N. Notaro Homes Limited

Vane Hill

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 16 January 2016 and was unannounced.

Vane Hill is a residential care home providing care, support and accommodation for up to 32 people affected by Alcohol Related Brain Damage (ARBD) such as Korsakoff's. On the day of the inspection 31 people were using the service. The home consists of two adjacent detached houses providing different levels of care for people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have 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 were relaxed; the environment was clean and clutter free. There was a happy, calm and pleasant atmosphere. People confirmed staff were kind to them.

Care records were focused on giving people control and encouraging people to maintain as much independence as possible. People were involved in planning their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People's risks were known, monitored and managed well. There was an open, transparent culture and good communication within the staff team. Accidents and incidents were recorded and managed promptly. Staff knew how to respond in a fire and emergency situation. There were effective quality assurance systems in place. Incidents related to people's behaviour were recorded and analysed to understand possible triggers and reduce the likelihood of a reoccurrence.

People were encouraged to live active lives and were supported to participate in community life where possible. Group activities were fun and people enjoyed visiting local places of interest. People also enjoyed activities within the home such as pool, card games and chess.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for where possible. People were supported to maintain good health through regular visits with healthcare professionals, such as GPs and dentists and the specialists involved in their specific health care needs.

People and staff were encouraged to be involved in regular meetings held at the home to help drive continuous improvement such as residents' meetings and staff meetings. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home.

People knew how to raise concerns and make complaints but told us they didn't have any. People and those who mattered to them explained there was an open door policy and staff always listened and were approachable. The registered manager informed us if any complaints were made they would be thoroughly investigated and recorded in line with the service's policy.

People told us they felt safe and secure. People's personal possessions and their money were kept safely.

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. The staff made great efforts to ensure people's human rights and liberty were respected. 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 received a comprehensive induction programme specific to Vane Hill and the Care Certificate (a new staff induction programme) had been implemented within the home. There were sufficient staff to meet people's needs. Staff were passionate about their work, were kind, caring and thoughtful. Staff ensured people mattered, cared for people's families and relatives and supported people to reconnect with family where possible. Staff had received training relevant to their role and had the skills to carry out their roles effectively.

Staff described the management as open, very supportive and approachable. Staff felt like part of a large family and talked positively about their jobs.

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. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted to protect people.

People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept for all medicines.

The environment was clean and hygienic.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected. Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed an understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

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

Positive caring relationships had been formed between people and 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 met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Care plans reflected people's strengths, needs and preferences. Activities and outings were enjoyable. People were encouraged to achieve their personal goals and dreams where possible.

People's opinions mattered and they knew how to raise concerns.

Is the service well-led?

Good

The service was well-led. There was an open, friendly culture. The management team were organised, approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care for people.

Quality assurance systems drove improvements and raised standards of care.

Good communication and feedback was encouraged. People, staff, professionals and visitors were enabled to make suggestions about what mattered to them.

Vane Hill

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 16 January 2016.

The inspection was undertaken by two adult social care inspectors and a Specialist Advisor (SpA). The SpA was a registered mental health nurse.

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. Prior to the inspection, the provider completed 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.

During the inspection we met and spoke with 14 people who lived at the service. We spoke with the registered manager and 4 members of staff. We observed the care people received and pathway tracked six people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the day.

We looked at five records related to people's individual care needs and people's records related to the administration of their medicines. We reviewed three staff files, discussed staff recruitment processes with the registered manager and deputy manager, reviewed staff training records and looked at records associated with the management of the service including quality assurance audits, minutes of staff meetings, residents' meetings and we read the newsletters written by one person living at the home. We reviewed thankyou cards and letters written to the home following young people's work experience placements.

Prior to the inspection we contacted the local authority quality team for feedback and the local GP practice.

Good

Is the service safe?

Our findings

People told us they felt safe "Yeah, I'm safe" and "I feel safe here, it is reassuring."

Staff told us they kept people safe through discussions in residents' meetings about safety and house rules. Other said "We make sure people are wearing the right clothing for the weather, the right footwear, give people an ID card for when they are out"; " We show them different places, teach them to look for prominent markers to find their way home" and "We do daily checks of the environment, look out for trip hazards like vacuum leads."

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training regularly and staff accurately talked us through the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Policies related to the local safeguarding process and a flow chart to direct staff was visible. All staff understood their roles to protect vulnerable people and confirmed they had received training in safeguarding.

People's finances were kept safely. Some people had appointees to help manage their money but held their own cash and bank cards. Keys to access people's money were kept safely and staff signed money in and out. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people's money was audited regularly.

People's needs were considered in the event of an emergency situation such as a fire for example their mobility and the number of staff they would need to support them to exit safely. There were clear protocols in place in the event of a fire and staff and people knew what to do. Some people had participated in the fire training and there were weekly fire drills. All staff had participated in these.

Regular health and safety checks had been undertaken, electrical equipment was tested for safety and legionella and temperature checks were undertaken on the water.

Safe recruitment practices were in place and records showed checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. People who lived at Vane Hill were involved in meeting potential staff during their visit to the home and were encouraged to give their feedback and be involved in the recruitment of staff to the home. The recruitment process ensured staff had the values the home wanted. New staff underwent a six month probationary period when they started and met regularly with the registered manager to work through the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff and people told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection; they had time to sit and support people and engage them in activities. We were

told staff supported people to appointments. People told us staff were there when they needed them.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People told us "I get them when I need them and on time" and "I get my medicines on time." Medicine administration records were accurate and fully completed. Staff had received training and confirmed they understood the importance of safe administration and management of medicines. People had their medicines kept in a locked cupboard. People consented to staff administering their medicine and there was a medicine policy for staff to refer to if required. There were risk assessments in place for people who self-medicated. A general fridge held medicines if this was required (this was infrequent) and this was risk assessed and the temperature was recorded. Regular audits were undertaken to ensure the ongoing safety of medicine storage and administration.

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People's doctors had been involved in these decisions. This showed the correct legal process had been followed.

People were supported to take everyday risks to enhance their independence and enabled them to feel in control of their own lives as much as possible. Staff knew people well and were aware of their vulnerabilities, for example those who had memory difficulties which meant they may get lost when out. Staff worked with people so they were able to recognise landmarks if they lost their way home, people had maps and an identification card. This proactive way of working alongside people had meant no one was restricted from leaving the home despite some people having significant memory issues. Staff educated people about potential everyday risks in their everyday discussions.

The service had a positive risk taking culture which enabled people's recovery, gave them life skills and self-esteem. For example people at the home participated in painting and decorating, walking the service's dogs, feeding the ducks, cooking and odd jobs. At times these carried risks such as falling and scalding but work risk assessments were in place to support people to lead as active life in the home as they were able to.

Risk assessments highlighted individual risks for example people at risk of aggression or seizures. Risks were monitored and reviewed as people's health improved or changed. Clear guidance was given to staff and in care plans to reduce the risk of accidents and injury, for example one person liked to shower alone but was at risk of seizures. Care plans stipulated asking the person if it was okay to stand outside of the shower curtain or outside of the bathroom door and listen. This meant if needed staff could respond quickly but also supported the person's independence and dignity.

Some people were less independent and there were risks relating to their health. For example if people had been assessed as at risk of falls, had nutritional needs or required their skin to be monitored. Risk assessments were in place to protect these people where required and clearly linked to their care plans.

Some people could at times be aggressive but due their health needs. People's behaviours were monitored and recorded. The service had a restraint policy but informed us this would be used at the last resort and in the least restrictive manner. Staff were trained in safe holds and all staff knew to call the police to keep themselves and others' at the home safe on these rare occasions. There were also sometimes disagreements between residents due to people's health needs. Staff were competent at diffusing these situations and spent time with people after the evident talking about the triggers and what had occurred.

These incidents were recorded, reported as required and analysed for future learning.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Yes staff are well-trained."

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. Staff were booked onto the appropriate training and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people alone. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently.

Ongoing training such as first aid, moving and handling, epilepsy and food hygiene were planned to support staff's continued learning and was updated when required. Most staff had additional health and social care qualifications to support their work and people at the home had also undertaken additional health and social care training courses. Staff at the home had completed the death awareness course which enabled the home to be competent verifying a death. Volunteers and young people attending for work experience opportunities were given essential fire information during these placements.

Staff used their training and pre existing experience and roles to support best practice. For example the registered manager was previously a paramedic. They had noticed when people had seizures, oxygen supported a faster recovery time. Putting this into practice with people that had epilepsy at the home had been very effective, they now suffered less disorientation and for a shorter period than prior to using oxygen when they had seizures. Resuscitation equipment was also available and the training and quick response of staff meant one person had lived.

Staff felt supported by a regular system of supervision which considered their role, training and future development. Observational supervision and annual appraisals were carried out by the registered manager. In addition to formal one to one meetings staff also felt they could approach the registered manager to discuss any issues at any time. Staff found the management team supportive. The registered manager worked alongside staff to encourage and maintain good practice and provide informal supervision as required.

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 is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. No DoLS applications had been made at the time of the inspection but the registered manager was aware of the legal process they would need to follow if DoLS was required in the future.

People's capacity was regularly assessed by staff through their ongoing communication with people. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who

lacked capacity could be supported to make everyday decisions and went to great effort to ensure people were given choices and explanations about their care and treatment for example one person had hearing loss, staff were trained in sign language to support their communication needs. One person had resided in 6 previous care homes and had been subject to DOLs standard authorisation in all previous homes. He understood that in simple terms, he had been locked up and his money was managed by the local authority. He was very pleased that the Manager has "got me off the DOLs" and understood that this meant that his ability to "come and go as I please."

For those people who had memory loss and required information in different forms or needed staff to repeat information, this was understood to enable people to consent to their care. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear, how they wanted to spend their time and which of the house jobs they might like to be involved with. However, when it came to more complex decisions if there was concern about the person's ability to weigh up the risks, relevant professionals would be involved for example whether it was deemed safe for people to leave the home alone. This process helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests.

Staff understood the importance of people receiving a healthy, balanced diet. People told us "I can't complain about the food"; "There's good food, a good cook and plenty to eat", another said "If my meal wasn't balanced I would notice". Food was home cooked and we saw people enjoying chicken kievs at lunchtime. Everyone told us the food was good. We spoke with the registered manager about how people were involved in decisions about what they would like to eat and drink and the menu planning as some people had said there was no choice at meal times. Staff however told us if a person didn't like the main meal they could go to the other house for lunch as an alternative or they would make them a sandwich. The registered manager advised the menu comes from head office but they do have some flexibility to order foods which people have requested. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet.

People were encouraged to be as independent as they could be with their eating and drinking. If people wanted to they were involved in preparing the meals, laying the table and washing up. People had their own kettle in their room so they were able to make a hot drink as they wished. No one at the service had any special dietary requirements and no one was under the care of a dietician.

People's care records highlighted where risks with eating and drinking had been identified. People's weight was monitored monthly and if there were any changes these were noted and action taken. For example staff confirmed if they were concerned about weight loss / gain they would discuss people care with their GP.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or activities. Daily handovers discussed people's needs and upcoming appointments.

People had access to community healthcare professionals to support their health needs and received ongoing healthcare support as required. For example opticians, dentists and chiropodists. Where specialists were involved, people were supported to attend these appointments and annual reviews of people's medicines were arranged with people's GP. People's physical health was monitored and relevant screening had been completed, for example bowel cancer screening. Staff promptly sought advice when people were

not well for example if they were complaining of pain. Staff were mindful of each individual's mannerisms which might indicate they were not well or in pain. People who had required medical care and operations to improve their quality of life and well-being had been supported to have these, for example one person had required a hip operation following an accident before they had stopped drinking. GP feedback included "A good service is offered to clients."

Good

Is the service caring?

Our findings

People and professionals were positive about the quality of care and support people received. Comments from people included, "They stopped me from dying – staff are nice, very friendly, they make you feel human, it is like talking to one of your mates"; " They care, they let you get on but are there for support if you mess up"; "I'm happy here, it's done me the power of good"; "Staff are kind"; "They are wonderful" and "all the staff are very thoughtful and you get everything you could possibly want". Letters we reviewed said "The people who work here are one in a million"; " Fantastic home for people who deserve a second chance" and a thank you card from a family said "Thank you for all you have done for our Dad and will continue to do for others" and another family letter commented "We have seen "X" flourish into a well-rounded individual who has found happiness at last, we do not believe this could have been achieved without your time, guidance and patience."

People told us their privacy and dignity was respected. Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People told us staff knocked on their doors and protected their dignity when they helped them wash. People were able to use the bathroom in private and call for assistance when they had finished and needed staff help. People were dressed to their liking and people looked well cared for. We observed staff spoke to people respectfully and in ways they would like to be spoken to. Staff knew who didn't like to be called nicknames and respected this. Staff gave examples of how they respected people's dignity, supporting them to dress appropriately for the weather and outings. Staff knew those people who enjoyed joking with staff, and were polite and courteous with those who preferred a more formal conversation.

People were encouraged to make choices in all aspects of their lives. For example what clothes they wore, what activities they attended and the relationships they had. There was a routine at the home and people were encouraged to wake up at 7 – 7.30 am and participate in the running of the home. People told us they didn't mind this and staff said if people wanted to wake later this would be possible.

People's right to be as independent as possible was encouraged and supported. For example one person we met had physical disabilities and did not want to be hoisted in and out of the bath. The service responded by purchasing a bath lowering and raising device to enable the person to get in and out of the bath on their own, it was their wish to bathe and not shower. This enabled the person to maintain their dignity and manage their own personal care.

Staff encouraged people to be as independent as they could be. Staff encouraged and supported people to develop their skills so when they felt able they could consider more independent living. Staff worked alongside people to support them to develop their daily living skills for example budgeting, cooking and household chores. One person worked at a local hotel which had helped with their self-esteem, other people did gardening locally to develop their self-worth. We heard how some people had successfully managed to move on to independent accommodation.

People cared for each other at the home and had built good friendships. People were supportive of one

another for example we heard people regularly asking their friends if they wanted another drink as they were putting the kettle on. People ate and played pool and cards together and all appeared to enjoy the company of their friends at the home. A sense of belonging and familiarity was evident from our observations. People teased and joked with each other as a family might.

Staff knew the people they cared for. They were able to tell us about individuals' likes and dislikes, which matched what people told us and what was recorded in individual's care records. Staff knew what times people liked to go to bed, who liked to wake early and who preferred to rise later; how people liked their drinks and what people's favourite foods were and staff supported people to maintain these choices. We observed staff working in a person centred way at all times.

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. Staff told us "I'm friendly, people are aware they can talk to me." Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people's verbal and non-verbal communication so they noticed when people needed support or wanted company. Care records detailed how to communicate with people so they understood staff and the approach to use if people were frustrated.

Staff were proud of people's achievements and spoke fondly of those who had come to live at Vane Hill unwell, drinking and homeless and following a period of care had left the service, started work, found their own home's and had remained alcohol free.

The registered manager told us in their Provider Information Return (PIR) they tried to recruit staff that had life experience and a caring nature about them so would have an understanding of the difficult lives and challenges people at Vane Hill had experienced.

The service had a good understanding of equality and diversity. People at Vane Hill came from all walks of life and care was inclusive. Where relationships had been built between people at the service, staff worked alongside the couple to support them to develop this and have private space together. A person who had previously lived at the home had been supported with their wish to change their gender physically. Staff worked alongside them non-judgementally to enable this to happen.

The service used an advocacy service when required and information was available for people in the home if they needed this. People's care records indicated people had been apprised of their rights and the availability of advocacy.

End of life care plans were in place and following a recent veteran's death at the home who had no known family, the registered manager contacted the Queen's Regiment for support. The request resulted in 150 ex-veterans attending the person's service to pay their final respect.

We saw through photographs that special occasions such as birthdays and Christmas were celebrated.

Good

Is the service responsive?

Our findings

We spoke with the registered manager about the assessment process. Most people at the service were funded through different local authorities and not local to Devon. People were visited and assessed by the registered manager. A thorough process was in place to assess people's individual needs prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals were involved in the assessment process and if people had family and friends they too would be involved. Consideration was given to whether the person would suit the home and get on with the people currently living at Vane Hill.

Care records contained detailed information about people's unique health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. Detailed records monitored people's healthcare needs and these were regularly reviewed. People's individual skills were assessed and care planned in order to plan their personal recovery journey for example their personal hygiene needs, social development skills and household skills.

People, who were able, were involved in planning their own care and making decisions about how their needs were met. People's care needs were discussed daily amongst staff and people supported to make informed choices where possible. Care was personalised to people's needs and staff encouraged people to be as independent as they could be and reach their individual potential and goals. For example some people at the home cared for the animals, one person had responsibility for writing the newsletters and another person did a lot of the cooking at the home. People confirmed they were involved in these discussions and the regular reviews about their care. As people developed skills their support needs were re assessed to match their levels of independence.

We talked to people about the routines in the home. Some people told us "if you were the sort of person who was outgoing you could feel restricted by the routines". Another person said "we have to get up at 7-7.30am and some days I would like to have a lay in." We spoke to the registered manager about people's views and we were told that if people wished to sleep in later this was possible and the structure was not rigid and inflexible to people's specific needs but in place to aid people's recovery and involvement in community living.

People were supported to follow their interests and participate in social activities if they wished. People participated in house activities, board and cards games and pool at the home, and most weeks there were external trips out to places of interest such as the aviation museum and walks and picnics on Dartmoor. There was also gym equipment available for those interested in undertaking exercise and people enjoyed walking the dogs who lived at Vane Hill.

One person told us they had an interest in archaeology. We explored how the service supported the person to maintain their interest in this field. We were told they had visited the natural history museum and living coast as group activities. Their dream was to attend an archaeological dig.

People were encouraged to feel a part of the local community through helping their neighbours with their gardens and odd jobs. An open day at Vane Hill had raised money for charity with stalls and locals having their cars washed. The service encouraged people to vote either by supporting them to attend the local voting centre or through postal votes.

People told us they were able to maintain relationships with those who mattered to them. Some people had little contact with their family due to their previous alcohol dependency. The registered manager and people told us how they had been supported to reconnect with family as they recovered.

Staff and people all told us people were encouraged to raise concerns informally or through the residents and staff meetings. These were used for people to share their views and experiences of the care they received and discuss the running of the home.

The provider had a policy and procedure in place for dealing with any complaints. This was made available to people and professionals. The policy was clearly displayed in the home. People, family and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint but told us they had no complaints. There had been no recent complaints at the service.

Good

Is the service well-led?

Our findings

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. Everyone we spoke with felt the service was well led. Comments included "Excellent"; "I've worked here for 25 years, always felt appreciated"; "The manager is very good, compassionate, good with people and staff."

People and staff were involved in developing the service. Meetings were regularly held and satisfaction surveys conducted that encouraged people and professionals to be involved and raise ideas that could be implemented into practice.

The registered manager and the two deputies took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an "open door" policy, was visible, and ensured all staff understood people came first. The leadership style of the management team encouraged feedback, good team working and sustained good practice. The registered manager kept up to date with changes to legislation and was aware of the new CQC methodology, Care Certificate and the duty of candour.

The registered manager was proud of their achievements which had included supporting people to be in charge of their own finances and removing previous restrictions, which enabled people to have freedom of movement. The manager had been instrumental in removing the standard authorisation for one person. They told us "I feel I'm a good leader, lead from the front; you will see me doing everything." They felt the greatest achievement in the past 12 months was watching people move on to more independent living and working with the local school and Princes Trust.

The registered manager had been nominated for an external award and won the Putting People First South West award in 2013. This award seeks to recognise a team who have embraced the personalisation agenda and can demonstrate an innovative approach to empowering people to have more control over the support they need in their lives.

There was an open culture where positive, therapeutic relationships between staff and people were valued. The registered manager's goal was to promote individualised care and for people to achieve their potential. The registered manager told us they encouraged staff to be accountable for their work and have lead roles and for people to be accountable and responsible for their behaviour and actions in the home and in the local community. The management team promoted the ethos of honesty and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff were motivated, hardworking and enthusiastic. Many staff had worked for the provider for many years. They shared the recovery philosophy of the management team. All staff were focused on people's recovery,

their ability to achieve their potential and achieving a fulfilling level of independence. Staff meetings and supervisions were used to share good practice. Staff felt a part of a team who all had an important role to play for example one member of staff was responsible for the fire checks, another the cooking. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

Health and social care professionals who had involvement in the service gave positive feedback through the quality assurance system and confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

The service worked with the Princes Trust and with the local school enabling young people to have work shadowing experience at the service. The young people who had participated gave positive reviews of their experience and learning at the home. The registered manager advised they kept up to date through training and research based care journals. The registered managers had over twenty years' experience in this field of work and success of what was working with people drove further changes and improvements.

There were effective quality assurance systems in place to drive continuous improvement of the service. Regular surveys were completed and feedback was shared and celebrated. The quality assurance manager carried out regular reviews which assessed the home's standards against the CQC regulations and guidance. Feedback during the inspection was listened too and we felt confident would be reflected upon.

Audits related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests were carried out. Visual walk rounds by the management occurred to ensure the environment and care was safe.

Plans for the future and developing the service including ongoing refurbishment and updating the home. We saw that bathrooms had been recently updated and there were new furnishings. Plans to make the access to the ducks and chicken safer were being planned. The registered manager told us he would like to develop the staffing skills to include people who had experience of using services and develop the opportunities available to people to be involved in local projects and work opportunities. This would enable them to have their own portfolio when they were ready to move on from Vane Hill.