guidance.

Is the service effective?

Good

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which would be followed in practice, if required.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy diet.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and supportive staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and people chose their activities depending on their interests.

People's experiences were taken into account to drive improvements to the service.

There was a complaints policy and system in place.

Is the service well-led?

Good

The service was well-led. There was an open, transparent culture. The management team were approachable and defined by a clear structure. The requirements under Duty of Candour were understood.

Staff were motivated to develop and provide quality care.

Quality assurance systems were in place to drive improvements and raise standards of care.

St Maur

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection was undertaken by an inspector for adult social care on 18 and 19 November 2015 and was unannounced. This meant the provider and staff did not know we were visiting.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who used the service, the registered manager, the deputy manager and four members of staff. We contacted two mental health nurses following the inspection. We also looked at three care records related to people's individual care needs, two staff recruitment files and staff training records. We examined records associated with the management of medicine, people's money, feedback questionnaires about St Maur, and quality audits related to the service.

As part of the inspection, we observed the interactions between people and staff, discussed people's care needs with staff and observed the afternoon staff handover. We also looked around the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living at St Maur. Comments included "I feel safe, there is always somebody to talk to."

People were protected by staff who were confident they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, we discussed a recent issue at the home involving the internet. Staff responded quickly to the incident, followed the correct procedure to notify the manager, the relevant authorities had been informed, and plans were immediately put in place to reduce the risk of a reoccurrence.

All staff understood their roles to protect vulnerable people and had received training in safeguarding. One staff explained they how they kept one person safe "We have honest conversations, we ask about any suicidal thoughts, we hold people's medication if needed and observe people taking their medicine." A safeguarding process chart was in place and staff were very conscious of their responsibilities towards vulnerable people who used the service. People confirmed their property was safe, they were able to lock their bedroom door if they wished and there was a process in place to support those people who needed help managing their money.

Staff had a good knowledge and understanding of each individual. They knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and / or agitated. For example, one person at the home was due to be discharged during the inspection. The staff team told us they had been given very short notice when a move on placement had been found, they were concerned the person needed more time to adjust. They liaised with the person's new placement to arrange a slower transition so the person did not feel unduly anxious by the impending move. Staff shared information during handover about people's concerns and spent more one to one time with them where people were worried. This helped keep them safe and reduce their anxieties. People told us they always felt they could talk to staff, and interrupt them, even if they were in handover, if they were worried about anything.

Staff were trained in conflict resolution, breakaway techniques and had good communication skills to de-escalate situations which arose at St Maur, these helped keep people safe. However, the ethos of the staff was to anticipate possible situations and reduce the triggers. Staff were observant of people's own communication styles which might indicate they were troubled. Staff would promptly intervene if necessary and offer people time to discuss their concerns, occupy them with a meaningful activity of their choice or use the quiet room in the house to reduce people's stress. Diffusing situations in this way helped maintain a calm, safe environment.

There were house rules at St Maur. People knew and understood these rules which included the use and misuse of alcohol, legal highs and illicit drugs. Any potential bullying, harassment or acts of aggression between people was promptly dealt with and the police notified if required. Incidents were discussed with the people concerned after the event. Ways to live together and personal relationships within the house were considered and people encouraged to take personal responsibility for their behaviour in the home. Learning to interact with others was essential to people's social development within the home. Staff were mindful of the risks when people did not get along or misinterpreted other's actions or words. One person told us "I've never known a bad atmosphere, never known anyone arguing, we all get on well."

Risks to people were known and well managed. Although positive risk taking was required to support people's recovery, these steps were at people's pace and planned with them. For example one person did not feel safe managing their own medicine. They confirmed staff always asked them on their return from the shops whether they had bought any tablets and staff always observed them taking their medicine. Other people, who were vulnerable in the community but liked to go out alone, had the house telephone number in the event of any problems. Staff knew significant dates which may trigger people to be more vulnerable, these were discussed in handovers and documented in people's care records. Staff were more vigilant at these times. Some people were sexually vulnerable and staff were available to support people to understand the choices available to them and manage potential risks.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work.

Good

Is the service safe?

Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People who lived at the home had the opportunity to meet new staff if they visited; this meant they were able to give their view on staff who would be working alongside them.

People told us there were enough staff to meet their needs and keep them safe. Staff also confirmed there were always sufficient staff on duty. The registered manager advised the staffing levels were dependent on people's needs and activities on specific days. Staffing levels at the home were high to provide people with intensive one to one time and support to work on their goals. Staff had time to sit and talk with people in the lounge and over lunch and escort them to appointments when needed. For example, during the inspection staff supported one person with a benefits appointment, another staff member attended a review at the hospital with a person and other staff supported someone to move to their new home. Staff confirmed "We have time to support people, help them move forward or just sit and listen to them." There was an on call system if staff required support or advice in the evening or at the week-end.

Staffing skill mix was considered with gender specific staff supporting people where indicated, either for safety reasons, to support people's preference of care worker or to engage with people in particular activities. For example the male staff tended to watch football with the males in the house. People had a "recovery coach" allocated to them during their stay, these staff were thoughtfully chosen so they would be able to engage with the person.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Procedures were in place for those who self-medicated and staff told us a homely remedies list was available but people were always encouraged to see their GP. Medicines, including controlled drugs, were locked away as appropriate. Staff received medicine training and were observed for competency in administration. The service also liaised closely with the community pharmacist and GP. People's medicines recording sheets were checked regularly. We found that although the staff team knew where people were in their monthly blister pack, the system in place was difficult to follow and audit. We also found that although audits were occurring, there were some minor errors in the numbers of tablets recorded due to calculation errors and staff not counting the tablets. Staff told us those people who self- medicated had regular, weekly checks but we found the records did not reflect this. We spoke to the registered manager regarding these medicine audit processes and the staff team and pharmacist were going to discuss developing a system which would make auditing their medicine administration more thorough.

We saw detailed information about people's medicines in their files and their care plans. This gave staff guidance on when "as required" (PRN) medication may be needed. For example to help soothe someone if they were agitated. Staff encouraged people to develop their skills to manage their anxiety so the use of PRN was monitored and limited.

Staff were knowledgeable with regards to people's individual needs related to medicines and supported people to attend for essential blood test monitoring. If people were on medicine administered by mental health nurses such as depot injections, these appointments were in the diary and discussed at handovers so people did not go out. Staff worked with people during their stay to support them wherever possible to move towards managing their own medicine in preparation for discharge.

Visitors to the house were monitored, asked to sign in and their identity checked. This helped keep unwanted visitors out and enabled staff to know who was in the building in the event of a fire. An "in and out" whereabouts board was used for people living at the service so all staff knew where people were. People told us there were regular fire drills and they knew to go to the front of the building in the event of a fire. Evacuation information was held at the entrance of the home to enable quick access in the event of an emergency. Fire retardant carpets were seen in one of the bedrooms, this safety precaution was necessary for those who (despite the house rules) might have a cigarette in their room.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Staff undertook responsibility for the cleaning alongside people in the home. Those who were independent and able to help with the household chores enjoyed this; staff prompted and encouraged others with laundry. Protective clothing such as gloves were readily available throughout the home to

Good

Is the service safe?

reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff had correctly sought advice from an infection control lead during a recent vomiting outbreak. People had been encouraged to remain in their rooms, avoid the communal areas and a notice had been placed on the door requesting people going in and out used the hand gel at the entrance of the home.

Good

Is the service effective?

Our findings

People were supported by staff to have their needs assessed. Referrals to the service were discussed amongst the team to ensure St Maur was the most appropriate place for people and staff had the skills required to meet people's needs. In addition, people referred to the service needed to commit to working with staff on their recovery within a limited time frame. Staff required the skills to unlock people's potential and help them use their own skills to move forward with their lives. This meant people were able to benefit from the philosophy of St Maur and achieve good outcomes.

People received effective care because staff had a good understanding of both people's background and their likes and dislikes. Staff we spoke with confirmed what was written in people's care plans about their pasts. Some people had trouble building relationships and staff were skilled at helping people learn to trust, building therapeutic relationship's at the person's pace and motivating people.

These relationships were the foundation of the work St Maur undertook with people, supporting them to develop the skills to manage aspects of their own lives. People had "work plans" which were goals they set and worked towards. Regular one to one's with people reviewed their progress with these goals which might include learning to manage their mental health, budget, daily living skills, relationships and accommodation. People confirmed "I have learned to cook, shop, I can make lasagne now" and "They've helped me learn to keep my room tidy and I can do my laundry now" and "Positive praise helped build my confidence." Staff said "We help people make choices; we break things down into small chunks – the pros and cons of decisions."

People and health care professionals we spoke with confirmed they felt staff were well-trained. People said "Well-trained and well organised, always know what's going on." Staff were supported at the start of their employment by a thorough induction to the home, the people who lived at the house and the philosophy of the home. The induction included safeguarding people, communication skills, mental health conditions and physical health problems in addition to essential training such as infection control, first aid and fire safety. The Care Certificate induction was in place and due to be implemented for new starters, existing staff were undertaking the assessor training to support new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Staff confirmed the training provided by The Community Care Trust was a good grounding for working at the home. They also learned from each other and felt able to ask for additional training when the need arose. Staff said a team away day was being planned to look at different situations and how to handle them.

All staff confirmed they felt supported in their roles and staff told us one to one supervision sessions occurred regularly. In addition to individual staff supervision, group supervision was offered to staff. This was a forum where staff could reflect on practise and share ideas. Staff told us they benefitted from these formal sessions but also felt able to approach the registered manager and deputy manager informally. Staff had annual appraisals. Supervision and annual appraisals helped staff to reflect on their achievements over the previous year and identify learning needs and goals for the forthcoming year.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No one at the home had required a DoLS application.

The registered manager was aware of the recent changes to the interpretation of the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Staff showed a good understanding of the main principles of the MCA. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf.

At the time of the inspection no one was detained under the Mental Health Act 1983. However, staff understood the need to obtain consent and involve people in decision making where possible regardless of their legal status. Staff understood the difference between lawful and unlawful practice. Staff were mindful of the restrictions related to people's care and treatment when required (for example, if

Good

Is the service effective?

they were at St Maur's on leave from hospital and detained under a section of the Mental Health Act or if they were on a community treatment order), but as far as they were able to, gave people freedom of choice and movement for them to be as independently as possible.

People at St Maur's , decided on the menu and food as a family might. Meals were spaced throughout the day and flexible depending on people's activities and plans. Lunch was relaxed with buffet style food and sandwich fillings laid out for people to choose from. Supper was home-cooked, healthy and nutritious and people took it in turns to cook. Although people could eat together in the dining area, some people chose to eat at a different time and some people were given a budget to self-cater. People at the home had free access to the kitchen to help themselves to food at any point throughout the day or night. We saw people having snacks and a chat in the kitchen at various points throughout the inspection. People told us "Since I've been here we take it in turns to cook, choose what we want, I'm doing sausages and mash tonight and on Sundays we usually all help."

Staff would encourage people to consider healthy eating options for their health and weight where this was required. One to one discussions were held with people who had specific dietary needs to help educate them and prompt them to make healthy choices. Staff balanced people's right to choose what they ate (which was sometimes not healthy and nutritious) with supporting and educating them to make good food choices for their well-being.

People were able to access a range of healthcare in the community during their stay. For example, everyone was registered with a local GP practice when they moved to St Maur. People's mental health nurses (CPN's) and social workers visited as needed, to monitor people's mental health and support people make plans for moving on.

Staff informed us if people's physical or mental health deteriorated, referrals to relevant health and social care services occurred quickly. Referrals and liaison to accommodation projects also occurred quickly when people came to live at St Maur, to ensure at the end of people's three month stay they had a suitable home.

The house was suitable to meet the range of needs people had. Although there were communal areas such as the main lounge / dining area and kitchen, there were quiet spaces where people could relax and have some time alone. The lounge had a large area where people could watch television, read the newspaper or play games, such as scrabble.

Good

Is the service caring?

Our findings

People repeatedly told us that they felt listened too, cared for and they mattered. People told us "Staff are so nice, approachable, friendly and caring"; "The staff genuinely care about you, it's a nurturing environment for people", "They give us hope and makes the outside world feel not as tough." Staff said "We give people a lot of one to one time – it's a home from home, we encourage people to treat it like home, they come and go, respect each other and the office door is always open" and "I like helping people, I want to make a difference."

St Maur had a warm, caring and welcoming feel. We saw the large, homely kitchen being used by people to chat to staff and have a coffee. Conversation was relaxed and friendly. Staff went about their work in a calm, unhurried manner. We observed through our conversations with staff, participation in handover, and through reading care plans, a staff value base that was non-judgemental and compassionate.

People and staff were happy and positive. We observed people approaching staff as they needed to, walking into the office and sitting with staff for a chat. Staff were polite, kind and gave people time when they needed it. People were comfortable approaching staff; staff listened, acknowledged their concerns and informed them what they would do to address their concern. People told us "It's been a very good experience, given me some headspace; been a good way to recover, plenty of mindfulness"; "I've been treated with kindness" and "They've been really helpful talking to me, really understanding." Others said "They give me all the time I need, they listen and I feel comfortable talking to them."

Staff told us about the fondness they had of the people living at the home and their ethos "To treat people like a human being"; "To judge people as individuals". Staff shared people's achievements however small, such as, "They get the paper each day and then feel happy when they see people reading it."

People's dignity and privacy were respected. People had their own rooms and their own space was respected. Conversations were held in private and if people were on observed medication they were asked if they wanted other people to leave the room. We observed staff to be professional and non-judgemental in their interactions with people. Staff were knowledgeable about all the people at the home, their personal preferences, routines and background histories.

Staff showed concern for people's wellbeing in a meaningful way. For example we heard during handover one person felt under pressure to make a decision about where they wanted to live and the choice was troubling them, staff spent time listening to their anxieties. Staff also showed concern for people who had achieved their goals at St Maur but had nowhere to move onto and how this then impacted on the progress they had made. Staff were working hard to ensure they didn't lose the skills they had gained and keep the person motivated during this delay.

People were supported to maintain contact with their families where possible and if they wanted to do this. Staff supported people to arrange visits to family and make travel plans. The home had internet access. If people had their own laptops or mobile phones they were able to communicate with friends using email and social media. One person told us "My relatives have visited and can phone and I now have a bus pass so I can visit them."

All staff we spoke with commented that they too felt cared for and supported by the registered manager and the organisation. The staff were committed, knew people well and created an environment where people were supported to achieve their best regardless of the challenges they faced. Staff told us "I love it, it's a really nice place to work, it's "US" together. I know at the end of the day I have made a difference to someone."

The home made people feel special. Cakes had been made for one person leaving the service on the day of the inspection.

Good

Is the service responsive?

Our findings

A thorough assessment occurred prior to people coming to live at St Maur to ensure the service was able to meet people's needs. Relevant information was obtained from the health and social care professionals involved in their care and meetings were held to discuss people's move so it happened in a planned way, for example one person during the inspection had an overnight stay from hospital to help them decide if St Maur was the right place for them. People's stay was usually up to three months but this time period could be extended if there was a clinical need. As part of the assessment process, discharge planning was already being considered. This supported people to have a pathway through the service and early referrals to appropriate housing and move on placements were made if required.

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how the individual wished to receive their care. For example, people had person-centred care records called "work plans". These detailed the areas of people's lives they wanted to work on and the goals they wanted to achieve, people's progress was monitored each month.

People were central to planning their own care and making decisions about how their needs were met. For example, one person had become quite isolated due to their mental health prior to their hospital admission and stay at St Maur. They had learned to use public transport during their stay which had opened up opportunities to have an overnight stay with their daughter; another person was building up their confidence to try voluntary work. People had their own individual goals, for some it was clearing their debt, for others more suitable housing so they didn't feel so isolated.

People were involved in developing and reviewing their "work plans" regularly with their recovery coach. These records reflected what staff had shared with us about people's goals, what people told us about their lives, and what we heard during handover. Each care record highlighted people or the animals that mattered to the person, for example for one person they needed to find a new home with their dog, this would be a challenge but essential to their ongoing recovery.

Staff knew people well and therefore noticed when there were minor changes to their health and well-being. This information was shared with the staff team in handover. The registered manager made prompt referrals to the relevant health and social care professionals when needed. If there were delays at the referral end, these were followed up regularly to ensure people received the assessments / support they needed as quickly as possible. For example, the service was regularly challenged finding the right accommodation for people in the area. Ensuring this aspect of people's care was not delayed was important in order to avoid people becoming institutionalised and to keep the pathway from the organisation's hospital service to their supported living moving freely. This process meant as many people as possible were able to benefit from St Maur.

Staff confirmed handovers were thorough and care records were accessible so they had up to date information. We observed handover to be personalised and not task-orientated. People were central to how the days were planned and organised. Staff understood people's diverse needs and adjusted their approach accordingly. People who required or preferred gender specific staff to support their needs and activities were known by all staff and people were supported by those staff they had good relationships with.

People told us they were able to maintain relationships with those who mattered to them. People were supported to maintain contact with family if they wished to, and build social support networks. We saw people going to spend the day with their family and those who were in relationships were able to maintain these during their stay at St Maur.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. We heard how staff encouraged opportunities which were of interest to people. This helped to build trust and rapport with staff but also to develop people's self-esteem. There was a range of activities people could engage with according to their choices, interests and needs. Staff were creative in considering ideas to support people's recovery and build their self-esteem. People told us "I've been to forest group, learned how to make campfires, we talked about nature and built a shelter." Other people engaged in horse therapy

Good

Is the service responsive?

nearby and staff were creative at thinking of ideas which might stimulate people's interests depending on their strengths, for example we heard one person was artistic and staff were looking into opportunities locally for them.

Staff went the extra mile to ensure personalised care. We spoke to staff about a recent admission to the home. Staff understood the importance of the person's pet being able to live at the home. This had been an essential and pivotal point in helping the person make a decision to come to St Maur, they told us they felt this had saved their life.

Staff had conversations with people about their strengths and skills and how these could be developed into support goals. People felt involved in the discussions and were given time to consider the ideas. This helped them to feel in control of their care.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. People knew who to contact if they needed to raise a concern or make a complaint. People told us they had no complaints. People joked "No complaints apart from the staff keep beating me at scrabble!"

The registered manager told us people were encouraged to raise concerns through resident meetings, informal discussions and questionnaires. These were used for people to share their views and experiences of the care they received. The registered manager and all of the staff took the time to engage with people on a one to one basis, this enabled people to share any concerns they may have.

Questionnaires were sent to people who had used the service to gain their views of the service. We reviewed people's feedback which covered their move to St Maur, their involvement in their care and the activities available to them.

Care was consistent and co-ordinated. Regular reviews were held for people with their relevant health and social care professionals and the outcome of these discussed in handover and documented in people's care records. Staff supported people to attend hospital appointments to share verbal information with hospital staff and provide reassurance to people during this process.

Good

Is the service well-led?

Our findings

The registered manager and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations. People told us "Yes, it is well run, staff get on well and the manager does a good job"; "Staff are really motivated, they went to a lot of effort at Halloween, we had a party, games, a few dressed up." Staff comments included "X (the registered manager) is brilliant"; "Really well-led, knows her stuff and approachable"; "The management team are empowering, we have more autonomy, it's about where we want to go as a team." Others told us "It's the best place to work, you know where you stand, know the structure, everyone's supportive and I always feel safe"; "I love it here, nice place to work."

The registered manager and deputy manager felt they were approachable and available when needed. People and staff confirmed this. Both were available during the inspection, answered all questions asked and provided information promptly. Information such as training and staff files were organised and all staff knew the systems and processes in place.

There was a clear vision at the service which was to ensure people received an individually tailored short term, high intensity recovery package to help them move on within a specified time frame. Regular monitoring of people's goals and date of discharge occurred to ensure the service remained focussed. Within the recovery framework people and by building on people's strengths, people were supported to reach their potential.

People felt they were encouraged to voice their opinions and they felt listened to when they did. Questionnaires were completed by people living at the home and there was a weekly planning meeting on a Sunday where views and ideas were discussed. All the feedback we reviewed was positive.

Staff were involved in developing the service. The manager encouraged the staff to take ownership of the service and bring their ideas for improvement. Staff felt empowered and felt they had autonomy to make decisions, which they appreciated. Although there were clear leadership roles, the achievements were team successes because they all worked together on shared goals. We observed staff were listened to and respected, they confirmed this. Staff meetings were held to provide an opportunity for open communication and a team away day was planned. Staff told us they were encouraged and supported to question practice outside of these meetings also. Staff openly suggested and discussed ideas during the handover we attended.

Information was used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. Audits were carried out in line with policies and procedures, for example there were medicines audits, cleaning schedules and daily checks, audits of people's money and environmental and maintenance checks. We spoke to the registered manager as some of these audits had identified concerns and had not always been followed up promptly; other audits had occurred but had not identified minor discrepancies we found during the inspection. The team at St Maur listened to feedback and were going to consider how they could make the audits more robust and ensure identified actions were reviewed and completed.

Maintenance issues were discussed within the team and notified promptly and we were told a new facilities manager was in place to oversee maintenance at the service.

The registered manager and deputy manager promoted an open culture. This reflected the Duty of Candour, a legal obligation to act in an open and transparent way. Staff told us "The culture is positive, genuinely caring." The home had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected and were encouraged to raise concerns. Feedback was accepted to drive continuous improvement within the service.