Living For Life (Cumbria) Limited

Ava House

Inspection report

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Ratings

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

Overall summary

We carried out this unannounced inspection on 12 & 17 June 2015. The service was opened and first registered with Care Quality Commission (CQC) in October 2013 and this was the first inspection visit that had been carried out.

Ava House provides personal care and accommodation for up to four people who may have a learning disability. The home is designed to provide a transitional service with a view towards moving people on to more independent living. This is sometimes termed a 'Re-ablement Model' as people were generally expected to stay up to two years, or less depending on their needs.

The accommodation is provided in two semi-detached houses which have been adapted and turned into four separate self-contained flats. There is a communal dining kitchen and a staff office on the ground floor. The home is

Summary of findings

located in a residential area of Maryport in West Cumbria. People have their own flats that have a kitchen, bathroom, bedroom and a lounge. The ground floor units are wheelchair accessible.

There was a registered manager employed at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living in this home and said that the staff supported them to stay safe in the local community. We saw that people who lived in the home were comfortable with the staff who worked there, with a supportive working relationship. They told us that they would speak to a staff member if they felt unsafe or anxious.

People were protected from the risk of abuse because the staff in the home understood their responsibility to keep people safe and were aware of the actions to take if they were concerned a person may be at risk of harm.

The service had developed its own model of on-going assessment to promote the skills people required in order to make them more independent.

People told us that this helped them to feel part of the process and in control. One person said that this meant they understood and knew why some goals had been met and why others had been less successful. They also said that this helped them to develop strategies to cope when they were living in a more independent setting.

We found there were enough staff to provide the support and supervision that people needed to develop and to move onto more independent lives.

People told us that they liked the staff and said the staff treated them with respect and understanding. They told us that the staff were good at their jobs and they knew they had received training to assist them in carrying out their jobs.

All the staff employed in the home had received training to ensure they had the skills and knowledge to provide the support people needed. The staff knew how to support people to make choices about their lives and how they communicated their wishes.

Staff conveyed enthusiasm about the ethos of the home and said they were committed as a staff team to make a difference to people's lives. This was shared and confirmed by people in the home, one person said the staff team were "awesome", while another said after living at a number of other services the big difference here could be summed up in one word "respect" from the staff team.

The registered manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The focus of the home was on promoting individuals' rights and independence and no one in the home had any restrictions on their right to make their own choices.

People in the home were assessed as having capacity to make choices in their life and staff support was around informing and educating people as to risks.

Medicines were handled safely in the home and people received their medication as prescribed by their doctor. People were supported to maintain good health because they had access to appropriate health care services.

We saw that people in the home were central in decisions about how the support that was provided. The atmosphere was open and inclusive. People had been asked for their views about the service and the care they received and action was taken in response to their comments. House rules had been developed by the four people in the home, and they reported that this way they were more likely to stick to them.

When we contacted heath and adult social care professionals working with the home they reported that the home had worked creatively and flexibly with people with complex and high support needs. They told us, "The staff team have been very responsive and engaged. Their care planning is very person centred and collaborative with the client. This had resulted in a very successful transition – particularly given a context when transition could have been difficult."

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?
The service was safe.

Good

There were enough staff to provide the support people needed. The staff were safely recruited, trained in how to protect people from the risk of abuse and were aware of their responsibility to report any concerns about a person's safety so that action could be taken.

People made choices about their lives and risks to their safety had been identified and managed with them.

Managing risk had a high profile in the home and this was a central part of working with people.

People were encouraged to identify and manage risk themselves so that they were prepared in readiness to move onto their own home or a more independent setting.

Medicines were handled safely and people were protected from the risk of the unsafe use of medication.

Is the service effective?
The service was effective.

Good

People were supported to lead active lives in the home and local community in preparation for moving onto more independent living. This was done using flexible models of care and support.

Negotiation was a large part of the support work carried out with people living in the home and frequent reference was made to progress toward agreed goals and to success in achieving these. We saw that staff were skilled in this way of working with people.

The staff were well trained and had the skills and knowledge to provide the support people needed.

People's rights were respected because the Mental Capacity Act Code of Practice was followed and there were no inappropriate restrictions on their choices or liberties.

Is the service caring?
The service was caring.

Good

The staff treated people kindly and provided support sensitively, especially if people were anxious or distressed.

People were supported in a way that promoted their welfare and wellbeing.

People made choices about their lives and their independence and dignity were protected and actively promoted by staff in the home.

Is the service responsive?
The service was responsive.

Outstanding

Summary of findings

The provider had developed innovative approaches to identifying people's support needs so that support was designed around the individual. This meant that support was particularly flexible and responsive to people's changing needs. Leading to an increased likelihood of achieving the targets and goals for each person.

People were actively encouraged to be a part of their local community and supported to access a full and wide range of activities, interests and educational courses.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good

The service was well-led.

The atmosphere in the home was open and inclusive. The focus of the service was on providing high quality, individualised care which respected and promoted each person's rights.

There was a registered manager employed. People knew the registered manager and said that the home was well-managed.

We found that the service works in partnership with key organisations to maximise the benefits and outcomes for people in the home.

The staff demonstrated that they had instigated close working with other providers before people moved into or out of the service.

The registered provider used formal and informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

Ava House

Detailed findings

Background to this inspection

We carried out this unannounced 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 was 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 12 & 17 June 2015. We visited the home over two days so that we could meet as many visitors, staff and spend time with people in the home as well as looking at records.

The inspection was carried out by one Adult Social Care inspector. During our inspection we spoke with all four people who lived in the home and with the four staff who were on duty, as well as with the registered manager and the senior support worker for the home. We observed interactions and support in communal areas and looked at the care records for two people. We also looked at records that related to how the home was managed. We met one relative in the home and spoke to another on the telephone.

We looked at five staff files. These included information about recruitment, induction, supervision, training and appraisal. We also looked at records related to disciplinary matters.

We saw the quality monitoring documents for the home. We looked at records related to care delivery, fire and food safety and infection control. We also saw records of surveys and meetings with people in the home and other stakeholders.

We contacted local social work and health teams and to staff from the local health commissioning team for their views of the home.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider and was used as part of the inspection process.

Good

Is the service safe?

Our findings

People told us that they felt safe living in this home. They told us that they liked and trusted the staff who supported them and said they would speak to a member of staff if they felt unsafe or anxious. One person said, "There's nothing I can't say to staff, I trust them and could tell them if anything was worrying me."

Relatives we spoke with said they were "more than happy" that the service and care was safe.

We saw there were a number of ways that the service had developed so that people could raise concerns or to speak up. These were both formal and informal. For example, we were told by people living in the home that at any time they could call a meeting to discuss issues. And they also said that they had at least one private session of one to one time with a staff member a day so that they had the opportunity to talk about anything that maybe 'bothering' them. We saw that this was documented in people's daily records to ensure that issues were picked up and dealt with.

When we spoke with one person in living in the home they were also clear about what 'safeguarding' was and knew who to contact if they felt they were being abused in any way. People were given contacts outside of the home, such as advocates and social worker details so that they could contact them directly if they felt the need to.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, "We've had really good training, safeguarding was one of them, and it's something we talk about a lot as a staff team." Another said, "We know how to recognise and report abuse." We saw that safeguarding was a mandatory topic at every staff meeting.

All the staff told us that they would not tolerate any form of abuse and said that, if they had any concerns, they would report these immediately to the registered manager or to the senior support worker. Staff we spoke with were all aware of how to escalate concerns to agencies outside of the home, if necessary. One staff member said, "Everyone has a right to a dignified, respectful life and I would go to social services if necessary to make sure this happened. I've worked for 14 years in care and just a few months here, and this is by far the best home I've worked in for really promoting independence."

We found that the ethos of the home was clear, and embedded into the running of the service. One staff member said "We have zero tolerance to abuse. The manager makes that quite clear right from when you start the job. And we all agree and fully support her".

We, therefore, found that people who lived in the home were protected against the risk of abuse because the staff employed understood their responsibility to ensure people were protected from harm.

We saw that risks to people's safety had been assessed and measures had been put in place to reduce the identified risk. The manager spoke about the ethos of the home saying, "Ava House is designed as a transitional unit for adults to learn skills for independence in a risk managed environment."

We found that managing risk had a high profile in the home and was a central part of working with people in the home. People were encouraged to identify and manage risk themselves so that when they were ready to move on, possibly to their own homes, they would have the skills to stay safe. Staff explained that this could be around environmental risks, such as using a cooker or making sure foods were stored and cooked properly. Or it could be about managing risks outside the home such as using public transport and taking care of money and finances. Another important side of managing risks, that staff said they spent a lot of one to one time supporting people with, was in managing risks associated with relationships and contacts in the community.

While we were in the home we heard conversations between staff and people living in the home about 'positive risk taking'. And being positive about mistakes, and learning from them. People were given opportunities to try out and test out new skills in a stepped approach which allowed them to build confidence whilst also minimising the risks. When incidents had occurred that had put people, or themselves at risk, the person was given support to reflect and consider strategies for reducing this risk in the future.

The registered provider had plans in place to deal with foreseeable emergencies in the home. For example, emergency plans were in place for the action to be taken in the event of a fire. We saw that people who lived in the

Good

Is the service safe?

home had been given guidance on what they needed to do if there was a fire in the home. The staff and people who lived in the home knew the actions to take if there was a fire. This helped to ensure people were protected.

We saw that each person had a contingency plan in place to use in the event of emergencies; this was held both in the home and the senior staff member 'on-call' also held copies of these to refer to in an emergency.

The service had developed a policy and procedure to help to ensure people received safe care, this was called a "Stop Care" policy. The manager explained that this could be used at any point when staff felt that people's needs had significantly changed and/or the care plan and risk assessments no longer accurately reflected their needs. Staff were instructed to ring the 'on-call' senior or the manager and an immediate reassessment of needs would be carried out and interim measures taken to ensure that the person was safe. An example of this being when a person's needs had rapidly changed due a short term illness during the night. This person's mobility had rapidly deteriorated and staff were unsure of how to safely move them. Staff used the "Stop Care" policy and called the manager who arrived within the hour to re-assess the care and arranged for appropriate support.

Staff we spoke to about this procedure said they found this very reassuring. One said, "You can always say if you're not sure, you never get in trouble for it, we are encouraged to speak up and to challenge things. It's all about making sure people are safe". Another staff member said of the manager and the 'on-call' team, "You can approach them 24/7 nothing's ever a problem".

People told us that there were enough staff to provide the support they required when they needed it. During our inspection there were three staff working in the home. One member of staff supported a person to a healthcare appointment. Of the two staff who remained to support the other people in the home, one had moved from another of the organisation's services and was having a period of induction into the home. This staff member said, "I've worked for the organisation for a couple of years but I'm shadowing staff here until I know the people and what their support needs are. Everything is always carefully planned".

We also saw that there were enough staff on duty with the right skill mix to make sure that practice was safe and that unforeseen events could be responded to. We saw staff rotas to show that the service regularly reviewed staffing levels and adapted them to people's changing needs.

The registered provider used safe systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check to show that they had no criminal convictions which made them unsuitable to work in a care service. New staff had to provide evidence of their previous employment and good character before they were offered employment in the home. This meant people could be confident that the staff who worked in the home had been checked to make sure they were suitable to work there. All staff we spoke with confirmed that all these checks had been carried out before they were employed at Ava House.

People told us that they received their medicines when they needed them. We looked at how medicines were stored and handled in the home. We saw that medicines were stored securely to prevent them being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medicines had received training to ensure they could do this safely.

People received their medicines in a safe way and as they had been prescribed by their doctor, this helped to ensure that they maintained good health. We saw that some people self-administered their own medicines, and that this was part of the person's plan to be more independent. The home had checks in place to ensure this was managed in a safe way, and a stepped approach was used to delegate this responsibility to people.

Good

Is the service effective?

Our findings

People told us that the staff in the home knew the support they needed and provided this at the time they needed it. We asked people if they thought that the staff had the skills and knowledge to provide the care they required. They told us that they thought the staff did and one person told us, "Oh yes they know what they are doing. I've lived in other homes and can tell you that in this one the staff are great." This person also said, "I can sum up how the staff work here in one word- 'respect'. They respect me, and so I respect them. It's made all the difference. I'm a different person here and that's down to the staff treating me right and helping me." Another said, "They know how to handle me, they make me think about my actions and how they affect other people."

All staff said they felt well supported by the registered manager and senior care staff. One person said, "The manager is very good at her job. She knows her stuff. The communication in the team is done really well. She, and the senior, always have time for you." The staff told us that they had formal supervision meetings with the registered manager where their practice was discussed and where they could raise any concerns.

All the staff we spoke with told us that they received a range of training to ensure that they had the skills to provide the support people required. We saw that all new staff had to complete thorough induction training before they started working in the home. They said they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medicines, until they had completed appropriate training. Staff told us that the training they received gave them the skills and knowledge to provide the support people required.

One staff member told us, "We are all redoing the new skills training that's come out, just to make sure we all have the same core knowledge and values. We also get more specialist training, and often it's bespoke for the individual. It's a needs led service and so is the training, like we did buccal medication training so we could support one person properly."

We saw that this meant the individual could be given treatment that was more effective and flexible, and administered in a way that was more effective in maintaining their dignity.

Another said, "I worked in another home run by the same organisation before coming here, but I still had to do loads of training to make sure I had the right skills for this home. I love training, it's really important to get these refreshers."

The registered manager described the supervision and appraisal process for staff to ensure that staff had the support and skills to effectively carry out their role. We checked staff files and spoke to staff about this. We were told that when staff were identified as not meeting the organisations spot check audits they were given improvement guidelines, these were then followed up within formal face to face supervision sessions. Staff who did not improve, with additional support, were 'performance managed'. This could include for instance having their hours reduced and assigned shifts to work under senior supervision. If staff were not able to demonstrate quality care and did not develop with this support they were dismissed from the service. Staff we spoke to felt this was carried out in a fair and supportive way and said that this made it clear that 'only the best practice was acceptable'.

People told us that they made choices about all aspects of their daily lives such as the activities they followed, the meals they had and how and where they spent their time. We observed that people made choices throughout our inspection.

People told us that they helped to plan a menu each week and showed us where the meals that they had chosen were on the menu. One person told us that they were trying to maintain a balanced diet and said that the staff in the home were helping them to make healthy choices.

People told us that they led very active lives, attending activities of their choice. The focus of the service was on treating each person as an individual, promoting their independence and ensuring their support centred on their needs and wishes.

We saw that people were asked for their agreement before any care was provided. Negotiation was a large part of the support work done with people living in the home and frequent reference was made to progress toward goals and success in achieving these. We saw that staff were skilled at doing this and incorporating it into everyday conversation.

We saw that links with health and social care services were well established and effective in ensuring that people

Good

Is the service effective?

received appropriate health interventions and support. Records also demonstrated that people's health was carefully monitored and appropriate and timely advice was sought for people.

People were encouraged to take control of their own health care needs and to watch for issues that may require, for example an appointment with their GP. We saw that staff saw their role as supporting people to make their own appointments and monitor healthcare issues for themselves. This was in preparation for a move onto more independence living.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests.

The manager of the home was knowledgeable in this area of work. The focus of the home was on promoting individuals' rights and independence and no one in the home had any restrictions on their right to make their own choices. People's capacity to make choice was regularly monitored by the home to ensure that at all times they had the right support to make informed decisions about their care and life style choices.

People's capacity and consent issues were considered and explored when the service was designed. This included aspects of the building which was adapted to ensure that people could be safe and yet given independence within each of their flats. For example each flat was on a different electrical circuit that included a separate circuit for the kitchen. This could be switched on and off dependent on risk, and was linked to people's move towards becoming more independent as they gained the skills to cooking safely with less supervision. We saw that people living in the home had been asked about this and their consent gained.

Good

Is the service caring?

Our findings

We asked people how staff treated them. People told us that they "loved" being at Ava House and they were very clear on the reasons and purpose of their stay. One person said the staff in the home were “awesome”. And that the difference with this services was “Staff treat me with respect and I know what I can do and what I’ve agreed to.”

A relative we spoke to said that they had been helped to have a much more “balanced and grown up relationship” with their son. As parents they said they were “no longer his carers but that he had left home now, as any young man would do.” This they stated was due to the support and help of a staff team that were “kind, caring and patient and above all reassuring.”

The relative we spoke with said, “The home has helped our son to have a voice, and he now has his own advocate.”

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. Some people who used the service faced challenges around communicating their decisions. However the service had produced support plans which identified how people used a variety of different ways to make their needs known. This had resulted in people saying that they had more positive relationships. They said it was now easier for them to express their feelings, and in turn to understand how other people were feeling. One person said, "I used to kick off at the smallest of things. I know I was hard work back then. I'm miles better now staff have helped me a lot to get on with other people."

We observed that staff supported people in a friendly, compassionate and yet professional manner. Staff took opportunities in every day conversation to reinforce and praise people for their progress. Staff also encouraged the person to reflect on things that may not have gone so well. This also was done in a non-judgmental and kind way. It was notable that staff gave acknowledgment and praised people’s progress frequently during the inspection. Negatives and set backs were played down. For example, giving someone other options on what they may want to do differently next time when a person had become angry and frustrated.

People who used the service responded well to this approach. It was clear that staff had taken time to get to know the people who they provided a service to. We saw from written records of care that information had been gathered about people’s personal histories. There was also a section on what people enjoyed doing along with their likes and dislikes. This helped to enable staff to deliver person centred care. One relative told us that before arriving at the home their son had lost touch with some of his talents but now through the efforts of staff he was playing the guitar again and had new interests in art and photography. They said that this had hugely boosted his self-esteem.

The service had good links with local advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. The staff in the home knew how they could support someone to contact the advocacy services if they needed independent support to make or communicate their own decisions about their lives. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this. The manager said, “It’s really important that people are given a voice”.

We saw that people’s privacy and dignity was upheld and central to the philosophy of the home.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. This meant that the service ensured that people were not discriminated against. One staff member summed it up by saying “Every individual is different, and we mean that here.”

Outstanding ☆

Is the service responsive?

Our findings

We found that the service was very flexible and responsive to people's individual needs and preferences. People told us that they were not only included in making decisions about their lives in the home but that they were central to it. One person said, "The staff have helped me to set rules for myself, I know what I can and cannot do and what I've agreed to. This way works as I learn from my mistakes." And "I know everything that's in my support plan because I did it with staff."

Relatives said that the home always responded very positively to any concerns or issues they raised. One said, "Sometimes we feel we are worrying about something really small but you are never made to feel that way, the manager and staff always listen and we work together to sort things out." Another said, "We are always included in the care plans and reviews, and any issues the manager responds brilliantly."

We saw that people's care and support was planned proactively in partnership with the people in the home. Staff used innovative and individual ways of supporting and involving people so that they felt empowered, listened to and valued.

This was made possible by the model of support and treatment plans that had been developed specifically for use by this service. The model gave the individual the tools to understand and manage their behaviours and life. This was termed the PAR system which stood for, Planning, Application and Risk. The registered manager described how the tool help staff to use "evidenced based judgments" to support people and to responded to people's changing needs.

The manager gave an example where this had allowed them to identify a very subtle reasons why a person was not progressing and then to respond by changing the support to allow the person to succeed in meeting the set goal.

The PAR recording used various means of graphics and pie charts to help to communicate progress so that it was visual for both the person and the staff team. We saw that this allowed the service to be extremely responsive to people's individual needs. For example we saw how issues with managing personal budgets had been specially targeted and sensitively handled. Work had commenced around what would be a "need" and what could be classed as a "want" and helping to identify between the two so that informed choices could be made.

We spoke with this person who had said this had really helped and they described how their chart had gone from needing 100% support only 55% over a couple of months. They said, "I can see now what the staff are getting at. When I lived at another home I used to think that staff were just nagging me but now I can make these choices. Staff here say it's up to me but these maybe the consequences. But they let me decide. It makes sense."

Another person had been helped to access more suitable healthcare services when the PAR tool identified that the person may have not been diagnosed correctly. The evidence gathered was given to healthcare professional who then used this as a basis to carry out their own assessments. As a result a referral was made to a more specialist health team more suited to meeting this person needs.

We spoke to staff and they said, "There's a lot of recording but it's worth it as we can see clearly were progress is being made, and so we maintain this but then we concentrate on the gaps. It really does work at building on the positives and gives building blocks to creating more independence."

When we contacted heath and adult social care professionals working with the home they reported that the home had worked creatively and flexibly with people with complex and high support needs. Particularly those that may be able to go on to live more independently but who have struggled to fit into traditional services. They told us, "The staff team have been very responsive and engaged. Their care planning is very person centred and collaborative with the client. This had resulted in a very successful transition – particularly given a context when transition could have been difficult."

We saw how staff had enhanced people's sense of wellbeing and quality of life. This was seen in the way relationships and taking part in the community had also been subject to the PAR tool. We saw that for one person this had led to a real connection with the local community and with their neighbourhood. On our visit we saw people coming and going to visits neighbours. One person said, that they helped to look after a neighbours pets and had been to a BBQs .

Outstanding ☆

Is the service responsive?

People also told us that they were able to maintain relationships that were important to them. One person told us that they liked to stay with their family at the weekend. They said the staff in the home supported them to do this as they chose.

People told us that the registered manager and care workers had an excellent understanding of their social and cultural diversity and needs. Care workers supported people to access the community and minimise the risk of them becoming socially isolated. One person told us of the support they had from staff to access an animal care course at a local horticultural college after they had told staff of their interest in this area.

People told us they had friends at the activities they followed in the community. They said they also enjoyed meeting their friends at clubs they attended. One person spoke of trips to Blackpool and taking part in outdoor pursuits for the first time. On the inspection we saw that people freely came and went from the home and, they told us they frequently “popped out to see neighbours”.

Everyone we spoke with told us that they were happy with the support they received and no one raised any concerns with us about the service. One person told us, “We talk about how the home is running all the time. Its great like that, you can have a say but you have to listened to what other people in the home think too." Another said, "If we have any complaints you can just tell the staff, I wouldn't have any problem doing it. Its always sorted out fairly. The manager is great like that , she gives you time and listens to you."

We looked at how the home handled complaints. We saw a complaints procedure was in place, a copy of the procedure was in the service user guide that was given to each person to hold in their room, if they wished. When we spoke with staff they said that they were encouraged to support people living in the home to make complaints if they were unhappy. The complaints log also demonstrated that any complaints were used by the service to actively improve the quality of the service by using each one to bring about any necessary changes.

Good

Is the service well-led?

Our findings

We saw that people in the home were central in decisions about how the support that was provided. The atmosphere was open and inclusive. People had been asked for their views about the service and the care they received and action was taken in response to their comments. House rules had been developed by the four people in the home, and they told us that doing it this way made them more likely to stick to them. People in the home also told us that they frequently had meetings in the home so that any issues could be ironed out quickly, and this could be about them as individuals or about the running of the service.

We spoke with the registered manager about the service. She had been instrumental in setting up and leading the development of this provision which she said was about empowering people to make informed choices and be in control of their lives and their actions. She had researched good practice in the field of learning disability. She had used this research, her knowledge and the advice from health and social care professionals to design the service. This had led to a bespoke service built around the needs of the people. This included the building adaptations, the model of staff support and interventions, and to the recording and monitoring of risks and people's progress.

We acknowledged that the service had provided excellent support to people and that staff were motivated and well led. This was confirmed by the health and social care professionals who we contacted for feedback about the service.

During our inspection it was clear that the registered manager was very knowledgeable about the day to day operation of the service. We noted that when necessary she worked alongside her staff providing support to people and giving support to staff. This helped her to maintain oversight of the quality of care. There was also a clear management structure in place.

Staff we spoke with felt that communication in the home was very good and they felt well supported by the manager. One said, "the manager is very helpful and approachable, she knows her stuff and always has time to spare for you." Another said, "I love working for this company, with it being a smaller organisation that's good, you have more input and can influence changes. The managers know us and the people we support really well, and that's massively important. Even the on-call support are well briefed".

We looked at how the provider and the registered manager monitored the quality of the service provided at Ava House. We saw that the registered manager carried out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care.

We found that the service works in partnership with key organisations to maximise the benefits and outcomes for people in the home. The staff demonstrated that they had instigated close working with other providers before people moved into or out of the service.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. Formal and informal methods were used to gather the experiences of people who lived in the home and their feedback was used to develop the service. This had led to a greater variety of activities and more opportunities to engage in the local community. One person told us that this home really listened and acted on what you had to say.

The registered manager of the home carried out regular checks on all aspects of the service. We saw that they had a plan for the continuous improvement of the service. The improvement plan included the views of people who lived in the home about how they wanted the service to develop.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.