Maria Skobstova House Limited

Maria Skobstova House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 15 and 19 January 2015 and was unannounced.

Maria Skobstova House is a small residential home providing care, rehabilitation and support for eight people with mental health and physical needs. Some people are detained under the Mental Health Act and are under supervision in the community. Maria Skobstova House is affiliated to an organisation called St Anthony-St Elias also known as "the Community". Maria Skobstova House has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection people and staff were relaxed, there was a calm and pleasant atmosphere. Comments included; "The staff help me a lot, they give me advice, it's the best thing that has ever happened to me"; "They (the staff) always think of us in a good way, nothings too hard for them"; "They (the staff) are always there for people,

Summary of findings

they help me with my paperwork"; "I like all the help and TLC here, I couldn't cope on my own"; " Staff are caring, kind and understand me"; "They have an exceptional way of making it feel like a home rather than just a house."

People spoke highly about the care and support they received and professionals we spoke with confirmed this. Staff went the extra mile to ensure personalised care. One doctor we spoke to confirmed care was personalised, "..a lot of common sense and human respect." Care records were individualised and gave people control over how they liked to receive their care and treatment. Staff responded quickly to people's change in needs. People were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected.

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

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

People told us they felt safe. Comments included "Staff treat me with dignity and respect"; "I can do what I want, I feel safe here"; "If I was worried about something I'd talk to staff, they'd listen, no problem there"; "Staff help to keep me safe, they listen to you…it's the best place." Staff understood how to protect people's human and legal rights. Applications were made and advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

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

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. One staff member said, "I had a week long training induction, very thorough, and since then updates on physical intervention, breakaway, Asperger's…..it (the induction) gives additional skills and is tailored to the people who live here."

There were effective quality assurance systems in place. Incidents were appropriately recorded, investigated and action taken to reduce the likelihood of reoccurrence. Feedback from people, friends, relatives and staff was encouraged and positive. Learning from incidents and concerns raised were used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

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

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

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

The home was clean and hygienic.

People's medicines were managed safely.

Is the service effective?

Good

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

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

People were supported to have their choices and preferences met.

People were supported to maintain a healthy diet.

Is the service caring?

Good

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

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

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

Is the service responsive?

Good

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

Activities were meaningful and were planned in line with people's interests.

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

Is the service well-led?

Good

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

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care for people.

Maria Skobstova 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.

The inspection was undertaken by an inspector for adult social care on 15 and 19 January 2014 and was unannounced.

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

During the inspection we spoke with six people who used the service, the registered manager and three members of staff. We contacted one psychiatrist and one social worker following the inspection. We also looked at seven care records related to people's individual care needs, four staff recruitment files, including their training records and examined records associated with the management of medicine and the service including quality audits.

As part of the inspection we observed the interactions between people and staff, discussed people's care needs with staff, observed the morning staff handover and pathway tracked two new admissions. 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.

Good

Is the service safe?

Our findings

People told us they felt safe living at Maria Skobstova House. Comments included "I can do what I want, I feel safe here"; "If I was worried about something I'd talk to staff, they'd listen, no problem there"; "Staff help to keep me safe, they listen to you…it's the best place."

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

All staff understood their roles to protect vulnerable people and had received training in safeguarding. One staff explained their role was "To protect residents, report anything that is out of place to the manager – the safeguarding numbers are in the office. I listen out for problems; keep my eyes out for dangers…." Another staff member explained their role was "To build trust with people in their own care and support – I think that helps them to feel safe." People understood they deserved to be treated well and understood how to report concerns to staff or professionals if they were worried.

Personal evacuation plans were newly in place following an audit by the local council. These would help to ensure there were clear plans in the event people needed to be moved from the home quickly.

Staff had a good knowledge and understanding of each individual. They knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and / or agitated. For example, one person at the home did not like unfamiliar people / staff so the team worked hard to ensure the staff team were stable and interactions with visitors to the home were monitored closely. This approach minimised incidents, protected people and helped to keep them safe.

Staff were trained in physical restraint, breakaway techniques and de-escalation in the event of a situation within the home. However, the ethos of the staff was to anticipate possible situations and reduce the triggers. Staff told us "Physical restraint would be the very, very last resort – we de- escalate situations." Staff were observant of people's own communication styles which might indicate they were troubled. Staff would promptly intervene if necessary and offer people time to discuss their concerns, occupy them with a meaningful activity of their choice or use the quiet room in the house to reduce people's stress. Diffusing situations in this way helped maintain a calm, safe environment.

Any potential bullying, harassment or acts of aggression between people was promptly dealt with and the police notified if required. Incidents were discussed with the people concerned after the event. Ways to live together and overcoming personal relationship clashes within the house were considered and people were encouraged to take personal responsibility for their behaviour in the home. Learning to interact with others was essential to people's social development within the home. Staff were mindful of the risks when people did not get along or misinterpreted other's actions or words.

Risks to people were managed so people were supported to fulfil their dreams and goals. For example one person we met had difficulties with balance due to their health condition. They were at risk of falls. The person had protective clothing and a staff escort in the community.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People who lived at the home were involved in the recruitment process to ensure they liked the staff who would be living and working alongside them.

People told us there were enough staff to meet their needs and keep them safe. Staff also confirmed there were always sufficient staff on duty "Overly sufficient." The registered manager advised the staffing levels were dependent on people's needs and activities on specific days. For example on the day of our visit, a group of people had gone out for singing in the morning, another had a trip to the pub planned and one person was at a horticultural activity. There were ample staff to escort people to their chosen pastimes and support people who were at home.

Good

Is the service safe?

Staff worked 48 hour shifts and lived with people during this period. We attended the handover as the shift changed on the second day of the inspection. Staffing skill mix had been considered with gender specific staff supporting people where indicated either for safety reasons or to support people's preference of care worker. For example one person with continence needs liked a specific gender of staff to check their room. We saw this was accommodated and considered as part of the handover. We also heard that another person who had trouble building trusting relationships had been able to attend the cinema with one of the staff they had built a rapport with.

Medicines were managed, stored and given to people as prescribed, and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff received medicine training in-house, were observed for competency in administration and this was monitored by their mentor. Medicines were locked away as appropriate and if required there was a refrigerator to store medicines. At each staff handover medicines were checked to ensure people had received all their medicines and all of the medicine recording sheets were complete.

We saw detailed information about people's medicines in their files and their care plans. This gave staff guidance on when "as required" (PRN) medicines may be needed. For example to help soothe someone if they were agitated. The medicine policy was in the process of being updated during the inspection to reflect feedback from audits and safer systems which had been put in place.

Staff were knowledgeable with regards to people's individual needs related to medicines and responded quickly to ensure people received the correct medicine in the form they liked. For example one person had arrived to stay at the home with the incorrect medicine. The home contacted the health professionals involved immediately and visited an out of hour's chemist to ensure the person had the medicine they needed. Another person had been struggling to swallow one tablet due to the size. The home had spoken with the person's doctor and arranged smaller tablets to be prescribed.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Staff undertook responsibility for the cleaning alongside people in the home. Those who were independent and able to help with the household chores enjoyed this. Protective clothing such as gloves were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use.

Good

Is the service effective?

Our findings

People were supported by staff to have their needs assessed. We looked at the support for two people. Both people had complex mental health needs. Relevant information was obtained from the health and social care professionals involved in their care. A gradual introduction into Maria Skobstova House was arranged for both people. This was important as they had been in institutions and were returning to the community and more independent living. One person had a series of visits which slowly extended to overnight stays. The assessment process allowed time for people to meet staff and initial discussions to commence regarding their preferences and dietary requirements. This helped them to feel safe and adjust to the transition from hospital to the home.

All staff confirmed they felt supported in their roles and we saw regular one to one supervision sessions occurred for most staff. Staff told us they benefitted from these formal sessions but also felt able to approach the registered manager informally. One member of staff we spoke with had been rotating across the homes within the organisation and due to this had not received a recent one to one meeting. The registered manager confirmed that each employee was allocated a supervisor but often if the employee was working in their home a lot they would arrange to meet with them for their one to one.

Staff had a good understanding of both people's background and their likes and dislikes. Staff confirmed what was written in people's care plans about their routine. For example one person liked to wake and rise at specific times and enjoyed Horlicks at bedtime. All staff knew and respected this. The other person had difficulty trusting and opening up to people. Staff were mindful of this and took additional time to build a therapeutic relationship at the person's pace.

People and health care professionals confirmed they felt staff were well-trained. Staff were supported at the start of their employment by a thorough induction to the home, the people who lived at the house and philosophy of the home. The induction included safeguarding people, communication skills, mental health conditions and physical health problems in addition to essential training such as infection control, first aid and fire safety. Staff told us "I had a week long training induction, very thorough, and since then updates on physical intervention, breakaway, Asperger's…..it (the induction) gives additional skills and is tailored to the people who live here." Other staff confirmed the training was a good grounding for working at the home but further training to explore areas in more depth was always needed.

Following the initial training, staff were supported by a mentor in the workplace and additional training and competency assessments occurred, for example in medicines administration. In addition, the registered manager arranged night time fire drills to ensure all staff were able to respond effectively under different circumstances.

There was a range of in-house and external training which was devised dependent on people's mental and physical health needs. For example, some people across the wider organisation (known as "The Community") had more specialist needs so stoma care training had been organised. Where some people at the home had physical health needs, additional staff information, in depth guidance and care plans had been developed to educate staff about the conditions and treatments. The registered manager had also attended training on the new CQC methodology. Training and learning was shared in team meetings and handovers.

The home did not use agency staff. Staff from across "The Community" were called upon to work at the home when there was a shortfall within the home due to sickness or annual leave. Most staff had previously worked at the house and had received "The Community's" induction as part of their employment. This provided continuity of care for people.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health

Good

Is the service effective?

and social care professionals had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights.

The registered manager was aware of the recent changes to the interpretation of the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf.

Some people were detained under the Mental Health Act 1983. Staff understood the need to obtain consent and involve people in decision making where possible regardless of their legal status. Staff demonstrated a good understanding of the difference between lawful and unlawful practice and ensured any restrictions in place were minimal. Staff were mindful of the restrictions related to people's care and treatment but as far as they were able to, gave people freedom of choice and movement for them to live as independently as possible. We discussed one incident within the home where a person had caused concern and the home had taken prompt action to notify their social supervisor of the event and CQC were also informed.

Some people detained under the Mental Health Act had behaviour which at times challenged staff and others in the house. Staff knew people very well so they were able to anticipate triggers. There was also detailed guidance available for staff to follow regarding possible triggers, signs which may indicate the person was unhappy and how staff might try to diffuse a situation. People were treated as responsible adults and any incidents would be discussed with them following the event so people had time to consider alternative ways the incident could have been managed.

Maria Skobstova is like a home where people decided together on the menu and food. Meals were spaced throughout the day and were flexible dependent on people's activities and plans. Due to the busy lives people led, people living at the home and staff tried to have the evening meal together and Sunday roast. Food was home-cooked, healthy and nutritious. Although everyone was invited to eat together in the kitchen, some people chose to eat at a different time and people were able to self-cater. We saw people having snacks and a chat in the kitchen at various points throughout the inspection.

Staff encouraged people to consider healthy eating options for their health and weight. One to one discussions were held with people who had specific dietary needs to help educate them and prompt them to make healthy choices. For example some people were overweight, others had diabetes and one person was trying to lower their cholesterol levels. Posters were visible in one of the kitchens to inform people of the "good" foods to eat and a list of food available so people knew what to eat more of to help their health conditions. One person was vegan and staff respected this decision and suggested meals to help them maintain an adequate intake of nutrients. Staff balanced people's right to choose what they ate (which was sometimes not healthy and nutritious) with supporting and educating them to make good food choices for their well-being.

One person had health problems which was affecting their diet. The home had made a referral to the Speech and Language Team (SALT) for advice on their diet. Clear guidance was available for staff related to the foods the person was able to eat, how to prepare foods to reduce the risk of choking and those foods which should be avoided. All staff were aware of the care plan in place. Additional guidance was also available for staff on choking to ensure they had the necessary skills and knew how to respond in the event the person choked during their meal.

Each person's had a Malnutrition Universal Screening Tool (MUST) score. This is a research based tool to identify if a person was malnourished or at risk of malnutrition. People's weight was monitored and those who had difficulties with food and eating were observed discreetly by staff to ensure their food intake was sufficient and their weight was maintained where necessary.

People accessed a range of healthcare in the community. For example everyone was registered with a dentist, GP and optician. Regular checks were encouraged to support people's health. Additional health checks and vaccinations were offered to people such as the flu jab. Most people had capacity and were able to discuss these injections with staff and decide whether to have one.

Good

Is the service effective?

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced where health care professional's advice had been sought. For example when staff noticed a person deteriorating the GP had been promptly contacted for advice. Other care records indicated prompt referrals and liaison with mental health professionals requesting a review when staff noticed changes which might indicate people's mental state had changed.

The house was suitable to meet the range of needs people had. Although there were communal areas such as the main lounge and kitchen, there were quiet spaces where people could relax, play the piano and have some time alone. The lounge had a large area where people could watch television or engage in puzzles and art work. For the smokers, a special room had been created so they did not have to stand outside. The men in the house lived upstairs and the women downstairs. This worked well for most people but one person explained the downstairs smoking room meant men were passing their bedroom (they were female) and they needed to be mindful when leaving the bathroom that the opposite sex might be present. We heard the person speaking to the registered manager who agreed to talk to their own manager about this.

Good

Is the service caring?

Our findings

People repeatedly told us they felt listened to, cared for and that they mattered. People told us "The staff help me a lot, they give me advice, it's the best thing that has ever happened to me"; "They (the staff) always think of us in a good way, nothing's too hard for them"; "They (the staff) are always there for people, they help me with my paperwork"; "I like all the help and TLC here, I couldn't cope on my own"; " Staff are caring, kind and understand me;" "They have an exceptional way of making it feel like a home rather than just a house."

Staff told us about the fondness they had of the people living at the home and their ethos "To treat people like a human being"; "To judge people as individuals". Others explained their role as helping to give people the chance to have a dream which could develop into a goal and then supporting them to reach that goal and watching their confidence grow. Staff went "the extra mile" to ensure people felt valued.

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

People and staff were happy and positive. We observed people approaching staff as they needed to, walking into the office and sitting with staff for a chat. Staff were polite, kind and gave people time when they needed it. For example we saw one person approach the registered manager to discuss something. The registered manager listened, acknowledged their concerns and informed them what they would do to address their concern. The person told us "They (the staff) are nice, helpful and always make an effort to approach you, talk to you – all are laid back and calm."

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

Staff maintained people's routines by sticking to pre-arranged plans and they supported each other. For example when one of the staff had become lost finding one of the activity venues and returned home, another staff member quickly volunteered to take the person so they did not miss their day's activities.

We observed staff to be professional and non-judgemental in their interactions with people. Staff were knowledgeable about all the people at the home, their personal preferences and routines and background histories.

Staff showed concern for people's wellbeing in a meaningful way. For example we heard during handover one person had been bored and had been becoming anxious over the week-end. Staff had encouraged them to undertake some of their paid work. This had helped improve their mood and given them some additional money to attend someone's birthday meal.

The staff and the organisation celebrated people's achievements. The week following our inspection a Saint's day was being planned for and celebrated. This was a day where people and staff were able to join together, share a meal and certificates were handed out to acknowledge the goals people had reached. New people who had come to live at the community were welcomed and greeted in a formal way if they wished. People were looking forward to dressing up and celebrating the day.

People's dignity and privacy were respected. We saw in one person's care plan that they enjoyed going shopping by them self but had continence needs. To ensure their privacy and dignity was maintained, staff would prompt them to use the bathroom before they went out. In the event of an incident in one of the local shops the person carried an ID card so staff were able to be contacted for support quickly.

People were supported to maintain contact with their families where possible. Staff supported people to telephone their relatives regularly and enabled them to arrange visits to family. The home had internet access and some people had their own laptops so were able to communicate with friends using Skype, email and social media.

Many of the staff had worked for the organisation for many years. All staff we spoke with commented that they too felt cared for and supported by the organisation. Staff travelled from all over the country to work for the company. The

Good

Is the service caring?

registered manager told us of the caring attitude by the senior management team in enabling staff to develop and progress within the organisation. Staff were supported to return to work when they had experienced personal issues or been unwell and staff told us they felt cared for. This caring ethos was reflected in the staff at Maria Skobstova as we observed their discussions about people and interactions. The staff were committed, knew people well and created an environment where people were supported to achieve their best regardless of the challenges they faced.

Good

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. Care plans were written using the person's preferred name and reflected how the individual wished to receive their care. For example, people's records detailed their likes and dislikes, favourite television programmes, their daily routine and food preferences. Preferences were respected and additional ideas considered to enhance people's well-being. For example one person at the home was very creative and staff supported them to visit and watch a film at the cinema which was of specific interest to them.

People were involved in planning their own care and making decisions about how their needs were met. For example, one person did not like changes to their routine. They wished to get up in the morning at a certain time and go to bed at a specific time with a specific drink. Daily notes showed and staff confirmed this was respected. Another person liked to use their free time to go to the nearby charity shops. We saw they did this during our visit and returned with some new purchases. One person had been keen to develop their gardening skills and was undertaking a horticulture course.

People were involved in developing and reviewing their care records where this was possible. Care records reflected what staff had shared with us about people, what people told us about their lives, and what we heard during handover. Each care record highlighted people that mattered to the person. They contained essential information about people's backgrounds and their needs. For example one person had sustained a head injury in the past. Care records highlighted the need for staff to be patient and gave clear guidance for staff on how to help the person with the short term memory loss they experienced. Care records detailed the use of the whiteboard to support the person's memory and a watch to help them with timekeeping.

Staff knew people well and therefore noticed when there were minor changes to their health and well-being. This information was shared with the staff team in handover. The registered manager made prompt referrals to the relevant health and social care professionals when needed. If there were delays at the referral end, these were followed up promptly to ensure people received the assessments / support they needed as quickly as possible. For example one person was showing signs of dementia and had been referred to the memory clinic.

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

People told us they were able to maintain relationships with those who mattered to them. One person we met had pen pals all over the world who they wrote to. Staff supported the maintenance of this social support system and postcards and stamps were bought during their outings. Another person contacted their relative using Skype and people confirmed, where they had relationships with family, these were encouraged. We saw details of this reflected in people's care records including how overnight stays to family members should be organised. We also heard staff handover information about supporting one person to make a telephone call to their family member as the previous evening they had not answered the telephone and this had caused the person some anxiety.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. There was a great range of activities people could engage with both within the organisation and within the local community. Activities were developed according to people's choices, interests and needs. Staff were creative in considering ideas to support people's recovery and build their self-esteem. For example one person had musical talents and the person was considering whether these skills could be used to teach people the piano to increase their own self-esteem and sense of worth.

Staff ensured personalised care. One doctor we spoke with confirmed care was personalised, "..a lot of common sense and human respect." We spoke with staff about a recent admission to the home. Staff understood the importance of the person's pet being able to live at the home and so the first step in the admission process had been the pet visiting

Good

Is the service responsive?

the home and meeting all the other people and staff who lived there. This had been an essential and pivotal point in helping the person make a decision to live at Maria Skobstova.

We heard how staff encouraged opportunities which were of interest to people. This helped to build trust and rapport with staff but also to develop people's self-esteem. For example we saw one person recording their own music with staff during the inspection. The staff had also supported the person's musical talents and they had been able to bring their piano into the home.

There was a dedicated activities co-ordinator for the community. The activities enabled people to develop friendships, skills and have fun. Activities we heard about people doing included crochet, cooking, gardening, attending church, walking their dog, theatre groups, visiting the cinema and trips to Dartmoor. Holidays were planned for those who wished to attend which included surfing, camping and canoeing. People had the opportunity for sheltered work within the organisation. People's religious needs were met by the organisation and people were able to attend churches of their choice. We heard that one person during our inspection had been feeling unwell and not attended church as usual. Those people who had attended brought the service sheets back to the home for them to read.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed within the service user handbook in people's rooms and also detailed on the organisation's website. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, had their issues dealt with straight away. A comments box was available for people who wished to leave anonymous information and this was regularly checked.

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

During our inspection people were completing questionnaires. All completed questionnaires we viewed were highly positive. Any concerns raised would be thoroughly investigated and then fed back to staff so learning could be achieved and improvements made to the delivery of support. No concerns had been raised as a result of the last questionnaires sent out. Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay. There had been no formal complaints received by the service.

Care was consistent and co-ordinated. We spoke with a psychiatrist and social worker who confirmed regular reviews were held for people with their relevant health and social care professionals. If people needed to attend hospital we saw an information sheet which went with them. Staff supported people to attend hospital appointments to share verbal information with hospital staff and provide reassurance to people during this process. These sheets were also available for any paramedic staff which might attend so they had a quick overview of people's health needs and medicines.

Good

Is the service well-led?

Our findings

People and professionals told us the provider encouraged people to voice their opinion and they felt listened to when they did. Questionnaires were being completed by people living at the home during our inspection which included areas such as whether people were happy, respected and had enough independence and choice. Staff had a suggestions box where they could also put comments and ideas for improvement. Professionals and families views were sought and feedback obtained. All the feedback we reviewed was positive.

The provider, the registered manager and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations. Staff comments included; "I enjoy working for the company"; "Everyone works well as a team"; "We get on well with the registered manager – they listen and respond"; "They (management team) listen and try to move things forward – they trust their staff."

The registered manager told us "Residents and staff can come to me. They know I'm approachable, they can talk to me and I'll act upon things. Staff know I'm a phone call away if they need advice." People's comments included "It's efficient and friendly (referring to the home)."

People and staff were involved in developing the service. People were involved in the recruitment strategy to ensure they had a voice in the staff employed at the home. Celebration days were held throughout the year for people and staff to join together and celebrate people's success and achievements.

There were further plans for the year detailed in the home's improvement plan. These improvements included considering how people could be more involved and policies afoot to reflect this. Easy read leaflets for people were being considered to remind them how they could raise a formal complaint or discuss any safeguarding issues. Information on the home's smoking policy was being updated for people and advice on how to access advocacy services. The changes were to be a part of the on-going resident meetings and one to one discussions held.

Staff meetings were held to provide an opportunity for open communication. Staff told us they were encouraged and supported to question practice. Staff openly suggested ideas during the handover we attended. For example following an incident in a car at the week end staff suggested the individual be seated at the front of the vehicle rather than behind the driver on future outings. Recent changes to the shift pattern in place were being discussed with staff and any issues fed back to the senior management team.

Information was used to aid learning and drive quality across the service. Daily handovers, supervision and meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. For example, following a recent visit by the local quality team action plans and audits had been developed for use within the home to improve the monitoring of the quality and service and ensure the home were evidencing audits undertaken.

The provider promoted an open culture. Staff told us "The culture is positive, genuinely caring." The home had an up to date whistle-blowers policy which supported staff to question practice and defined how staff that raised concerns would be protected. Staff confirmed they felt protected and were encouraged to raise concerns. Staff commented "There is a homely feel rather than an institutionalised one; it's relaxed and everyone tried to get along"; "We have the well-being of people at the centre of our hearts."

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Comments included; "I'm really made to feel valued, it's lovely working here"; "I love my job." Many staff commented that they had worked for the organisation for many years, staff turnover was low and staff felt valued by the training and career development opportunities. Supervision was up to date for all staff. Staff told us supervision was a two way process.

Health and social care professionals who had involvement in the home, 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,

Good

Is the service well-led?

followed advice and provided good support. A social worker confirmed they had been notified of recent changes to one person's health and the registered manager always promptly informed them of their client's change in need.

Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. The local authority, Plymouth City Council had recently conducted a quality assurance check at the service. Recommendations that had been suggested to improve practice were being actioned. Audits occurred in relation to safeguarding, medicine management, the environment and visitor's feedback.

Staff felt the data management systems in place required upgrading and modernising. The internet at the home was not always reliable and staff spent a lot of time faxing and copying documents such as audits and staff personnel forms due to an outdated IT system. Staff told us investing in modernising the systems the organisation used would create additional time for people. We discussed this with the registered manager who advised they would raise these issues with the senior management team.

There was an effective quality assurance system in place. The registered manager was open about mistakes and improvements made as a result. Feedback was accepted to drive continuous improvement within the service. The registered manager attended "The Outstanding Managers Network" and the local "Dignity Forum". These are meetings designed to encourage the raising of standards in social care and enable networking with colleagues, sharing of ideas and good practice to drive innovation.