

Cream Residential Care Limited

The Dairy House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 21 April 2016 and was unannounced.

The Dairy House can accommodate up to 15 people. The home specialises in providing care and support to adults who have a learning disability, autism and/or a physical disability. All bedrooms are for single occupancy and have en-suite facilities. The home is staffed 24 hours a day.

At the time of our inspection there were 15 people living at the home, this included one person who was in hospital. The people who lived at The Dairy House were unable or found it difficult to tell us about their experiences of life at the home so we used our observations of care and our discussions with staff to help form our judgements.

There was 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.

Without exception people's representatives and health and social care professionals could not praise The Dairy House enough. Comments from people's representatives included "We are always impressed by the care and consideration given to [Person's name] by staff, they keep us in touch and there is always a welcome." And "Just excellent in every respect." Comments from health and social care professionals included "I have always found the staff genuine, caring, well trained, respectful, thoughtful and encouraging and always having the individuals comfort, health and happiness as a priority. The consistently high standards are far above anything I have witnessed elsewhere."

The atmosphere in the home was very warm and welcoming. There was lots of laughter and friendly banter between staff and the people who lived at the home.

The registered manager spoke with great passion and pride when they told us about the quality of care people received and of the staff team. They described the provider as being "full of kindness." They told us "We have a fantastic staff team who are all committed to making people's lives happy and rewarding."

The registered manager and staff team had formed excellent relationships with people. It was evident they were totally committed to providing high quality care. Staff were highly motivated and inspired to offer care which was kind and compassionate. One member of staff told us "I love my job. Our residents get the most amazing care. I feel proud to be part of such a great team."

People were treated with the greatest of respect and a great deal of thought and effort had gone in to making people's bedrooms special for them. For example, decorating walls with murals which reflected people's hobbies and interests. Where people had been unable to communicate their preferences and

choices, staff had used objects of reference and had liaised with people's families to ensure people's personal space reflected their preferences and that they were happy and comfortable.

The service was using and exploring innovative ways to help them communicate with people and to ensure people lived a full and happy life. The provider had an assistive technology manager who showed us recently developed technology in the sensory room. We observed a person interact with the 'magic carpet.' This is an innovative interactive floor projection system that enables people to engage with games, music and images simply by moving on or over the projected surface.

Staff supported people to develop and maintain independent living skills. There was an emphasis on enabling people to maintain a level of independence regardless of their disability. When we arrived at the home staff supported one person to show us around and this had made a great deal to them.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community. The arrangements for social activities focused on meeting people's individual needs. One person's goal was to go to university. Staff supported them to attend a local college where they were working towards a qualification.

Staffing levels were good and people received good support from health and social care professionals. A speech and language therapist was employed. They provided staff training and sessions to people who lived at the home on how to help people experience positive interactions. We were able to see the very positive outcome this had for one person who lived at the home.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

People were supported to eat well in accordance with their preferences and needs. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care.

The service helped people to maintain contact with the important people in their lives. Visitors were welcomed and people were supported to telephone, email and face to face internet their loved ones.

There were systems in place to monitor health and safety and the quality of the service provided to people and to continuously drive improvements.

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 enough staff deployed to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

Staff were kind and professional. People were treated with dignity and respect.

People were supported to make choices about their day to day lives and were supported to be as independent as they could be.

People were supported to maintain contact with the important people in their lives.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff supported people to ensure they received extremely

responsive care and support in accordance with their needs and preferences.

People were fully supported in innovative ways to follow their interests and take part in social activities.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

Is the service well-led?

The service was very well-led.

The registered manager knew people very well. They were well respected by staff and were very visible in the home.

The staffing structure gave clear lines of accountability and responsibility and staff received very good support.

There was an effective quality assurance programme in place which monitored the quality and safety of the service and drove improvements.

Outstanding 

The Dairy House

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 inspection took place on 21 April 2016 and was unannounced. It was carried out by one adult social care inspector.

Before 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service on 6 February 2014 we did not identify any concerns with the care provided to people. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were 15 people living at the home, which included one person who was in hospital. During the inspection we met with 14 people however; the majority were unable to engage in conversations with us. We spoke with five members of staff, a visiting professional and a visiting entertainer. We also spoke with a relative on the telephone. The registered manager was available throughout our inspection.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

There were enough staff to help keep people safe. The registered manager told us staffing levels were determined on the needs of the people who lived at the home. For example, some people required one to one staffing. Staff knew who was responsible for supporting these people and we observed people received the required level of support throughout our visit. People looked very comfortable and content with the staff who supported them.

The registered manager told us staffing levels consisted of 13 support staff during the day and four waking staff during the night. There was a very good staff presence on the day we visited and staff were available when people needed them.

Care plans had information about how people were supported to take risks and how risks to people were minimised. Examples included accessing the community and travelling in a vehicle. Other risk assessments were in place which enabled people to develop and maintain a level of independence. These included supporting people to eat and drink, assisting with personal care and dressing and mobilising. Risk assessments detailed the potential risks and provided information about how to support the individual to make sure risks were minimised.

Everyone who lived at the home required staff to manage and administer their medicines. There were appropriate procedures in place for the management of people's medicines and these were understood and followed by staff. Medicines were supplied by the pharmacy in sealed monitored dosage packages. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an appropriate entry when a medicine had not been administered. Medicines were only administered by staff who had received appropriate training.

There were plans in place for emergency situations; people had their own evacuation plans if there were a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system within the organisation; this meant they were able to obtain extra support to help manage emergencies.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Those shortlisted were then required to attend an interview. Applicants had not been offered

employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

Staff were confident and competent when assisting and interacting with people and it was evident staff knew people very well. They knew what people wanted even where the person was unable to express their wishes verbally. For example we observed one person signed that they wanted a drink. Staff recognised what the person wanted and responded to their request straight away.

Staff described training opportunities as "excellent." They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Training included caring for people who had epilepsy, autism and specific health and neurological conditions. People who lived at the home had either very limited or no verbal communication. Staff had received communication training and staff used their skills to effectively communicate with the people they supported.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. The Care Certificate had recently been introduced as part of the induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff's skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent. The registered manager told us the length of the induction programme could be increased where required. They provided us with an example where an induction programme was extended by two weeks to ensure the staff member felt fully confident in their role.

Part of the induction programme focussed on the needs and preferences of each person who lived at the home. Newly appointed staff were not able to support a person until they had been deemed competent in all aspects of their assessed needs. This included not only the person's physical needs but also their emotional needs and social history. This person centred induction helped to make sure people were supported by skilled staff who could provide individualised and effective care because they had time to really get to know people and what was important to them. We met with a recently appointed member of staff who told us "The induction was really good and covered everything I needed to know. It's done at your pace so if you feel you need more support or training you get it."

After staff had completed their induction they completed a "reflective diary" for their next eight shifts. This provided new staff the opportunity to record how the shift went; what went well or didn't go so well and whether they felt confident in the tasks they performed. The registered manager explained this had only recently been implemented so they were unable to measure its effectiveness. They told us they envisaged this would enable them to identify and respond quickly to any issues raised by newly appointed staff.

Staff had received training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental

capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff knew how to support people to make decisions and knew about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. This made sure people's legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

People could see health care professionals when they needed to. The registered manager and staff told us they received good support from GP's and they would always visit if there was a concern about the health or well-being of people. People's care and support plans showed they received annual health checks and a review of their prescribed medicines. People also had access to other healthcare professionals such as dentists, epilepsy nurses, dieticians and chiropodists. We spoke with a relative on the telephone who told us "They manage [Person's name] very well indeed. They will always ring me if they are concerned and will ask for the doctor to visit."

People were supported to eat well in accordance with their preferences and needs. The home employed a cook and in their completed Provider Information Return (PIR) it stated "The home has a cook who has undertaken a nutrition and well-being course by the University of Aberdeen." This helped to ensure that menu's were planned so they were balanced and nutritious. Staff asked people what they wanted to eat by offering two choices. If the person indicated they did not want either, staff continued to offer alternatives. One person led a member of staff to the kitchen to choose what they wanted to eat.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care. For example, one person had been assessed as being at risk of choking. There was a specific care plan in place which reduced risks to the individual. Staff supported this person in accordance with their plan of care.

The home was decorated and furnished to a high standard. The layout and design of the home was based around the needs of the people they supported. Each bedroom had en-suite bathing facilities and overhead tracking was fitted throughout to assist people who were unable to mobilise independently. The Provider Information Return stated "The home is equipped to support the residents in the home; there are integral overhead tracking systems, modified bathroom facilities and mobility and safety equipment."

Is the service caring?

Our findings

Throughout the inspection it was clear the home's ethos was based around ensuring care was delivered around what was best for the person. For example staff spoke with great kindness and compassion about the people they supported. Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a one page profile which provided staff with information about the person's needs and what was important to them.

Information in their Provider Information Return (PIR) said "Staff complete personal profiles so that we can explore staff interests. This helps us to arrange activities for individuals that both they and the staff enjoy, to help build meaningful relationships." We saw this during the inspection, it was evident the registered manager and staff had an excellent relationship with people using the service and we were able to observe the positive interactions that took place. Staff spoke warmly about the people they supported and it was evident they had an in-depth knowledge of their needs, preferences and aspirations. Staff told us they were always introduced to people before providing care and were given time to read through people's care documentation. We noted the rotas were organised to ensure people were supported by staff of their choice.

People were supported and encouraged to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence regardless of their disability. For example when we arrived at the home a member of staff supported one person who had mobility difficulties to show us around the home. It was apparent that this meant a great deal to the person. People were also supported to do their laundry and make day to day decisions about where they wanted to spend their time and what they wanted to do. One person was able to answer basic questions about whether they liked living at the home and the staff, to which they responded "yes" and pointed to a picture of staff on the wall and signed 'friends'.

Throughout our visit the atmosphere in the home was natural, happy and relaxed. Although people were unable to tell us about their experiences it was clear they were comfortable with the staff who supported them and they responded positively to staff interactions. For example, there was lots of laughter and friendly banter between staff and the people who lived at the home.

Staff demonstrated a lovely caring approach to their work and were totally committed to providing high quality care. All staff spoken with were highly motivated and inspired to offer care which was kind and compassionate. One member of staff told us "I love my job. Our residents get the most amazing care. I feel proud to be part of such a great team." We met with a speech and language therapist who said "This is the nicest place, with the nicest people and the nicest ethos and values." Following our inspection we spoke with a relative on the telephone. They had nothing but praise about the staff team and of the care their relative received. They told us "The staff are such a happy bunch. The way they care for and about [Person's name] is just amazing." They also said "I have a very high opinion of this home. It is fantastic."

Staff respected people's right to privacy. Each person had their own bedroom which they could access whenever they wanted to. We saw this to be the case on the day we visited. Bedrooms had en-suite facilities which meant people could be supported with their personal care needs in the privacy of their own room. Bedrooms had been decorated and furnished in accordance with people's tastes and preferences. A great deal of thought and effort had gone in to making people's personal space special for them. For example, decorating walls with murals which reflected people's hobbies and interests. The Provider Information Return stated "Individual resident's rooms are personalised based on their preferences or involvement from their family and keyworker."

People were treated with respect. Staff communicated with people in a very kind and respectful manner. Staff asked people if they were happy doing what they were doing and checked they were happy with the member of staff who was supporting them.

In their completed Provider Information Return (PIR), it was stated "We have recently supported a young [person] at the end of their life. Staff were supported with bespoke sessions on death and dying and 96% of the staff team have completed formal training around death, dying and bereavement. Good communication was maintained throughout this difficult time and this all reflected well in the care and compassion [the person] received. Family members commented on how well and comforted they felt by the experience. I think this is a prime example of the caring and compassionate team that work at the Dairy House. During this time, we had input from outside professionals, one being a nurse from St Margaret's Hospice. We had regular meetings and maintained communication during this time. Our ethos of kindness and compassion is widely apparent amongst the team. High standards and respect for one another is promoted within the Home."

People's confidentiality was respected and personal information was appropriately stored. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

The staff worked hard to be responsive to people's needs that enabled them to live as full a life as possible. For example, we met with the provider's assistive technology manager who, along with a person who lived at the home, showed us the recently developed technology in the sensory room. We observed the person interact with the 'magic carpet.' This is an innovative interactive floor projection system that enables people to engage with games, music and images simply by moving on or over the projected surface. It was very apparent that the person really enjoyed using the 'magic carpet.' The PIR stated 'We recognise that this is an area that will also lead into helping assess [people's] ability to engage with potential communication equipment for the future, therefore enhancing their wellbeing and helping them meet their full potential.'

Another example the registered manager told us about was one person who liked to dry their hair with a hairdryer but was unable to manage the switches. Following the implementation of "assistive technology switches", the person was now able to use their hairdryer independently.

Another example was, about one person's ultimate goal was to go to university. They were currently being supported by staff to attend a local college where they are working towards a qualification.

The registered manager told us about one person who lived at the home who had a rare condition which severely affected them physical and mentally. The registered manager attended a national conference with the person's relatives and, as part of an open working relationship with the family, had implemented the recommendations gained from the conference which had enhanced the person's quality of life. These included simple changes to the pace of the person's daily regime. The registered manager told us since the changes had been made, the person was more relaxed and had experienced a significant reduction in epileptic seizures.

With staff support; one person showed us photographs of their visit to a local spa where they had enjoyed a 'pamper' day. Staff had supported another person to go and see their favourite 'boy band' in Bristol. The person was so happy when the member of staff was telling us about their trip.

People were also able to take part in a range of activities according to their interests and abilities. People chose what activities they took part in at the home and in the wider community. People also accessed facilities such as a hydro pool and sensory room which were both on site and utilised by the provider's other homes. People had access to suitable transport to enable them access community facilities regardless of their mobility.

Some activities were planned in advance such as horse riding, music sessions, bowling and sessions at a college in Devon. On the day we visited we able to join in with a very interactive music session which was led by an outside entertainer who had been visiting all of the provider's homes for many years. It was evident that the music session was thoroughly enjoyed by people. A member of staff told us planned activities were not suitable for everyone who lived at the home as they responded more to the philosophy of doing what they wanted at the time they want to do it. They explained staff were able to respond to impromptu requests

from people. We saw this to be the case on the day of our visit. For example one person said they wanted to go to a local pub with a particular member of staff and this was facilitated.

People were fully supported to maintain contact with the important people in their lives. Staff told us of how they supported some people to regularly speak to their relative's on the telephone, by email and by face to face internet communication.

People who lived at the home received care and support which was personalised to their needs and wishes. Each person had a care and support plan. We read two care plans and saw they were very personal to the individual and gave clear information to staff about people's needs and how they made choices. For example pointing at objects, signing or using their eyes to 'eye pointing.' Care plans also contained information about people's preferred daily routines to ensure staff knew about people's preferences. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to verbally express an opinion, the staff consulted with their close relatives to gain further information on people's tastes and preferences.

Staff responded to any changes in people's needs. For example staff noticed one person had recently fallen several times during the night which had caused bruising to their legs. In response to this the blackout curtains in their bedroom had been replaced, a sensory light installed and the laminate flooring changed to carpet. We were told the person had not experienced any further falls. Staff noticed another person was finding it increasingly difficult to get out of their bed in the mornings and that they became very anxious because of this. The registered manager told us the person had been involved in choosing a new profiling bed. They explained how much this had helped them and had reduced the person's anxiety.

Each person had a key worker who worked closely with them to make sure their care plan met their needs, aspirations and preferences. People chose which member of staff they wanted to support them. One person who was unable to communicate verbally showed us their tablet computer. This contained photographs of the staff team. They showed us a photograph of the member of staff they had chosen to support them with an activity later in the day. The registered manager told us how people were supported to take control over the review of their plan of care. They told us one person had requested their review to be an "informal chat" at a local pub. Another person had wanted their review to be held in their courtyard garden which led off their bedroom. A member of staff said "It was great for [person's name] because they had chosen where they wanted the review to happen and who they wanted to be there. They had lots of family members there. We had tea and biscuits and it was really relaxed."

In their completed Provider Information Return (PIR) it stated "Key workers support individual residents and are a great advocate for them. This enables strong bonds to be developed and improved communication and understanding of individual needs. This approach helps in understanding resident's wishes and aspirations for their future and person centred care. Person centred reviews are held alongside annual local authority reviews to help us understand the resident, their personal history, beliefs, values and put this at the centre of what we do, incorporated into care plans and activity plans. We have involvement from a Speech and Language therapist who spends time within the home, providing training to the staff team. This helps us to understand the best methods of communicating with people and allowing us to communicate effectively to promote their ability to make choices."

We met with the speech and language during our visit. They had just finished an intensive interaction session with some of the people who lived at the home. Intensive interaction is a practical approach to communication and socialising with people who do not find it easy communicating or being social. We were shown footage of sessions with one person who used the service who found any form of interaction very

difficult. The sessions had resulted in a very positive outcome for the person. We saw how, over time, the person had engaged in eye contact and had initiated touch which they had previously found almost impossible to tolerate. A member of staff explained that certain behaviours and vocalisation had reduced greatly since the sessions started and the person was now more settled and relaxed. It was evident that staff were very moved by this progress. One member of staff said "I cried when I saw this."

There were effective policies and procedures in place relating to complaints. This had been produced in an appropriate format for the people who lived at the home. In their completed PIR it stated "We have not received any official complaints. I believe that this is down to our transparency as a company and honest relationship with all stakeholders in the company."

Is the service well-led?

Our findings

The registered manager was available throughout our inspection. They were very visible in the home and they knew the people who lived there very well. They spoke with great passion and pride when they told us about the quality of care people received and of the staff team. They described the provider as being "full of kindness." They said "[provider's name] really cares about the residents and the staff and his passion is instilled in all of us." They told us "We have a fantastic staff team who are all committed to making people's lives happy and rewarding." This was reflected throughout the inspection, we found staff to be extremely caring and motivated and the excellent relationships between staff, people and their relatives were evident.

The registered manager was supported by a deputy manager, care director of the company [the provider], supports manager, liaison manager, quality assurance manager and training and development manager. In their completed PIR they described them as "A constant source of support advice and guidance to myself and the team." They told us they visited the home on a regular basis and "worked closely with residents, staff, families and professionals."

There were regular meetings for staff where a variety of issues could be discussed. The minutes of the last staff meeting showed discussions included fire safety, health and safety and the well-being of the people who lived at the home. Staff had also had the opportunity to explore their knowledge and understanding of the five questions we report on; Is the service safe, effective, caring, responsive and well-led? The meeting had only taken place a few days prior to our inspection however the registered manager told us how they planned to review comments and introduce it again in future meetings.

The home had recently held a 'Mental Capacity Awareness Week' to celebrate national Mental Capacity Action day. This involved activities, competitions, information sharing, sessions on promoting decision making and choices. The registered manager provided us with information about a 'coffee, cake and capacity' afternoon which was held at the home for the people who lived there, their families and staff. They told us they had presented information about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This had been well received and had helped to raise awareness and provide a better understanding of the MCA and DoLS.

The provider had recently introduced "team talks" which were held at the provider's head office. These meetings enabled staff representatives from each of the provider's homes to meet with the support manager to discuss ideas to improve the quality of the service and make suggestions and address concerns.

Staff were clear about their role and of the responsibilities which came with that. We met with a member of staff who had recently been employed. They told us they were always on shift with more experienced staff. They had a good understanding of the company's structure and who to report to if they had any concerns. Another member of staff said "The support you get is amazing. [Name of registered manager] and [name of provider] don't just care about the residents; they care about all the staff too." In their completed Provider Information Return (PIR) the registered manager said "As a manager it is important to listen to the residents, staff team, families and professionals and ensure that their views are taken to senior levels of management

to influence change both in the home and organisation generally. As manager I recognise the enormity of the role and the importance of being part of the day to ensure that everyone feels supported."

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The provider employed a quality and compliance manager who regularly visited the home to monitor the quality of the service provided. They had recently introduced an in-depth quality monitoring system which focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? We looked at the findings of a recent audit. Findings were mainly positive. Where areas for improvement had been identified an action plan had been developed and action had been taken or was in the process of being taken, within agreed timescales. For example, an audit found staffs understanding of Deprivation of Liberty safeguards (DoLS) needed to be improved. In response to this the registered manager had distributed leaflets to staff and people's relatives to give them a better understanding. DoLS was also discussed at staff meetings and supervisions.

Satisfaction surveys were sent to people's representatives, health and social care professionals and staff to see their views on the quality of the service provided. The surveys focused on the five questions we report on; Is the service safe, effective, caring, responsive and well-led? The results of the most recent survey showed a high level of satisfaction with the service provided. People's representatives and health and social care professionals rated the home as either good or outstanding in all key areas. Comments from people's representatives included "We are always impressed by the care and consideration given to [Person's name] by staff, they keep us in touch and there is always a welcome." And "Just excellent in every respect."

We spoke with a relative on the telephone and they were very positive about the service. They said "I have nothing but praise for the way they have cared for [Person's name]. They keep me up to date with everything. They are all fantastic." A visiting professional told us "This is the nicest place with the nicest people and the nicest ethos and values."

Comments from health and social care professionals included "I have always found the staff genuine, caring, well trained, respectful, thoughtful and encouraging and always having the individuals comfort, health and happiness as a priority. The consistently high standards are far above anything I have witnessed elsewhere."

Comments from staff were also positive and we saw that where staff had identified areas for improvement; the registered manager had taken action to address these. For example staff commented that the arrangements for maintaining the home could be improved. A full time maintenance person was now employed. Staff also commented that staffing levels could be improved. We saw additional staff had been recruited and staff were positive about staffing levels when we spoke with them.

Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. Staff received feedback on their performance in a constructive way. Additional support and training was made available for staff where required. Good practice and performance was recognised. For example, the provider had an 'employee of the month' award which recognises and celebrates staff's achievements. Staff are nominated by their peers and people's representatives. The registered manager monitored staff training which meant staff received refresher training when required to make sure their practice was in line with up to date good practice guidelines.

In their completed PIR, they told us "Cream Care (The provider) won the Care Focus awards in 2014 in the Care Organisation of the Year Category and evidence that was directly collated from the Dairy House resulted in Cream (The Provider) being finalists in the BILD Learning Disability and Autism Awards 2015 in

the Care employer category" Testimonials from relatives and professionals included "Their compassionate staff provide my [relative] with a fulfilling and interesting life, filled with activities tailored to her specific needs. Care is also personalised and all residents are given everything they need. Should any issues arise, they are dealt with sensitively and efficiently" and "Cream care offers an outstanding level of care. As a speech and language therapist I particularly admire and appreciate their commitment to person centred practices and ensuring that the resident's communication skills are maximised." The registered manager said "Participating in these awards gives the staff a sense of achievement and pride in the high standards that the provider expects and that are evidenced in the home, as well as feeling valued."

The home was also a member of the Registered Care Provider Association (RCPA) which provides up to date guidance and information for care providers in Somerset. The registered manager provided us with an example of how attending a conference organised by the RCPA had a positive impact on improving the quality of service people received. They said "Dr Martin Green from Care England presented information around government initiatives around choice, diversity, preferences and decision making. This fed into us engaging with the Speech and Language Therapist (SLT) to undertake training in communication and develop communication passports. Communication and choices was also a focus of one of the SLT and MCA sessions implemented during the MCA week. Communication passports have been gradually implemented within the home and have improved the communication with residents and understanding of when choices are being made."

We were told members of the management support team attended a variety of conferences and seminars where learning was shared with the staff team. For example, the training manager attended and participated in the Care Certificate Consortium. The registered manager said "This influenced the implementation of the Care Certificate process in the home and new induction packs and processes being implemented. This resulted in a more consistent and thorough processes as well as a Quality Assurance process for ensuring staff coming to us from other care providers have met the required standard within the Care Certificate process they have previously undertaken."

The Assistive Technology Manager attended the 'communication matters road show' in 2015 along with a member of staff from the Dairy house. The registered manager said "Various companies, who supply and design assistive technology devices and programmes demonstrated their latest products which are aimed at assisting people to live more independently, make choices and aid communication." They explained following this and a demonstration for staff and people who lived at the home they purchased a 'magic carpet' and 'magic mirror' which are interactive sensory room projections which allow the user to be able to control their environment no matter what their abilities are. The registered manager also said "As part of the demonstration day residents were also able to try out 'eye gaze' technology which allows the user to control a computer screen using pupil recognition software with the goal of being able to make choices and have more control of their lives by pointing with their eyes. As a result of this we were able to identify residents who may be suitable to use this and we have arranged a full assessment day which is going to take place in October. This has assisted us as a team to focus more on communication needs of individuals and the use of ipads and aps available to achieve this, individuals are able to start the engagement of conversation via aps on their ipad. Also allowing them to make good clear choice of a range of things."

They were also a member of the Association for Real Change (ARC) who provided support, training and information to services assisting people with a learning disability. The registered manager told us "The Quality Assurance Manager attended the ARC conference relating to the National Living Wage, travel time and sleep in rate issues in December 2015. This was a networking event to share good practice and discuss issues. We had already signed up to the National Living Wage Foundation wage in October 2015, this reinforced our decision to participate in this and ensure that as an organisation we are investing in our staff

and were prepared for the future Living Wage increases. It also allowed us to review our policy regarding sleep in reimbursement and ensure that this meets current best practice guidance."

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.