

Stallcombe House

Stallcombe House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Stallcombe House provides accommodation for up to 33 people. The service is situated in the village of Woodbury near Exeter in Devon. The service consists of the main Stallcombe House which looks after 27 people with a learning disability, within four 'zones' within the house. The Willows is a separate unit which looks after six people with severe autistic spectrum disorder. At the time of our inspection there were 31 people living at Stallcombe House.

People's experience of using this service:

The values set out in the Registering the Right Support include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. This location may not be ideal for some people who would want to access the local community independently. However, people were given plenty of choices and their independence and participation within the local community was encouraged and promoted.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This guidance was implemented in 2017 after the service had registered with us. It would be unlikely that we would register this model of services now when considering applications for services for people with a learning disability and/or autism. This was because the home was situated in a rural area and supported 33 people. The registering the right support provides guidance in respect of the size of home and the promotion of values such as inclusion and empowerment.

However, the service had mitigated some of these areas, because the main house had been divided into four areas, so people could live in smaller groups of six or eight. Whilst there was a bustling atmosphere it was not evident that there were 27 people living at Stallcombe House due to each area having their own dining area, kitchenette and lounge areas.

People were supported to make choices and had control of their lives. Staff supported people in the least restrictive way as possible. This was kept under review. Staff were aware of the legislation to protect people's rights in making decisions.

People were cared for in a way that respected their privacy, dignity and promoted their independence. Staff knew people extremely well enabling care to be delivered effectively, responding to people's changing needs. Many of the people had lived at Stallcombe House for many years and had built positive relationships not only with the staff but with each other. There was a vibrant and lively atmosphere in the home.

People led extremely full lifestyles. There were opportunities for people to participate in the variety of activities within Stallcombe House from gardening, pottery, weavery, animal care, cooking, arts the list was endless list. People also were very much part of the local community attending church, going swimming and

visiting places of interest. Regular trips to the local pub were organised and clubs such as gateway a club for people with a learning disability and a drama group. People were involved in raising money for local charities as well as fund raising events for Stallcombe House.

Staff interactions with people were kind and caring. People were supported by staff that were familiar to them taking into their consideration their preferences.

There was a clear management structure with staff being supported by shift leaders, the registered manager and the head of the charity. Since the last inspection, there had been a change of leadership. Staff were positive about the changes that were being made. Staff described the change of management as being seamless.

Rating at last inspection: Rating at last inspection: Good (report published October 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continues to meet the characteristics of good with improvements made to how the service supported people with meaningful activities.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Stallcombe House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: One inspector, an assistant inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Stallcombe House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced. The provider, registered manager and staff team did not know we would be visiting. We carried out the site visit of the inspection on 19 and 20 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection in October 2016. This included details about incidents the provider must notify us about.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we met with the 17 people living in the home. Some people had communication difficulties associated with their autism, so they were not able to fully talk with us about their experience of

living in Stallcombe House. People looked relaxed and comfortable with the staff who supported them. We spoke with seven care staff, the registered manager and the head of the charity.

We reviewed a range of records. These included three people's care records and medication records. We also looked at two staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

We asked the registered manager to send us further documents which included the training matrix for all staff, quality assurance checks completed by the provider and the service's statement of purpose. We received and reviewed this information as part of our inspection.

We contacted seven relatives by telephone seeking their views of the service. You can see what they told us in the main body of the report.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to keep people safe from abuse or harm. They knew how each person expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- The registered manager had followed the multi-agency safeguarding procedures to report any safeguarding incidents and had worked with external agencies to investigate.
- Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- People continued to receive a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent.
- Technology was used to help keep people safe such as the use of monitors, which alerted staff when a person was having a seizure. Documentation was in place on their use to protect the rights of people.
- Staff understood the risks to people and knew the actions to take to keep people safe.
- The environment was safe and well maintained. Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents.

Staffing and recruitment

- There were sufficient staff working to keep people safe and support them with their activities. Some people required additional staff support and we saw staffing levels reflected these needs.
- Staff told us staffing levels were safe and sufficient to meet people's needs.
- Staff were safely recruited. Disclosure and Barring Service (DBS) checks had been carried out to check whether staff were suitable to work with people in care homes. The records included confirmation that gaps in employment history had been checked. The registered manager was actively recruiting to four vacant support worker posts.
- Since the new management team had been in post all staff have had their DBS completed as this had not been done for some since they had started working in the service. Some staff had been in post for many years.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.

- Staff completed training in medicines administration and their competency and knowledge was checked.
- Staff told us the management team had reviewed the medicine system and had liaised with the supplying pharmacist. A new system was being introduced where medicines would no longer be in blister packs. This was being done once staff had received the training.
- People's medicines were regularly reviewed by the GP.

Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately
- The home was clean and odour free. Cleaning schedules were in place and formed part of the daily and weekly planner for staff and people that lived in Stallcombe House.

Learning lessons when things go wrong

- Staff completed accidents and incident records, and these were reviewed to consider if lessons could be learnt to reduce further risks.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- Information from the assessment had informed the plan of care. There were transition plans for people to enable them to have a smooth move to Stallcombe House.
- Annual reviews were taking place to ensure the support people received was effective. Meetings were held with the person, their relative and placing authority. Comprehensive reports were provided to all parties showing what the person had achieved and done in the preceding 12 months. This was available in a pictorial format where relevant to enable the person to participate fully in the review.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, where they were new to care.
- The head of charity said when they first started many of the staff had not had their training refreshed since starting work at Stallcombe House. In response a new on line training package had been purchased to enable staff to complete the training in a timely way. This was being monitored by the training co-ordinator. Long term the head of charity told us this would be more face to face training.
- Staff confirmed they received the training they needed to support people effectively. Staff said when they first started they had shadow shifts where they were supported by more experienced staff. This enabled them to get to know the people they were supporting.
- Specialist training was in place to ensure that staff could support people who may display behaviours which challenged. Staff also received training in supporting people with epilepsy and autism.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles.
- Relatives spoke highly of the staff and their knowledge and understanding of the people they supported.

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

- People were supported to maintain a healthy and balanced diet. Staff told us, "We cook all meals from scratch using fresh ingredients". Menus were planned taking into consideration the seasons. Where people had specific dietary needs, these were understood by staff.
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff.
- People and staff ate their meals together in their individual areas of the home. Meal times were friendly. Everyone was involved in serving their own food and clearing their plates. There was a real supportive

atmosphere for example one person poured a drink out for another.

Staff working with other agencies to provide consistent, effective, timely care

- Each person was supported to attend annual health checks with healthcare professionals such as opticians, dentists and their GP to maintain good health.
- The registered manager told us they had access to the local community learning disability team and referrals could be made through people's GP.
- Staff had detailed guidance of how to support people with any health conditions and worked well with other health and social care professionals in meeting people's needs.
- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, 'Hospital Passports', were used to record and share information with hospital staff, about a person's health and social care needs in their ongoing care.

Adapting service, design, decoration to meet people's needs

- The service consisted of the main Stallcombe House which supported 27 people with a learning disability, within four 'zones' within the house. This meant people were supported in smaller groups. The Willows is a separate unit which looks after six people with autistic spectrum disorder.
- The layout of the home was suitable for people. The Willows was a bungalow with level access. Some work had been done recently to develop a patio area for people to access. Large patio doors had been installed in the lounge area. Staff said this had been positive to improve access, and light to lounge area.
- A refurbishment programme was in place, which included extending the kitchen and looking at bedrooms to see if ensembles could be provided. Presently there were 17 bedrooms in Stallcombe House that had ensembles.
- There were extensive grounds that people could access safely, including various out buildings, workshops, a garden room, a tea shed and peaceful garden areas. People were seen making full use of the whole estate.

Supporting people to live healthier lives, access healthcare services and support

- Staff linked healthy eating and exercise to maintaining good health. Some people went swimming, played badminton, took regular walks or bicycle rides around the grounds. Yoga and exercise sessions were organised to promote a healthy lifestyle. This showed the staff provided people with the support on how they wanted to maintain their health and wellbeing.
- People had access to health care professionals when they needed it. Clear records were kept of any health care appointments and follow up treatment.
- People were either supported by the staff and family to attend appointments. Some people needed additional time or did not like going to the GP practice. It was evident appropriate support was in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).

- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.

- Appropriate applications had been made in respect of deprivation of liberty safeguards. Any restrictions were kept under review involving other health and social care professionals, the person and their families.
- Care plans were developed with people and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Our observations showed people displayed positive signs of well-being. People were joyous and keen to tell us how happy they were living at Stallcombe House. There was a vibrant and happy atmosphere. People were engaged and had a sense of purpose to their lives.
- Relatives were extremely complimentary about the care and support that was in place and the opportunities people had to live very full lives.
- Staff were caring, compassionate and encouraged people to lead the life they wanted.
- Care documentation included information about the protected characteristics including expressing sexuality, religion and cultural needs. Staff promoted care that was tailored to the individual taking into account their preferences.
- Some people were supported to attend church on a Sunday. Those without any religious beliefs had their views respected. A relative said, "Stallcombe House is not just about making sure people are fed and clean but looks at their spiritual needs and general wellbeing. It is excellent and one where people thrive and grow".
- People told us they could keep in contact with friends and family via social media and video calling. The registered manager supported people to use these methods safely. Relatives confirmed that this had happened and felt this had been very positive. There was a red telephone box, which enabled people to make telephone calls in private. This had comfortable seating.

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

- People were truly placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People and staff were respected, listened to, and their views sought.
- Fortnightly house meetings were organised to enable people to be involved in the running of the service and an opportunity to plan activities. It was evident that people felt very much part of the service and played a valued role. However, it was recommended that the minutes could be more accessible to people living at Stallcombe House.
- People were involved in reviews of their care enabling them to be fully involved in how they wanted to be supported and live their lives. Information was in an accessible format enabling people to be involved.
- Each person had a key worker/coordinator who spent time with them on an individual basis. This time enabled them to plan activities, organise trip to the shops or just spending time chatting. Relatives were aware of the key worker role and told us they were contacted at least once a week with an update on the wellbeing of their loved one.
- Some people were involved in staff interviews. This showed people were very much involved in their

service including the decision on whether to employ staff.

- Easy read support plans and information to enable people to make choices were used to support people's communication and engagement.
- A member of staff was employed to ensure information was accessible. To help explain to people about our visit a social story had been developed which was pictorial explaining why we were there.
- The head of charity told us they were reviewing some of the practices in the home. Historically there was a strong emphasis on healthier eating which did not always recognise personal choices such as eating chocolate or fish and chips. One person told us they did not always like living at Stallcombe because they could not eat chocolate. It was evident this culture was changing under the direction of the new management.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering and respected that people's rooms were their own private spaces. People told us they could decorate and personalise their bedrooms. People were involved in the decisions about the furniture and the flooring. One person was supported to go shopping for a carpet for their bedroom.
- People were encouraged to be independent. People were seen actively engaged in preparing the food, laying the tables, washing up and the cleaning of the home. Each person had a part to play.
- There was a real inclusive atmosphere in the home with staff and people working together.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received extremely personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and other health and social care professionals were involved. These were kept under review and as people's needs changed were updated.
- People led exceptionally active lives with access to leisure, educational and work opportunities within Stallcombe House and in the wider community.
- People told us they enjoyed numerous activities within Stallcombe House and in the local community including horse riding, swimming, sailing, going to the cinema, trips to the local pub, theatre groups and trips. People told us how they looked after the chickens, owls, goats, horses and pigs. There were also planning to adopt a donkey from the local animal sanctuary.
- People helped with the gardens and had regular planned activities taking place throughout the day. This included music groups, art and craft workshops, pottery, weavery and cooking groups. There were exercise and dance sessions. People could choose what they took part in. Some people helped in the kitchen preparing the main meal alongside the cook.
- People were supported to have an annual holiday and various weekends away. People had been to Greece, a theme park in France, Butlins and many other places. Trips to London had been organised to go to the theatre and see football matches. People were consulted on what they would like to do, helping research hotels, travel and who they would like to go with.
- Relatives were very positive about the activities that their loved one was taking part in. They gave examples of how their loved one had flourished and grown in confidence, was a lot more chatting and relaxed.
- People and staff were planning to set up a music band with the plan to go and sing in local venues. Some people were part of a football team and part of a local football league. It was evident if people expressed an interest in doing something new or had an interest in anything this was promoted.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People had clear information on how they communicated with staff. Flash cards had been developed to aid communication. People had social stories to help staff explain what was important and 'now and next' boards to help with day to day routines and activities. Menus were in an accessible format along with a staff rota board. There was a pictorial clock to enable people to know what was happening and when. This empowered people to know what was going on and enabling them to plan their day.

Improving care quality in response to complaints or concerns

- There had been no formal complaints received. People and the majority of relatives said that they felt able to speak to the registered manager at any time. Staff were aware of resolving concerns at a lower level if possible.
- People told us that they had no reason to complain and matters were always dealt with when they made suggestions and therefore they felt they did not need to formally complain.
- Most relatives confirmed they could speak with staff or the management if they had concerns. Although they said they had no reason to complain.

End of life care and support

- No current end of life care was being delivered. The registered manager was aware of what was required to support people with end of life care.
- A member of staff had recently completed bereavement and loss training to enable them to better support people. A relative commended the service on how they had recently supported a person that had suffered a bereavement. Providing a social story on what to expect with the funeral and opportunities to sit and talk with a member of staff enabling them to deal with their emotions and feelings of loss.
- From talking with staff, it was evident they showed empathy especially when a person had experienced a loss of a friend or a family member. Because one person was able to talk about their experiences they were being supported to go places that had some sad and special memories.
- A member of staff told us how they had supported a person at their end of life providing 24/7 hour care whilst they were in hospital. They said the person was supported to return home to be with their friends and in a setting that was familiar to them. The team were supported by palliative health care specialists.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was extremely responsive to people's wishes and care preferences and advocated care that promoted equality. Relatives and visiting professionals confirmed this.
- The provider and registered manager demonstrated clear visions and values. They were passionate and committed to providing a person-centred service for people enabling people to grow and develop.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. Staff were committed to providing care that was tailored to the person.
- The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Stallcombe House.
- Relatives spoke extremely positively about the service and the person centred approach. They said that the care was very much about the person and what they wanted. Each person had a very individualised programme of activities based on their aspirations. Comments included, "Wonderful place, X (name of person) has continued to thrive since being at Stallcombe", "Fantastic place, it is a thriving community where everyone is engaged", "Cannot fault Stallcombe, I no longer worry as X (name of person) is very happy and very much part the home".
- There had been some changes to the board of trustees. Five new trustees recently joined the board including a staff representative. It was evident that the board and the management team had improved relationships and were working together to make improvements that would benefit the people living at Stallcombe House, such as a refurbishment plan to the existing property and the extensive grounds.

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

- There was a registered manager in place. 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.
- There had been a recent management change. The registered manager had worked for Stallcombe House since October 2018 and the Head of Charity who was the nominated individual had worked in the home since August 2018. Staff told us the change of management had been 'seamless'. They said they had made changes, and this had been clearly communicated to staff. Some relatives were really positive, whilst others missed the previous managers who had worked at the service for twenty years.
- There was good communication maintained between the management team and staff.

- Staff were extremely positive about working at Stallcombe House and the commitment to providing care that focused on the person. Comments included, "Thoroughly enjoy working here. Great atmosphere. Great support from management. Good staff team", "It's a wonderful place to work" and "I am proud to work, here it is a way of life".
- The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed.
- The registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.
- Regular reports of quality were completed and shared with the board of Trustees. The Trustees met frequently and were kept informed on various aspects of the service and risks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service remained at the heart of the local community with strong community links with a whole range of different community groups regularly visiting. For example, a local artist regularly visited the service to support people with arts and crafts. People were very much supported to be part of their local community.
- People were involved in fund raising for local and national charities. The produce from the land, and the arts and crafts were sold in local community venues. People sold home grown vegetables and fruit at local markets and eggs were sold to local businesses and neighbours. Art work was displayed in a local art gallery and sold in local craft shops.
- Surveys were being sent to staff, relatives and the people living at Stallcombe House. The registered manager said this was work in progress and were awaiting the responses.
- Regular newsletters were sent to people and their relatives, which included information about all the activities that were taking place, staff changes and general information about life at Stallcombe. Letters had been sent to all families about the changes of management.
- Social events were organised to enable people and their families to get together. Events had included Summer barbeques and Christmas, Easter and Halloween parties. There was a summer fete and annual fire work display, which was open to the public. Further plans were being made for a pop up cinema.
- Annual AGMs were held, and people and their families were fully involved. There was also a Friends and Family Charity that raised funds for the service.

Continuous learning and improving care

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. There was a service development plan to address areas for improvement. This included training, job roles and improving communication. Staff were planning to experience life in other departments such as the farm and garden, so they knew what was going on and improve communication.
- Regular meetings were taking place for the team, senior staff, management and head of departments. These were used to communicate updates keeping staff informed about any changes to people's care and the running of the service.
- The team were keen to ensure a culture of continuous learning and improvement. Staff told us the management team would act on requests for additional training.
- The management team had recently reviewed all job roles. As part of this they have reviewed how risk assessments had been done. Historically a member of staff had completed these for all areas now each area of the service completed their own.
- Staff were positive about the management changes. A member of staff said, "Before we were plodding along and not keeping up with new things, but it is better now, the online training is better, and medicines

are now done online." It was evident from talking with the management that they were reviewing the service and making changes to improve the service ensuring long term viability.

- A business continuity plan was in place and people were empowered to understand risk and act in the event of an emergency. Mock tests were carried out so that people and staff knew of the types of incidents that could occur. Learning from incidents also took place. An example was when the fire alarms had been activated. Staff had not contacted the management for advice and were unaware of the continuity plan. In response this was cascaded to all staff, so they were better informed.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve care outcomes. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered managers told us how they were building links with other providers by attending a meeting organised by the local authority. This enabled them to keep up to date with legislation, current good practice and the changing landscape of providing care. They had also recently attended a care exhibition on how information technology could be introduced to Stallcombe House. These had included interactive games and sensory equipment. People were supported to try these and were going to be involved in the decision on what would work best for them.
- Some people volunteered at the local food bank and community café. Good links had been built with neighbours and some people attended the local coffee morning in the village. These links were viewed as positive enabling people to give back to the local community and work in partnerships with others.