

The Otterhayes Trust

Otterhayes

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

This comprehensive inspection site visit took place on 17 and 18 April 2018. The first day was unannounced and the second day was announced.

The Otterhayes Trust is a group of houses for adults with learning difficulties where up to 21 people they can be supported.

Otterhayes is the main house which is a 'care home' which accommodates six people in an adapted building. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to 12 people living in four separate houses within the four acre grounds and to a couple living nearby in the local community, so they can live as independently as possible. Those people's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection only looked at those people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values 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.

The service had two registered managers in post, who shared the role. 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.

People felt safe and had their care needs met by staff they knew and trusted. The risk of abuse was minimised because staff demonstrated a good understanding of what constituted abuse and knew how to report concerns within the service and to external agencies. People had a range of ways through which they could raise concerns. People's concerns were listened and responded to. Safe recruitment practices were followed before new staff were employed to work with people.

Some aspects of safety needed to be improved relating to managing challenging behaviour, personal emergency evacuation procedures and environmental risks in the grounds for people living in Otterhayes. We have made two recommendations about this aspect.

People were encouraged to be creative and express themselves through a variety of inspiring and innovative ways. For example, through art, drama, music, dance and film. People received personalised care that

responded to their changing needs. They were supported to live as independently as possible and were supported to do their own cooking, shopping, laundry and housework, according to their ability. People had a wide range of hobbies and interests and were part of their local community.

People receive effective care from staff with the relevant qualifications and training and skills to meet their individual needs. For example, several people had limited verbal communication skills, but understood what staff were saying to them, as they used simple language and short sentences. Information was provided in a format suitable for their individual communication needs, such as in picture and symbol easy read formats.

People were supported by staff who provided person-centred, caring and compassionate care. People were partners in their care and were fully involved in decisions about their care and treatment. Staff treated people with dignity and respect.

New staff received induction and all staff had regular supervision and opportunities for further training and professional development. People were supported to see appropriate health and social care professionals regularly to meet their healthcare needs. People ate a well-balanced diet and received staff support to plan, shop and cook meals of their choice, according to their ability.

The service was well led by the registered managers, who led by example. Some aspects of quality monitoring systems were effectively used to monitor quality of care and continually improve. Other aspects needed further improvements such as need to audit care records and need to strengthen arrangements for ensuring improvements needed were carried out in a timely way. The service worked in partnership with local professionals and regularly consulted and involved people, relatives and staff in future developments. Staff used evidence of what works best to review and improve their practice.

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 has deteriorated to requires improvement.

Some aspects of safety relating to managing challenging behaviour, risks in the grounds and lack of personal emergency evacuation procedures needed to be improved.

Staff knew how to recognise signs of abuse and how to report suspected abuse. Any concerns reported were acted on.

Risks to people were managed to reduce them as much as possible, whilst promoting people's freedom and independence.

People were supported by enough staff to receive care at a time and pace convenient for them.

People received their medicines on time and in a safe way.

Accidents and incidents were reported and actions were taken to reduce risks of recurrence.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service remains Good.

Good ●

Otterhayes

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.

This unannounced inspection took place on 17 April 2018 and we returned on 18 April to complete the inspection and meet with the registered managers. The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection we met with six people who lived in Otterhayes and eight people who lived in their own homes. We contacted five relatives to seek their views about the service, and received a response from three of them. Some people were not able to comment directly on their care. We spent time in communal areas to see how people interacted with each other and staff. These observations helped us make a judgment about the atmosphere and values of the service.

We looked in detail at three people's care records and at their medicine records. We met with both registered managers, and with seven care staff and spoke by telephone to chair of the board of trustees. We looked at five staff files which included details of recruitment, and at information about training, supervision and appraisals. We looked at audits of health and safety, medicines, care records and at daily checks carried out by staff in Otterhayes. We also looked at house, tenant and staff meeting minutes, at accident and incident reports, complaint information and at compliments.

We spoke with an art and a drama therapist working in service during our visits. We sought feedback from commissioners, Healthwatch England (the consumer champion for health and social care), as well as from local health and social care professionals and an independent mental health advocate. We received three responses.

Is the service safe?

Our findings

People said they felt safe and liked living at the service. They appeared relaxed and comfortable with staff. A relative said, "She is very safe. She will listen to what they will say, staff are very aware of her difficulties, you can rely on them." Another relative said, "I have never had any concerns about their safety on or off site."

People had regular opportunities to raise concerns with staff day to day, at individual review and at house meetings. Several people also regularly attended a 'Speak up' group in Ottery St Mary run by a voluntary organisation. However, some aspects of safety relating to managing challenging behaviour, environmental risks in the grounds and personal emergency evacuation procedures for people living in Otterhayes needed to be improved.

We followed up safeguarding concerns recently reported to us about a person with increasingly challenging behaviour. The service were working with the local safeguarding and learning disability teams to identify how best to manage these to minimise impact on others. Staff described how the person's behaviour was becoming more unpredictable with increased incidents of physical aggression towards staff, and damage to property. Some staff had been hit or had things thrown at them. People had not been hurt, although some had been upset by witnessing these incidents.

The person had a positive behaviour support plan, a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging. Their behaviour support plan identified triggers and signs which might indicate the person was becoming upset. It included techniques staff could use to proactively manage and minimise behaviours. For example, by speaking to the person in a calm tone of voice, and engage them in an activity to distract them. However, it lacked detailed strategies about how staff should respond to their escalating behaviour, if initial interventions to calm them were not effective. Since the inspection, the registered managers contacted us to confirm the person's care plans and risk assessments have since been updated with more detailed guidelines for staff to follow.

Some, but not all staff, had previously undertaken positive behaviour support training, over two years ago. All the staff we spoke with identified a need for further and more advanced training in managing challenging behaviours. Following the inspection a professional also identified a need for greater consistency within the staff team in using positive behaviour support techniques. They also commented they felt staff were over reliant on the registered managers in managing these situations. We followed this up with the registered managers who felt staff consistently followed the behaviour support plan. However, they agreed staff needed more training in this area and were seeking further professional advice about the most appropriate training.

We recommend that the service seeks expert advice and arranges further training for all staff in managing challenging behaviour at a level suited to the increased needs at the service.

The person also had medicines prescribed (as needed), to help with mood known as PRN medicines. There

were detailed protocols in place for their use. These medicines were only administered by one or other of the registered managers, who were experienced, knew people well and lived on site. Whilst intended to be supportive of people and staff, and to minimise the use of these medicines, having to seek registered manager assistance could add unnecessary delays.

The risk of abuse and avoidable harm was reduced because staff received regular safeguarding training and there were clear safeguarding policies for staff to follow. This ensured they had up to date information about the protection of vulnerable people. Staff and the registered managers demonstrated an understanding of signs of abuse and knew how to report concerns within the service and to external agencies. They worked in partnership with commissioners, the local authority and relevant health and social care professionals to protect people.

People's records included detailed risk assessments of each person's needs and the steps staff needed to reduce risks as much as possible. Staff were experienced, and demonstrated a high awareness of individual risks for people and how to manage them. For example, that a person helping to prepare lunch in the kitchen needed a staff member with them at all times to supervise them when using a knife and to use the cooker.

Accidents and incidents were monitored with evidence of actions taken in response. For example, the service used behaviour charts to capture and analyse challenging behaviour incidents to identify how best to manage them. Staff shared information and lessons learnt at daily handover and staff meetings.

The service employed a health and safety company to manage and monitor health and safety. The last health and safety audit report, dated 27 March 2018, confirmed health and safety was being appropriately managed at the site. When we visited there were some ongoing building works, and we identified some areas of rough and uneven ground which were a trip hazard and unsecured areas of builders' rubble, which could pose risks for people. The registered managers agreed to cordon off these areas. Since the inspection, they have contacted us to let us know the health and safety company were undertaking a further site inspection of the grounds. This is to ensure all appropriate health and safety steps have now been taken to minimise risks for people, whilst contractors and builders are working on site.

Monthly health and safety checks were undertaken in the home, with actions taken to address any issues identified. For example, cleanliness, water temperature and fire safety equipment checks. There were systems in place to regularly service and test safety of electrical and fire systems, for example, fire alarms and emergency lighting.

The fire risk assessment was in process of being updated by a specialist company. People and staff received regular fire training and regular fire drills were carried out so they were familiar with actions to take in the event of a fire. A fire alarm had recently gone off at night a few days ago, and everyone responded well. However, people who lived in Otterhayes had no personal emergency evacuation plans (PEEPs). This meant written information about each person's needs would not be easily available to emergency services about how best to assist each person in the event of an emergency such as a fire.

We recommend that the service develop personal emergency evacuation plans for people living at Otterhayes, so relevant information for individuals is readily available to emergency services.

People's individual staff support needs were determined by individual local authority reviews in 2017. Each person had a set number of one to one staff support hours each week, which they could use flexibly. For example, for doing household chores, shopping and going out. There were always staff on duty in

Otterhayes care home during the day. People also shared some support hours. For example, at night, there was a 'sleep in' member of staff at Otterhayes, and a second 'sleep in' member of staff available for people in supported living.

People received care and support from care staff they knew well and trusted. There was an established staff team, who knew people well. Staff worked in an unhurried way and had time to meet people's individual needs. We observed lots of one to one interactions between staff and people throughout our visit and people attending art and drama therapy, were supported by staff. A staff member said, "There are plenty of staff, people have a good quality of life."

People were aware of how to seek help by phone at night for emergencies, and were reminded at tenants meetings. Staff said they were rarely up at night. Unforeseen shortfalls in staffing arrangements due to sickness were managed through existing staff working additional hours. So people were always supported by staff who knew them well, with no agency staff needed. In addition, both registered managers lived on site and there was an on call rota of senior staff available out of hours staff could seek advice or assistance from.

People received their medicines safely and on time. People medicines were stored in a locked cabinet in their bedroom. Risk assessments had been completed to identify what assistance each person needed with their medicines. Staff were trained to administer medicines. Medicine administration records (MAR) had been completed and signed by staff, who followed the correct procedures.

People were protected from cross infection because infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons.

Suitable recruitment procedures and appropriate pre-employment checks were done, before care workers began working for the service. For example, by obtaining references from previous employers. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People's needs were met by experienced staff that had the right competencies, knowledge and qualifications. Feedback from the most recent survey of people and relatives showed they were very satisfied or satisfied with staff skills. Comments included, "Excellent staff," and "staff skills and abilities are very good."

When staff first came to work at the service, they undertook a period of induction. This included working alongside a designated experienced mentor to get to know people and their care and support needs. The provider used the national Skills for Care Certificate, a set of minimum standards that should be covered as part of induction training of new care workers.

Staff had a range of qualifications in care at diploma level two and above and were supported and encouraged to access additional qualifications and training. An apprentice at Otterhayes had recently been awarded Apprentice of the Year by Exeter College. A training matrix monitored staff attendance at training. For example, infection control, fire safety, first aid, medicines administration, Mental Capacity Act (2005), nutrition, health and safety, manual handling and safeguarding vulnerable adults.

Staff received regular individual supervision and annual appraisals. The registered managers had recently introduced a reflective supervision tool, which helped staff reflect on what went well, and not so well in their day to day interactions with people. This helped staff feel supported in their roles and identify any additional training and professional development needs. For example, courses in autism, administering emergency medicine for a person with epilepsy, and positive behaviour support training. Staff all reported positively about their training and development opportunities. A staff member said, "Lots of training available."

People were supported to lead healthy lives and access healthcare as needed. For example, a relative said staff had arranged regular doctor appointments and worked with physical and mental health professionals to get the person the support they needed. Care records showed people had regular health appointments with their GP, dentist, optician and chiropodist. A relative said, "[person] has many complex needs and staff have worked with physical and mental health professionals to get him the support he needs."

Each person had a personalised health action plan about their medical and health needs, so staff had the information needed to help the person remain healthy and active. For example, a person had recently gained weight, which was not good for their health. Staff had developed a healthy eating plan with them which included reducing their portion size, limiting frequency of sweet treats and encouraging them to exercise more to improve their health.

People in Otterhayes were involved in planning weekly menus using picture menus and suggested recipes. For a person in supported living, a staff member was helped them plan their meals for the forthcoming week. They prompted the person to choose what they wanted to cook. Then, to check their fridge/freezer and cupboards to see what ingredients they already had and identify what they needed to add to their shopping list.

The service had a large productive vegetable patch and a polytunnel and so people grew and ate lots of fresh fruit and vegetables. In the kitchen, a person and a staff member were working together preparing the evening meal. The person proudly wore their back and white chef pants. They prepared a large bunch of freshly dug leeks from the garden. Later, they took great care to place the pastry case neatly on the chicken and leek pie they had prepared.

Staff knew about specific health needs. For example, one person had a tendency to try and put too much food in their mouth during meals. Their care plan showed they needed encouragement to cut up their food, and takes sips of drink between mouthfuls. At lunchtime, staff were aware of need to provide a quiet environment free from distraction, and sat with the person to supervise them.

People were supported to have maximum choice and control of their lives. Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where significant best interest decisions about people's care and treatment were made, relatives confirmed and records showed staff had involved them and professionals in those decisions. For example, about the use of 'as required' medicines. One relative said "Important decisions are always discussed with us, and we normally attend all the meetings with the psychiatrist." However, where staff assessed people's mental capacity and made day to day best interest decisions, these were not captured in an easily accessible way in local authority documents provided for this purpose. We discussed this with the registered managers who committed to ensure staff started completing those documents forms to capture that information.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person at Otterhayes had a DoLS supervisory order in place, which staff acted in accordance with. DoLS application had been submitted for five other people at Otterhayes, and staff were awaiting their assessment. This showed staff recognised those people were subject to close staff supervision and some restrictions on their freedom for their safety and protection.

In Otterhayes, improvements to the environment had been made in response to people's changing needs. Following professional advice from the local learning disability team, changes had been made to create more communal spaces for people to spend time in. This included a quiet relaxing area, away from others with low lighting. Further improvements planned included a dedicated games area, including space for a computer. Within the grounds work was underway to develop new accommodation more suited to two people's changing health needs.

Is the service caring?

Our findings

People were supported by staff who provided person centred, kind and compassionate care. Staff had good communication skills and had developed positive, relationships with people. The ethos of the service was of a large supportive family. A relative said, "The real strength is in the family environment with the staff." A professional said, "Staff know people well, there is friendship and respect for people, it's a nice place to work." A staff member praised a person, saying "excellent, well done." The person responded, "Me I'm a star."

Staff interacted in a kind and respectful way with people and there was lots of fun and laughter. When a person spoke about a family member they were missing, a staff member comforted them. They listened sympathetically when another person showed them their "sore knee", which they grazed when they tripped outside.

Staff knew each person well, including their preferred routines; and social and family history. An "About me" summary document included all important aspects staff needed to know about each person. For example, details of important family and friends, preferred routines, and what was important for them. For example, that one person liked to have their nails painted and keep their bedroom tidy.

Each person had a detailed communication plan which included their sensory needs, and details of verbal and non-verbal communication skills. One persons' communication care plan said, "I like to talk to people and can use Makaton." Makaton is a language programme using signs and symbols to help people communicate. Staff explained the person used some simple signs such as a 'thumbs up' sign to indicate their agreement. The person had also developed their own names for individual members of staff, which everyone was aware of. Another person with hearing loss had hearing aids in both ears. Their person's communication care plan showed they could lip read, it instructed staff to face the person and "talk slowly and clearly" to them.

People's care plans included information about day to day decisions people could make and highlighted areas they might need more support with. Staff gave people time to express their views and looked at people's facial expressions, body language as well as listening to what they had to say. For example, about what they time wanted to get up, what to have for lunch and when to undertake tasks such as cooking, laundry and cleaning their room.

People were supported to maintain their privacy and dignity. For example, staff knew a person sometimes needed prompting to be appropriately clothed in communal areas to maintain their dignity. People's personal care plans instructed staff to prompt people to do as much as they could for themselves and to only assist them with areas they had difficulty with. For example, that a person needed prompting to use the toilet and another person needed help to do up buttons and zips on their clothing. This helped people maintain their independence.

People were encouraged to maintain relationships with friends and family. Staff supported people to keep

in touch by phone or e mail and buy cards and gifts for birthdays and festive celebrations. Several people went to their parents homes for short visits. The relative of one person appreciated that staff drove the person half way, and met up half way to collect them, which reduced their travelling time. A relative said, "She loves it at Otterhayes, it is her home now. When she comes home for the weekend, she is quite happy to go back, her home from home." The service supported a couple to live in the local village, supported by staff they knew well. This meant they maintained friendships with others at Otterhayes.

People's equality and diversity was recognised and respected. A relative said, "I am so proud of his achievements. He enjoys performing and was recently in a concert in Exeter." This comment related people from Otterhayes performing at the Exeter Respect festival in 2017. The festival is an annual celebration of equality and diversity. It uses music and creative arts to encourage people to say no to all forms of prejudice.

Is the service responsive?

Our findings

People at Otterhayes and in supported living services were encouraged to be creative and express themselves through a variety of inspiring and innovative ways. For example, art, drama, music, dance and film. The service employed an art and a drama therapist who both did a number of sessions each week at the service, which helped people express themselves.

On the first day, 15 of 16 people in supported living were out. People from Otterhayes enjoyed painting and drawing with the art therapist. One person said, "It's good", others proudly showed us display books of art they had been working on. One person was decorating a butterfly, another person was using cardboard cut-out masks to disguise photographs of their face. A third person was busy painting a box red and adding stickers, which they explained this was a prop for "Charlie and the Chocolate Factory." This was a drama performance planned for September in Ottery St Mary village hall, friends, family and local people were invited to. A previous production in 2017 had been very popular. A person discussed whether their prop needed another coat of paint and whether to use glitter. The therapist praised and stressed the importance of their work, as without props the show couldn't go ahead. Others chatted about other props they planned to make, such as paper flowers and giant lollies. One person said, "I am going to play an Oompa Loompa."

On the second day, we met lots of people from supported living services attending art and drama therapy sessions. At a drama therapy session, people thoroughly enjoyed using their imagination and took turns to act out a range of scenarios. For example, shopping for shoes for a wedding. Later the group rehearsed a scene from their play. A relative who watched a previous performance wrote, "[person] was grinning from ear to ear and chuckling ...I thought he was so spontaneous." Both therapists said people really benefitted from these sessions and they never experienced any challenging behaviours.

Linked to the drama group, several people were also making a film. They had experimented with ideas and stories and chose a science fiction theme featuring aliens and named their film Silverhawk.¹ In January 2017, external funding was secured to make a film, to pay for filming expertise, a set, costumes and equipment. Everyone was very excited about this and filming was due to start during 2018.

People experienced a level of care and support that promoted their physical and mental wellbeing and was responsive to their changing needs. A relative said, "Over time the care he receives at Otterhayes has evolved to meet his changing needs." People were leading busy, happy and fulfilled lives. Staff were motivated, focused on people's wellbeing and knew each person well. For example, that one person got tired easily and needed a rest after lunch and that they couldn't plan or discuss events too far ahead with another person, as it made them anxious. The registered managers described how staff sensitively supported people following bereavement. For example, arranging a family barbecue event to remember a relative, and releasing balloons in their memory.

People well supported to maintain and improve their independent living skills, for example, shopping, cooking, housework, laundry and banking. People were sorting out their recycling and used a wheelbarrow to transport it outside the gate for collection. Since we last visited, staff said people had got bored of having

goats and hens and had moved onto other interests. So, staff had rehomed the nearby, which meant people who to could still visit them, without having responsibilities for their welfare.

The service had two minibuses so people from the care home and supported living could go out and about every day, if they so wished. People were members of local community groups. For example, the seven to nine club in Honiton which did music, dancing and a range of activities and the 'Magic carpet', an arts based group. Several people told us they enjoyed going swimming, going to the cinema, shops and cafes and horse riding. Another person told us about their plans to go on a cruise later this year and about the ball gowns they planned to wear to dinner.

People were encouraged to identify things they wanted to achieve and staff worked hard to help them achieve these goals. People did a wide range of paid and volunteer work in areas they were interested in. For example, people told us about their jobs in local cafes, a bakery, in local charity shops and in a garden centre. Others did voluntary work at the local donkey sanctuary, were involved in a conservation project picking up litter, and worked at a local country park cutting down trees and painting signs.

People's care plans were detailed and personalised about people's needs, preferences and what was important to them. However, care files were large and unwieldy, with information repeated in several places and some pages undated. This made it difficult to find the most up to date relevant information. Although people's daily diaries were kept in their home, their care records were kept in a staff office in a separate building. This does not reflect good practice guidance.

We discussed this with the registered managers. They introduced us to a new senior staff member in Otterhayes, who wanted to people to develop their own personalised easy read care plan about their current goals and plans. We encouraged the registered managers to support this initiative, and requested they review the care record arrangements for people in supported living as well, which they agreed to do.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Some people were also exploring ways of using assisted technology to help them communicate. An 'easy read' book, picture and symbol booklet provided information in a picture and symbol format about ways people could speak to staff about any worries or concerns, as were daily menus. Photographs were used to remind people how to segregate waste for recycling.

People were made aware of the complaints system. There were regular opportunities for people, and others, to raise issues and concerns with staff and members of the management team. There were policies and procedures in place about how to manage complaints, although the service had not received any complaints.

Is the service well-led?

Our findings

The service was well led. People, relatives and professionals praised the quality of care people received. A relative said, "Otterhayes set and maintain high standards. They listen to the residents and their families." Another relative said, "There are lots of checks in place. I can't fault it." A questionnaire survey of people and relatives in 2017 gave positive feedback to questions about their care. Comments included, "Excellent staff," "managers are already to listen," and "I can't think of a better place for her to live." A professional said, "I see the managers regularly, they are supportive."

The Otterhayes Trust is a family run business. The registered managers were sisters, and their spouses were employed to manage the site. In addition, there was a board of trustees who met regularly to monitor how the trust was managed. For example, ensuring people living there were happy, healthy and led fulfilled lives. Trustees met quarterly with extra visits, emails and calls in between.

Both registered managers shared the role equally between them. Each had their own lead roles such as managing rotas, monitoring health and safety and training. They also undertook shared roles, for example, staff supervision and appraisals. The registered managers set clear expectations of roles and responsibilities of staff and the standards expected." Staff described an open culture, with good team work. One staff said, "We look out for one another." Staff had confidence in the managers who they described as, "approachable and supportive," who "listened and acted." A trustee described the registered managers as, "open and responsive, they understand the challenges and adapt well to change."

The provider information return showed the service encouraged staff see working at Otterhayes as a career not just a job. Team leaders were undertaking a level four diploma course in leadership and management. The registered managers were also coaching them on managing staff and on developing staff through to take on lead roles. For example, for infection control, first aid, electrical and fire safety checks. The service also worked with a local senior school to provide student with work experience for students interested in pursuing a career in care. Where any concerns about staff skills, performance attitudes were identified, these were robustly dealt with in accordance with the provider's policies and procedures.

Trustee minutes showed they discussed findings of 2017 survey, sought detailed information about building plans including costs and benefits for people. They also discussed staffing arrangements, health and safety, and plans for the future. The trust recognised using a survey tool had limitations in gaining feedback, for people with learning disabilities with communication difficulties. So for 2018, a trustee was in the process of carrying out individual meetings with each person to get an independent view of their lives at Otterhayes.

Some areas of quality monitoring were well managed, for example, monitoring staff training and accidents and incidents. However, other areas could be improved further. For example, monthly health and safety audits were carried out but there was no clear plan for prioritising any actions identified or timescales. People's care records weren't audited, so gaps in dates and signatures, and out of date information had not been identified and addressed. We discussed quality monitoring support available to registered managers from the local authority quality monitoring team, which they planned to seek advice from.

Staff had regular handover meetings where relevant information about each person's needs were communicated. Communication books, daily diaries and checklists were also used to pass on information between staff. For example, in relation to people's health appointments. Staff could influence decisions being made about the day to day running of the service through daily handover and regular staff meetings. For example, about proposed changes to the environment and about people's individual care needs.

The provider worked proactively in partnership with other professionals for the benefit of the people they supported. In the provider information return, the registered manager outlined ways in which they kept up to date with development in practice. For example, through researching good practice ideas via the Social Care Institute for Excellence. Also, through contacts with local professionals, participation in the Devon Provider Engagement Network (PEN) attending training events and network meetings. An external company policies and procedures, which were regularly reviewed and updated to reflect changes in practice.

The registered managers had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. The provider had displayed their previous inspection report in the home, and on their website in accordance with the regulations.