

## The Community of St Antony & St Elias

# The Community of St Antony & St Elias - 2 Seymour Terrace

### Inspection report

2 Seymour Terrace  
Totnes  
Devon  
TQ9 5AQ  
Tel: 01803 865473  
Website: [www.comae.org.uk](http://www.comae.org.uk)

Date of inspection visit: 18 August 2015  
Date of publication: 13/01/2016

### 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

2 Seymour Terrace is a small care home for people of working age who are experiencing severe and enduring mental health conditions. The home provides accommodation, personal care and support to a maximum of four people. The home only offers placements to men. The home belongs to a group of

homes owned by The Community of St Antony and St Elias. The homes all act as a community with group activities and group management meetings and oversight.

This inspection took place on 18 August 2015 and was unannounced. There were four people living in the home at the time of our inspection. People had a range of

# Summary of findings

needs. All people had freedoms but some were restricted under the Mental Health Act. The service was last inspected in August 2013 and was found to be meeting all the regulations.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived in 2 Seymour Terrace were supported towards independent living with care, dedication and understanding. People spoke very highly of the home and described how living there met their individual needs. People who lived in the home had complex mental health and emotional needs. Staff ensured a great deal of planning and preparation was involved in their care. Staff had liaised and coordinated with people, their relatives, healthcare and social care professionals as well as relevant authorities in order to provide a support package and an environment which reflected people's individual needs and preferences.

People's relatives also praised the home, they said "It's brilliant, I wish there were more homes like this in the country" and "I cannot praise them enough". Healthcare professionals said "They are not like other providers, I find it excellent", "I cannot fault anything that they do", "There are very few settings that could manage as well as they do" and "They are an amazing place".

People were confident about being safe and were comfortable about raising any concerns they may have to the management team. One person said "I feel very safe here. I have been in lots of other homes but wanted to be more independent". People's relatives also stated they felt people were safe. One relative said "I have absolutely 100% confidence in the place and the manager, I have complete confidence (my relative) is in a safe place". People were protected from risks and comprehensive risk assessments had been carried out. These had been highly personalised and extensive thought had gone in to identifying all potential risks and actions to avoid them happening. There was clear evidence that people's safety was paramount and that staff spent a lot of time understanding people. People were supported to be as independent as possible, working towards taking

responsibility for their medicines, finances and learning new skills. The staff ensured people were physically safe and that their mental wellbeing was prioritised. There were very detailed assessments of the risks to people's mental health, the triggers that could lead to a relapse in their mental health, the signs that their health was deteriorating and the actions staff were to take. Steps were taken to minimise the risks of people suffering abuse and the home had a very open culture around complaints and raising concerns. People were protected against risks relating to medicines as very specific protocols and training were in place.

Staff were equipped with the skills, knowledge and understanding to be able to support people with diverse and complex needs. Staff told us they were happy with the training they had received and felt skilled to meet the needs of the people in their care. Staff told us people came first and their wellbeing was paramount to the work staff undertook. Staff were supported to develop individually and to share their thoughts and opinions in order to improve the home. Prior to staff being recruited, candidates were invited to spend a 'taster day' at the home. This involved the candidate spending a day in the home getting to know the people who lived there and ensure people living at the home felt comfortable with them.

Staff sought advice from health and social care agencies and acted on their recommendations and guidance in people's best interests. One healthcare professional said "They worked very closely with us before (the resident) got offered a place there". One person who used the service said "I had meetings with them before I moved here. It made me feel much more comfortable that they knew how I communicate". One relative described how the registered manager had travelled some distance to see their relative on two separate occasions in order to spend time with them. Their relative was non communicative but according to them the registered manager "Didn't give up, they tried again and again. They got (my relative) to talk because they didn't give up". One healthcare professional said "They work very closely with us in order to manage very complex issues. Their key strengths are good communication between staff and with us". A relative said "They involve the right people; they keep the right people informed".

# Summary of findings

People's experience of their care and support was positive. People were involved in all aspects of their care, including planning and reviews, and took pride in being able to direct their care. People discussed and shaped the activities programme they wished to take part in and their feedback was listened to and their ideas were implemented. The home had a very comprehensive activities programme in place which people took advantage of. The service was well known and respected within the local town which helped people feel part of the local community. People who lived in the service undertook voluntary work in local charity shops and were involved in other community projects. People took part in local social events as well as more individualised activities that met their needs and preferences. Staff supported people make choices and decisions about their care and lifestyle. People's care records were detailed and were written in a personalised way. It was clear people were consulted during the writing of their care records and were involved in reviewing these. People were included in decisions about their care and where people lacked capacity to make certain decisions at a certain time staff had involved people's relatives and professionals in making those decisions. People confirmed their wishes and preferences were respected.

The service had a strong person centred culture which helped people to express their views and share their points of view. People told us they were supported in a caring way which promoted their well-being and helped them to increase their self-esteem. For example, one person told us about a recent loss they had suffered, they described how the staff had supported them in different ways. They told us staff tried to cheer them up but also took the time to sit with them and chat when they were feeling upset. They told us staff had encouraged them to plant a rose bush in the garden in memory of the person they had lost and this had brought them comfort. Another person exhibited rituals in relation to their communication. They told us staff knew how to

communicate with them in order to avoid increasing their paranoia. During our inspection we observed staff responding to this person in a way that calmed them and relaxed their anxiety.

Staff treated people with kindness, compassion, dignity and respect. People and relatives praised the staff at the home. People said "All the staff are really nice. If staff weren't kind they wouldn't be here" and "The staff here just see the best in people. They're always praising how nice everyone is". Relatives said "All of them walk the extra mile for the residents, the human input is there", "They love him like family, it's brilliant" and "They truly care about him". Steps were taken to improve people's relationships with their relatives and relatives felt the staff not only supported their relative but them also. One relative told us "I'm being looked after as well, they support me and my wellbeing". People were always treated with dignity and respect. One healthcare professional said "They're very honest, upfront and treated him with great dignity and respect", "They go over and above in relation to dignity and respect" and "They are very sensitive".

The community's visions and values were embedded in every aspect of the home. People were treated as equals and were encouraged to take control of their lives as far as possible. Staff competence and behaviours were continuously monitored by management to ensure they were displaying the values of the community and the high level of competence expected.

The provider had a robust quality assurance system in place and regularly sought feedback from people, their relatives and health and social care professionals. The provider continually strived to deliver a very high quality service and always sought to improve. The management structure offered staff support and demonstrated a culture of openness. There was an out of hours management rota which ensured there was always a senior member of staff to contact for support and advice. People told us they felt comfortable sharing their feedback and complaints with the registered manager and the deputy manager and these were acted on.

# 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.

Robust recruitment procedures ensured there were sufficient staff with the right skill mix, aptitude and insight to help people identify and manage risks effectively.

People said they felt safe at the home. Relatives and visiting professionals were confident the care and support provided ensured people's safety.

People were protected from risks and thorough and personalised risk assessments had been carried out.

There was clear evidence that people's safety was paramount and that staff spent a lot of time understanding people and their risks.

Medicines were effectively administered and managed. People were supported to look after their own medicines as far as possible.

Good



### Is the service effective?

The service was effective.

People were involved in the assessment of their needs and had consented to their care and support needs.

The service was meeting the requirements of Mental Capacity Act, the Mental Health Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were up-held.

People had access to relevant healthcare services for on-going healthcare support. The service worked in partnership with other professionals to ensure people's health needs were monitored and met.

Staff were well supported. They received regular and appropriate training, supervision and appraisals to enable them to provide the care and support people required.

There were procedures in place to ensure staff were delivering a good standard of care which followed best practice and had the skills to care for people's needs.

Good



### Is the service caring?

The service was caring.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

The service had a strong person centred culture which helped people to express their views and share their points of view.

Care was taken to develop people's confidence and self-esteem through communication and activities.

Good



# Summary of findings

Staff knew people well and how to support them in a way which promoted their independence and choice.

## Is the service responsive?

The service was responsive.

People received consistent, high quality, personalised care and support.

People were supported to achieve their personal goals by working with staff to identify and agree their personal objectives and identifying the steps to take to achieve them.

Staff understood people's preferences and their abilities well. A varied activity programme took into account people's personal hobbies and interests and introduced them to new activities.

People's care plans were detailed, personalised and contained information to enable staff to meet their care needs.

People's care was extremely personalised and centred on their individual needs and aspirations.

Good



## Is the service well-led?

The service was well-led.

By constantly striving to improve and learn from the views and experiences of people, staff endeavoured to make sure a high quality service was delivered.

There was a well-defined emphasis on support, transparency and an open culture.

The management team had very robust and effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

Good



# The Community of St Antony & St Elias - 2 Seymour Terrace

## Detailed findings

### Background to this inspection

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

This inspection visit took place on 18 August 2015 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this

type of care service. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. During the inspection we spoke with the four people who lived at 2 Seymour Terrace, two relatives of people who used the service, the registered manager, the deputy manager, two members of care staff and one healthcare professional.

We looked in detail at the care provided to all four people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe in the home. One person said “I feel very safe here”. A relative said “I have no concerns about their safety at all, I have confidence they are looking after (my relative) properly”. Another relative said “I have absolutely no concerns about (my relative)’s safety” and “I have absolutely 100% confidence in the place and the manager, I have complete confidence (my relative) is in a safe place”.

People were protected from risks because extensive risk assessments had been carried out; risks had been identified and control measures had been put in place to reduce any risks. The registered manager undertook a thorough assessment of people’s needs prior to them moving into the house in order to ensure the home was able to meet their needs but also to ensure there were no risks to themselves and others. The registered manager had arranged for a local psychiatrist and a head of care who was a qualified social worker to oversee people’s care on a regular basis. This ensured people received professional input and assistance on a regular basis. The registered manager told us that having regular access to specialist professionals mitigated potential risks to people’s mental health and their safety as potential warning signs of deterioration were picked up very quickly.

The manager and staff described the types of risks they were managing, some of which related to people’s behaviour. There was evidence to show they took advice from other professionals to manage these risks and to ensure they were the least restrictive as possible, whilst balancing this with the need to keep people safe. People’s risk assessments were comprehensive, clearly identifying known hazards and how these would be reduced to enable them to go about their daily lives as safely as possible. For example, one person had been identified as being at risk of injury to themselves and others relating to their smoking. There were clear instructions for staff relating to this. The person had agreed to some restrictions as a way of managing these risks. There were fire precautions in place in relation to the person’s bedroom and clear guidelines relating to the steps staff should take should they smell smoke coming from the person’s bedroom. The registered manager explained in detail the process that had been agreed with staff in relation to this and how the person’s wishes and freedoms were always considered. Records

showed and staff told us that people’s safety was paramount and that staff had spent a lot of time understanding people, their needs and risks in order to identify all potential areas for risk. Risks identified were personal to the individual and did not only focus on people’s physical safety but also their mental and emotional wellbeing.

Staff encouraged positive risk taking. To make the most of their daily lives people were encouraged to try new experiences whilst managing any risks they might face. Potential hazards did not restrict them and staff were supported to find creative ways of minimising risks to promote people’s safety. For example, staff had organised a holiday for the people living in 2 Seymour Terrace and the other homes within the Community. Staff had consulted with healthcare professionals, social workers and other professionals in order to enable people to join and ensure their safety was promoted. One person told us about this holiday with great enthusiasm. They told us they had enjoyed themselves and told us of an incident which had taken place which had strengthened their self-esteem.

All the people at the home had freedoms relating to being able to leave the house on their own. There were clear protocols in place to monitor people’s outings and clear actions to take should a person not return from an outing in order to protect them and others. These protocols were being followed by staff in a way that didn’t place undue restrictions on people and kept them safe. People were protected and their freedoms were being respected. One healthcare professional said “They offer a good balance between supervision and support”. A relative said “They are very supportive, they give (my relative) structure and there’s a safety net which supports them with their independence” and “They have a good structure and help (my relative) be more independent”. Another relative said “They trust (my relative) to be independent but they keep a close eye on him”.

We spoke with people about the restrictions imposed on them relating to their mental health needs. They said “It’s quite strict here but the boundaries they have here have helped me”. Where people left the house on outings there was clear guidance in their care plan in relation to their safety whilst away from the home.

The Community had a dedicated health and safety officer who monitored and regularly reviewed policies, procedures and working practices, as well as premises and working



## Is the service safe?

environments. The staff undertook regular risk assessments of the environment and any actions had been completed and dated. Each person had a personal evacuation plan in place should they need to leave their residence in an emergency. Staff had access to information about who to call and what action to take in an emergency. Out of hours support was available from senior management. People used mobile phones to keep in touch with staff when out of the home and were always encouraged to keep these charged and in their possession.

Staff had all received training in safeguarding and told us the steps they would take should they suspect any potential concerns. Staff said they felt comfortable raising concerns and would know which outside agencies to contact should they not be able to speak to management. There was an up to date safeguarding policy as well as a whistleblowing policy. Contact information and reporting protocols for safeguarding were displayed within the staff office.

People were protected against the risks associated with medicines. There were clear policies and processes around medicines which staff followed. Medicines were stored safely and securely. People's medicines were clearly labelled and stored within specific drawers with their names on. The amounts were checked before and after the medicine was administered and medicine balances were recorded on the medicines administration records (MAR) every day. Medicines were ordered and destroyed or returned correctly. Regular audits took place which ensured any errors were identified without delay. People we spoke with told us they had no concerns surrounding their medicines. Most people were working towards managing their own medicines and told us staff were very supportive in helping them with this. They were shown the procedures staff used for recording the medicines they were taking. They were encouraged to dispense the medicines into pots, take the medicines and complete the MAR accordingly. This was done to encourage the person to understand the MAR sheet and the ways in which staff were administering their medicines when they were not self-administering. Each person's medicines were administered in a personalised way reflecting their preferences and their capabilities. One person said "I self-medicate but the staff keep the medicines safe for me in the med room, I like that rather than keeping them myself. I get to fill in the forms to say what I have taken. I know what they are for".

People were supported by sufficient numbers of staff on duty. People told us that staff were busy but were attentive to their needs. One person said "They are busy but they always take the time to talk to me". Another person said "Yes there are plenty. We have one member of staff to two residents" when asked if they thought there were enough staff. Staff told us they felt there were enough staff to care for people. One member of staff said "I think there are enough staff. Staff are not hectic. I definitely think people are getting the right amount of support". During our inspection we observed staff spending time with people. People were also supported to go out during the day to attend activities. A large amount of thought and planning was given to allocating staff to work in the home to ensure there were sufficient staff with the right skills, experience and understanding of people to meet their needs. Specific staff members had received further training, and developed their knowledge, to be able to provide the best care to one person who had specific care needs. During each shift there was at least one of these specific members of staff working in order to best care for that person. Staff worked on a two day rota, which staff told us enabled them to spend more time with people and be able to more accurately identify any possible dips in their mental health and mood. The registered manager and staff described how the home worked closely with the other community homes so that staff could work across the different homes. The registered manager told us that this ensured people had access to staff who knew and understood them which provided continuity of care and made people feel more safe and secure. The home did not use agency staff and when cover was needed staff from other community homes would be used.

People were protected from the risk of unsuitable staff because the service had appropriate recruitment systems in place. The registered manager had taken steps to ensure staff were of good character, had appropriate skills, knowledge and skills to carry out their role.

Prior to staff being recruited staff spent a 'taster day' at the home. This involved the individual going to the home for the day where they were closely supervised by staff on shift. This allowed the people who lived in the home to meet the prospective new staff member and form an opinion as to whether they felt they would feel comfortable with them working there. The registered manager told us that if people who lived in the service did not feel comfortable with the person applying for a position then



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they would not be taken on. After the taster day people and staff filled in taster day evaluation forms and the applicant was asked to complete a document detailing their own thoughts about the day. This was then used to determine whether to offer the applicant a position. It was clear that relationships and rapport between staff and people living in the service was paramount when hiring staff. One member of staff spoke highly of their recruitment experience and their 'taster day'. They said "I had an interview and then I had a trial shift, taster day. I got to know the residents, they asked me questions and chatted with me. I think they really prioritise the needs of the residents, that comes first here".

The registered manager told us that should staff feel the need to whistleblow or if anyone made a complaint they

could be confident they would be protected and supported. Staff said they would confidently raise concerns under the provider's whistleblowing procedure and knew management would respond appropriately.

Accidents and incidents had been appropriately recorded and analysed and steps had been taken to avoid the likelihood of reoccurrence. Incident forms were completed, reviewed by the registered manager and then sent to the health and safety coordinator who also reviewed them. This ensured that any patterns were identified without delay. Action plans were then created and action was taken to minimise the risk and minimise the possibility of reoccurrence.

# Is the service effective?

## Our findings

People told us they trusted the staff supporting them and felt they were well trained. One person said “They are well trained in the technical stuff – they are human beings and I like them to be natural”. Another person said “All staff are really, really good”.

It was evident the Community valued staff training and ensured this was thorough, relevant and up to date. People were supported by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Essential staff training included topics such as infection control, manual handling, first aid, health and safety, record keeping, values, equality and diversity, communication skills and activities. Additional training was completed to ensure staff knew how to meet people’s specific needs, for example, conflict resolution, diabetes, specialist care procedures, the law and confidentiality, drug and alcohol testing. All staff also received training in the mental health conditions people in the home lived with. Staff had undertaken further training in promoting independence, managing aggression and anti-bribery, amongst other topics.

Where people had moved into the home requiring specific healthcare needs, the registered manager had organised for a nurse to come into the home and train staff on attending to people’s personal care appropriately.

Staff told us about their induction process and that they found this very useful and comprehensive. The registered manager told us all staff underwent thorough induction training which provided them with good foundation knowledge in care. Following this induction staff were required to shadow a more experienced member of staff and spend as much time as possible with people before working with them alone. The registered manager told us that staff underwent an intense period of training, both in the classroom and whilst on shift. They told us training was regularly refreshed to ensure staff stayed up to date with changes in legislation and best practice. Staff told us they received a large amount of training which helped them care for people. Staff received classroom training in medicines and following this, observations of staff practice around medicines administration had been undertaken a

large number of times before staff were able to administer medicines on their own. It was clear during our observations that staff were competent and applied the Community’s procedures consistently.

The deputy manager conducted regular observations of staff competencies and behaviours. Regular formal supervisions as well as regular handovers and informal conversations and catch ups took place between the management and staff. The registered manager told us this led to staff feeling supported and having a clear idea of the home’s ethos and what was expected of them. During formal supervisions specific training and learning was discussed in order to develop staff’s skills and knowledge to benefit the people they cared for. For example, staff had been tested on their knowledge of Deprivation of Liberty Safeguards (DoLS) and best interest decisions as well as how best to support people’s individual choice during these meetings. There were procedures in place to ensure staff were delivering a good standard of care and had the skills and knowledge to care for people’s needs. One relative said “Staff are very experienced and so friendly”.

Staff were encouraged to gain further knowledge and qualifications in areas such as management or specific medical conditions. The registered manager told us that every manager within the community as well as three out of four senior managers had started as a care worker and had progressed through the ranks with the support of the senior management. This showed staff were encouraged and supported to progress. The registered manager told us this ensured the community’s ethos and vision remained at the fore and that people at all levels of the organisation really understood what supporting people entailed. It also created consistency for people who had lived in the home a long time and saw staff members progressing in their career.

The registered manager also told us that staff were supported to become specialised and were supported to develop their individual development needs. Previous staff members had gone on to train as psychiatric nurses, social workers, dieticians, art therapists or care home management. Whilst these members of staff were training they had shared their newly gained skills and knowledge with the Community and used these skills to benefit the people in the home.

Before a person moved into the service, a comprehensive assessment process was carried out to make sure staff

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were able to meet people's needs. The registered manager told us they always visited people prior to coming to the home and spoke with healthcare professionals and relatives in order to get a full picture of the person's needs. One healthcare professional told us "They worked very closely with us before (the person) got offered a place there". The registered manager also told us they ensured they knew people's likes, dislikes, interests and specific needs in order to ensure they would live comfortably with the other people living in the home. One relative described how the registered manager had travelled a long distance to see their relative on two separate occasions in order to spend time with them and gain the information they needed. Their relative was non communicative but according to them the registered manager "Didn't give up, they tried again and again. They got (my relative) to talk because they didn't give up".

Appropriate referrals and communication was made between the staff at the home and other professional bodies and healthcare professionals. The registered manager said "We encourage and support service users to attend to their physical healthcare needs. We support people to make and attend appointments with doctors, the dentist, opticians etc. and discuss issues such as diet, exercise, smoking cessation and alcohol consumption. We do not seek to impose a particular lifestyle on an individual, but encourage them to take responsibility for the choices they make and recognise the impact of their choices on their physical and emotional wellbeing".

The registered manager had organised for a consultant psychiatrist to attend the home at least once a week in order for people to receive psychiatric support. They also told us they had arranged for a doctor to visit the home regularly in order to monitor people's health. The registered manager said "We sit on meetings with care supervisors and social workers. Joined up working is the key, that and good communication". A healthcare professional said "They work very closely with us in order to manage very complex issues. Their key strengths are good communication between staff and with us". A relative said "They involve the right people, they keep the right people informed". All the relatives we spoke with told us how much their loved ones had benefitted from the regular psychiatric and medical support they were receiving. People spoke highly of their consultant psychiatrist and told us they found talking to them helpful. A healthcare professional

said "I can say unreservedly that I have never before worked in such a positive, therapeutic organisation, and I regard it a privilege to be able to use my skills in such an effective environment".

Staff understood people's rights under the Mental Capacity Act 2005 (MCA) and in relation to

depriving people of their liberty. The provider was meeting the requirements of the MCA. Staff had received appropriate training and could demonstrate a good understanding of the issues around capacity and consent. No applications had been made with regard to Deprivation of Liberty Safeguards (DoLS), which is where an application can be made to lawfully deprive a person of their liberty in their best interest or their safety, and where the person lacks capacity. Everyone living at the home, at the time of our inspection, had the capacity to make decisions. Staff understood people's rights under the MCA, the Mental Health Act and understood the importance of the best interest decision process. The registered manager told us that issues of capacity were identified during the assessment process and that they always assumed everyone had capacity but knew this could fluctuate. For example, the registered manager and a relative told us about a best interest decision which had been made for a person when they had experienced a relapse in their mental health and had not had the capacity to make the decision themselves. Relevant healthcare professionals, staff and relatives had been involved in this process and relevant legislation and guidance had been followed.

People were always involved in their care and their consent was always sought. When we spoke with people who lived in the home, they told us they were always involved and consulted about decisions regarding their care and welfare. One person said "The staff don't try to be assertive in any way, the staff really know how to communicate with me". There was clear evidence in care plans and daily notes that people had been involved in decision making. One person said "I don't have an advocate but I know a member of staff would do it for me if I needed it. They are very patient when explaining things to me". Six monthly reviews of people's care took place with the person the care related to, their relatives and other healthcare professionals, to ensure any decisions were made in their best interests and to make sure their care and support continued to meet their needs.

People were encouraged to be as independent as possible with cooking their own meals. Where people were not able

## Is the service effective?

to cook for themselves, people were offered choices of meals which took into account their preferences. Staff knew people's likes and dislikes. One person said "I did try self-catering but wasn't very good at it so I opted out and the staff to do it now. I do go to the shops to buy snacks when I feel like it". During our inspection we observed all residents being asked what they would like for lunch and people decided what they wanted, whether they wanted to make it themselves and where they wanted to eat. One person stated they wanted staff to make them their lunch and they would eat it in the garden. We observed people making their own food where they could and they told us they were supported to buy their favourite items. One member of staff had a particular interest in cooking and had helped people with cooking new dishes. Every week people were able to attend a cookery lesson organised by the Community. People were taught about healthy eating and were encouraged to have a balanced diet. One person said "Staff talk to me about healthy eating and I cook

curries, cottage pie etc. When I am not cooking on a Friday I have takeaway. Staff cook and their food is lovely". Another person said "They have talked to me about having a healthy diet and I haven't bought or had a fizzy or sugary drink now for a few months I have water instead".

Staff ensured people had access to healthy foods like fruit, vegetables and fresh meat and fish. One person said "There is a fruit bowl on the lounge table all the time. If it is empty I will tell the staff and they will refill it". People did their own shopping where they could and were supported to do this. The Community also had an allotment which was used to grow vegetables which were supplied to the houses. People were encouraged to help in the allotment in order to learn more about fresh vegetables but also to gain enjoyment from the experience. One person said "Once a week I go to the Community allotment where we grow food for the five houses".

# Is the service caring?

## Our findings

People who used the service, their relatives and other healthcare professionals who had contact with the service, were consistently positive about the caring attitude of the staff and the amount of respect they showed for people. The overall impression from people was that everyone thought those who lived at the home received the best possible care from an excellent staff team.

People said “All the staff are really nice. If staff weren’t kind they wouldn’t be here”, “They are great at cheering me up and we have a lot of banter between us all”, and “They accept me for who I am”, “I am happy here and I do say how I feel, staff on the whole are very patient and kind to us all and they have a sense of humour which helps”, “I am very happy here and getting more independent” and “They are very caring and I don’t feel they need improving”. One person said of the registered manager “The manager is great, I think he’s genuinely just a nice guy”.

Relatives we spoke with could not fault the home and said “It’s brilliant, I wish there were more homes like this in the country”, “All of them walk the extra mile for the residents”; “I cannot praise them enough”, “There aren’t any flaws, it’s the best place. It’s heaven for (my relative)”, “They saved (my relative), the change in him is huge”, “They trust him, teach him to live and enjoy life”, “It’s the best thing that ever happened to (my relative)”, “They should get a gold star”, “I cannot praise them enough, this place should be cloned”. A healthcare professional said about a person who lived in the home “They have enabled him to achieve a quality of life he could never achieve in another setting”. They also said “I am hugely impressed with them, they are an outstanding provider of care, I couldn’t have been more impressed”.

The atmosphere in the home was very welcoming and friendly. Relatives said “It’s a very homely atmosphere”. People we spoke with agreed with this and said “It’s starting to feel like home”, “It does feel like home, I’m going to paint my room”, “The house has a relaxed atmosphere and that is why I chose to come here”, “This was cosier than the other houses on offer” and “Everyone here is friendly and it leads to a different atmosphere”. One person we spoke with told us they felt all the residents brought their

own friendly differences which contributed to a relaxed atmosphere in the house. They stated “They accept me for whom I am and adapt to me.” A healthcare professional stated “I have never worked in such a caring environment”.

Our observations during this inspection confirmed people’s views. We observed some very kind, calm and positive interactions between staff and people. People were relaxed in their home environment. Throughout the day we observed people smiling and laughing. People were involved in activities and spent time talking with staff who were positive and enthusiastic. Staff communicated with people in personalised ways which calmed and reassured them.

People expressed happiness at living in the home and the way they were being supported by staff. People told us staff went the extra mile for them. People gave us examples of staff coming in on their days off to help them, using their own vehicles when the Community cars were busy and organising specific activities or trips in their free time. One person told us they enjoyed dog walking and when they had been unable to walk the dog they usually walked a member of staff had brought in their own pet. The person told us they had not asked the staff for this and was very happy and surprised that the staff had arranged it for him. The person told us this story with a smile on their face and told us staff really cared about them.

The service had a strong, visible person centred culture which helped people to express their views so they could be understood and involved in all aspects of their care and support. People were involved in the staff recruitment process, in all care review meetings, in feedback sessions and resident meetings. People were encouraged to share their views in imaginative ways, such as humorous feedback requests relating to activities. Staff and management were fully committed to this approach and found ways to make it a reality for each person living in the home. For example, people were asked for their views on how their day had gone at the end of every day and what progress they were making towards their chosen goals. This was recorded and used to plan their personalised support. The registered manager said “We seek to engage people in the process of recovery by encouraging them to make choices and actively participating in every aspect of life”. Care reviews were person centred and chaired or led by the person they referred to if they were comfortable to do so. People were fully involved in the planning of their care and

## Is the service caring?

setting their own goals. Regular reviews of goals took place with people so they could acknowledge their achievements and what they were working towards. This meant people who lived in the home experienced care which was empowering and provided by staff who treated people with dignity, compassion and respect. We saw people received care and support in accordance with their individual preferences and interests. Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. When staff spoke to us about people it was clear they not only knew people very well but also cared for them deeply. For example, when one member of staff was talking to us about a person they said "I can't possibly do them justice".

Care was taken to develop people's confidence and self-esteem through communication and activities. One person's care plan stated "I understand that I must continue to engage in the activities programme to allow the staff team to work with me in developing my confidence and discover my strengths and interests". Care plans contained reminders for staff to praise people for their accomplishments and progress in order to boost their feelings of wellbeing. We observed staff doing this and one person said "The staff are always praising how nice everyone is".

People were supported in a way that promoted their independence in all areas of life. For example, people were supported to gain work experience, to explore new activities and to become more independent with money and medicines. Staff took great care to ensure any restrictions were as minimally intrusive on the person's life as possible. One healthcare professional said "They offer a good balance between supervision and support". A relative said "They are very supportive, they give (my relative) structure and there's a safety net which supports them with their independence" and "They have a good structure and help (my relative) be more independent". Another relative said "They trust (my relative) to be independent but they keep a close eye on him".

Staff were caring and people were treated with dignity and respect and were listened to. Relatives said "Staff are experienced and so friendly", "They always treat him kindly and with respect, if anything they spoil him a little"; and "They treat him with 100% respect and kindness". Throughout the inspection we spent time observing people and saw that people were respected by staff and treated

with kindness. We observed staff treating people affectionately and recognised and valued them as individuals. We saw and heard staff speaking with people in a friendly manner and in ways that made the individual people feel comfortable. Some people who lived in the home had individual needs in relation to the ways in which they liked to communicate. We saw staff clearly knew people and their preferences around communication and used people's preferred methods. Staff used words, sentences and body language that people felt comfortable with and took time to listen and respond to people appropriately. We saw staff sat next to people during conversations and that they never seemed rushed and actively listened to what people were saying. One healthcare professional said "They're very honest, upfront and treated him with great dignity and respect", "They go over and above in relation to dignity and respect", "They are very sensitive". Daily notes detailed people's lives in a very respectful manner. Where staff had been instructed to monitor people they were reminded to do this in a discreet and respectful manner. At times staff gave people feedback on their behaviour, should they do or say something socially inappropriate. Staff were instructed within care plans to do this respectfully, one care plan stated "When staff give feedback take me to one side to avoid embarrassing me". People were asked if staff were always respectful towards them, they said "Yes", "Staff are very respectful on the whole" and "It would be rare for them not to be". Relatives told us people were always treated with respect and kindness. One healthcare professional said "Privacy and choice prevail" and "The atmosphere of respect which prevails for both the staff and the residents results in a very responsive atmosphere".

Staff told us they enjoyed their work and enjoyed the company of the people who lived in the home. One said "We get to spend a lot of time with people, staff notice if someone is feeling down and spend more time with them. It's a caring home". Staff told us how all people were seen as individuals and how their needs and preferences came first. This meant staff had an approach which placed people at the centre of their care. Staff had received training in communication skills, conflict resolution and the various mental health conditions people lived with. Staff had built strong relationships with people in the home, recognised when people experience anxiety, and took action to relieve this. For example, one person told us staff knew exactly how to communicate with them and respond



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when they suffered anxiety in a way that made them feel more calm and comfortable. Staff responded in a caring way to one person who had become anxious and agitated about an incident that had occurred the day before. We saw a staff member talking with them in a calm and reassuring manner which helped to settle the person and reduce their anxiety. We saw people were not rushed and were given time to make decisions and when they did, staff listened and acted on what they said and respected their decisions.

When people had been assessed by the registered manager or the deputy manager prior to moving into the home, they ensured the person showing them around the home was the person who had made the initial assessment. This ensured they felt more comfortable, made the visit less anxiety provoking and ensured that the staff there knew them and their communication methods well. Before moving in people were offered several visits and were encouraged to participate in an activity of their choosing. Wherever possible the staff offered an overnight stay in order to allow people to spend as much time as they needed at the home before choosing whether they would like to live there. The registered manager said "Informed choice by each individual is an essential aspect of our referral process".

People were supported in a caring way which encouraged their well-being and their self-esteem. For example, one person told us about a recent loss they had suffered, they described how the staff had supported them in different ways. They told us staff tried to cheer them up but also just sat and spoke to them when they were feeling upset. They told us staff had encouraged them to plant a rose bush in the garden in memory of the person they had lost and this

had brought them comfort. Another person exhibited rituals in relation to their communication. They told us staff knew how to communicate with them in order to avoid exacerbating their paranoia. During our inspection we observed staff responding to this person in a way that calmed them and boosted their self-esteem and relaxed their anxiety.

Staff understood the importance of maintaining and building relationships between people and their relatives. They told us how good familial relations could impact greatly on people's mental health, their sense of belonging and wellbeing. The registered manager told us staff were encouraged to build trusting relationships with people and encourage them to share their fears and frustrations with them. The manager told us one person had hugely benefited from this. This person had started venting their frustrations to the staff regularly prior to meeting with their relative. This had improved the relationship between the person and their relative as the meetings had become more positive and enjoyable. This in turn had impacted on the person's mental health in a positive way. We spoke with this person's relative who confirmed this had happened.

Staff understood the impact relatives' wellbeing could have on the people living in the home. One relative told us the staff at the home looked after them as well as their relative. They told us "I'm being looked after as well, they support me and my wellbeing". They said staff understood the contact they needed with their relative and ensured they were contacted weekly with updates and were involved as much as possible. They gave us examples where staff had identified their needs and had supported their emotional needs.



# Is the service responsive?

## Our findings

People received consistent, high quality, personalised care and support that aimed to meet their needs. People were involved in identifying their needs, choices and preferences and these were used in the delivery of their care. People confirmed the daily routines were flexible and they were able to make decisions about the times they got up and went to bed; how and where they spent their day and what activities they participated in. People said staff listened to them and respected their wishes and choices.

Before a person moved into the service, a comprehensive assessment process was carried out to make sure they were fully able to meet people's needs. The registered manager told us they always visited people prior to coming to the home and spoke with healthcare professionals and relatives in order to get a full picture of the person's needs. One healthcare professional told us "They worked very closely with us before (the person) got offered a place there". The registered manager also told us they ensured they knew people's likes, dislikes, interests and specific needs in order to ensure they would live comfortably with the other people living in the home. One relative described how the registered manager had travelled a long distance to see their relative on two separate occasions in order to spend time with them and gain the information they needed.

People's care plans were very detailed and included a lot of information about their specific care needs and the interventions and goals required to ensure needs were met. Care plans were very personalised. Where changes had been made to care plans, following incidents, and new boundaries and restrictions had been set, these had been discussed with and signed in agreement by the person they related to. There was clear evidence that care plans had been written with the input of the person they related to. Where there were instructions for staff to offer support this was very detailed and done in a way which encouraged, enabled and supported people's independence.

Daily records included detailed information about people's moods, what activities they had been on, what they cooked or eaten and what they had talked about. Notes were written throughout the day and signed by the staff member with the time they had made the entry. This ensured people's moods were regularly reviewed in relation to any

outside influences such as activities or time of day. This then enabled staff to have a better understanding of people's moods and behaviours and what may trigger these to deteriorate.

From the daily notes we established staff were responsive and flexible to people's individual needs. For example, one person had become upset following an incident so staff had engaged the person in cooking a new dish in the kitchen which had heightened their mood.

People were supported in achieving their personal goals by working with staff to identify and agree their personal objectives and identifying the steps to take to achieve them. Support included practical assistance, emotional support and encouragement. Support was flexible and personalised and was guided by the needs of each individual. Care plans included goals the person wanted to achieve, such as live more independently, manage their own medicines or money. Daily updates were recorded for each person and staff had to record what actions had been taken that day towards achieving people's goals. This showed people's long term and short term goals and wishes were at the forefront of their care. People were being supported each day towards enabling them to lead more independent lives. For example, one person had become more independent in relation to medicines and was working towards self-administration.

One person was supported to become more independent with their finances. Staff had spent a lot of time communicating with this person and gently encouraging them very slowly to challenge themselves. They had provided this person with tools to help them budget and had given them more insight into their finances. Once the person was ready and comfortable they had arranged for their money to be paid directly into their bank account so they had access to it. This person's relative told us about this change and said "They are working with him, He has started to live, they teach him chores and responsibilities". In relation to this person now managing their own finances they said "They have made huge achievements, he's making huge steps forward". They told us their relative was able to spend their money on anything they liked but that staff were always available to provide assistance and guidance.

People's mental health was assessed in great detail and triggers and signs of deterioration in mental health were identified. These triggers and signs were analysed and care

## Is the service responsive?

plans were created which were aimed at avoiding and managing them. This meant that people's mental health was very closely monitored to ensure people enjoyed a high quality of life free from anxiety and distress. There was clear guidance for staff around managing people's mental health should it deteriorate and how to do this in a manner which caused the least amount of distress and required the least amount of intervention. One relative told us about a period when their relative suffered a deterioration of their mental health. They described all the steps taken by the staff in response to this, including providing the person with personal care. They said "They managed his crisis like no other home could have. They never treated him like an unwanted parcel".

People's physical health was monitored as well as their mental health. There was detailed information within people's care plans about their physical health and the steps staff should take to monitor these. One person had been diagnosed with diabetes. They were regularly assessed by the GP and the diabetes nurse. Staff also monitored their feet regularly for signs of cuts or bruising. There were instructions about ways the condition could be managed through diet and blood sugar level monitoring. This person said "The staffs are really good with my diabetes and I can ask them any questions about it, they are pretty good but if needed we go and see a specialist in diabetes."

The deputy manager told us people got up when they wanted but were encouraged to get up before midday so they could take part in activities. During our inspection we saw that people were having breakfast at different times and were being supported in an individual way. There was clear guidance to staff within people's care plans relating to the best communication methods required to speak with people and how to encourage them to be involved in their care.

People had access to a range of activities to suit their preferences and abilities. Activities were personalised for people in relation to their interests, their likes and dislikes. For example, one person enjoyed music. The staff had organised for this person to spend time in a radio station on a regular basis to participate in a radio show which they enjoyed. The deputy manager organised musical recordings with people who lived in the home. People were able to take part in musical recordings, produce the final product and were then provided with a disk of the music

they had created. One person enjoyed fishing and staff ensured there was always transport available to take them to the lakes they preferred. One person told us with delight how they had been to concerts, were planning on going to more and had eaten in interesting restaurants as they thoroughly enjoyed different foods. One person said "I can do what I want. I have a virtual music studio in my room and one of the staff helps me with this as well as another carer from another house. Music is life for me. I also go walking, fishing, canoeing and archery. I am in an archery competition on Friday."

The Community of St Antony and St Elias had a monthly activities programme and people chose which activities they wanted to attend. Where people who lived in the home had specific interests these had been incorporated into the activity programme. Regular feedback was sought in relation to the activity programme in order to cater to the interests of all the people who lived in the homes. There were activities such as walks, climbing, surfing, tennis, guitar and piano lessons, cookery, sound and video tech, tai chi, arts and crafts, working on an allotment, canoeing and taking part in a radio programme. People who lived at the home attended several of these activities and told us how much they enjoyed these. One person told us about their keen interest in gardening and how they had been encouraged and supported to tend to the garden at the home and to tend to the community's allotment. This was an activity they enjoyed and made them feel valued.

People were encouraged to provide feedback and feedback forms were made available for people to complete. The home encouraged people to complete resident questionnaires, staff questionnaires, family feedback forms, activity feedback forms and staff supervision feedback forms. We saw a community activities feedback form which encouraged people to give their views. The form contained a text which was very humorous and acknowledged the 'dullness' of filling in forms but reinforced the importance of people's feedback. Effort had gone into completing this document and making it attractive for people to fill it in and share their views. This ensured the activities programme reflected the views, wishes and interests of the people living in the community as accurately as possible. It also ensured people felt in control of the running of the homes and felt their views were listened to and implemented.

## Is the service responsive?

Where one person did not always participate in organised activities, staff spent at least one hour a day listening to music with them, surfing the internet with them or playing videogames. Staff respected people's need for personal space but also acted in a way that made people feel included, valued and avoid loneliness. People were encouraged and supported to share their experiences and support each other. The registered manager said people's strength and confidence grew from being able to offer advice and support to one another. They said "Observing others around them overcoming their own challenges offers opportunity for discussion, reflection and growth, and this can diminish isolation and loneliness".

At the time of our inspection the home had not received any recent formal complaints. Where the home had received feedback, either from people who used the service or their relatives, this had been responded to appropriately. People were encouraged to share their views and feedback and were made to feel comfortable in doing so. People said "If I am upset with anything or anyone in the house we can have a meeting or a couple of meetings to try and resolve things" and "We can have a meeting about things or discuss issues arising on a day to day basis; we also have an opportunity to raise issues at our Monday meeting. You can usually talk to the manager at any time or if you want to you can make an appointment".

One person told us they had made negative comments about a member of staff and the registered manager had dealt with this immediately. Another person told us they

had spoken with the owner of the home during a boat trip. They had told the owner the garden at 2 Seymour Terrace needed some attention and they wanted some of the trees to be removed. They told us the owner had attended the home straight after the boat trip to see the garden and had arranged for the work to be completed without delay. This made the person feel their views were respected and important. Another person told us they had attended a resident meeting and had raised an issue relating to the times they were able to use the stove in the mornings. As a health and safety precaution the stove was turned off overnight and turned back on at 8am when more staff were present. The person told us there had been a discussion with staff around the reasoning for the precautions, their wish to cook earlier in the mornings, and a compromise had been reached which meant the stove was turned on at 7.30am daily. The person expressed pleasure at their views being listened to and being taken seriously and responded to appropriately.

During their time at the home people had gained skills, become more independent, had regained some control over their mental health, had become more communicative, had gained self-confidence, had rekindled relationships with their relatives and had gained a quality of life. Relatives said "The manager there got (my relative) on his feet again, the change in him is huge", "They saved him", "They have made huge achievements, he's making huge steps forward" and "It's the best thing that ever happened to (my relative)".

# Is the service well-led?

## Our findings

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who lived in the home.

As part of our inspection we spoke with health and social care professionals as well as people who lived in the home and their relatives. The feedback we received from people we spoke with was that the success of this home came from its competent, approachable and open management. We were told that people who lived in the home benefited from “outstanding” care because of the competence and dedication of the management.

The community’s visions and values were embedded in every aspect of the home. The community’s values were based on people being seen as individuals and being supported in a homely environment to challenge themselves in order to lead a more independent life. People were treated as equals and were encouraged to take control of their lives as far as possible. Staff competence and behaviours were continuously monitored by management to ensure they were displaying the values of the community and the high level of competence expected. A healthcare professional stated “There is an ethos of “Everyone is of value just as they are and nothing is too good for them”, this results in an atmosphere of total care”.

The registered manager told us how The Community of St Antony and St Elias homes worked towards providing the highest quality and most personalised care for people. A management meeting was held weekly which was attended by all senior managers and registered managers. They told us they used lessons learned from other homes to improve the overall service. They told us they wanted to learn from their mistakes and be open in order to improve. The community used managers from different homes who had different expertise to audit the different homes and support one another.

The service had a comprehensive quality assurance system and developed a quality assurance development plan every year. Progress was reviewed throughout the year. A quality assurance cycle plan was also created every two years. A yearly fire risk assessment was conducted and all

actions arising from that had been completed. The pharmacist who supplied the medicines had carried out an audit. Actions arising from that had been fed into the weekly management meeting so as to improve the medicines management in other homes. There were internal health and safety audits which were conducted by senior management. There were audits relating to all aspects of the environment.

The community had a clear and visible management structure with clear lines of communication and accountability. Senior managers regularly visited the home to inspect the home and supervise managers. Senior managers made themselves very approachable and always spent time speaking with staff and people who lived in the home. They regularly asked people for their opinions and feedback. The registered manager said “This leads to a culture of openness where people feel like they are contributing to the development of the service”. One person said “We all know the main managers of all the houses in the community and we can talk to them at any time about anything and they talk to us and engage with us a lot of the time”.

People were encouraged to provide feedback in an informal way on a day to day basis but were also asked to complete questionnaires relating to their experience of the home and how they could improve on it. When asked if they had formally been asked for their feedback one person said “Yes, once a year a questionnaire. I had nothing to improve”. Relatives told us they were always asked for their feedback and their comments were always listened to. This empowered people and their relatives to share their views as they felt they would be listened to and respected.

The management structure offered staff support and demonstrated a culture of openness by encouraging feedback. There was an out of hours management rota which ensured there was always a senior member of staff to contact for support and advice. One member of staff told us the management team were very supportive and recognised when staff needed support. This demonstrated good management and leadership. The staff said they felt the management

team were supportive and very approachable, and that they would be confident about challenging and reporting poor practice, which they felt would be taken seriously.

## Is the service well-led?

We observed interactions between the registered manager, staff and people who lived in the home. These interactions were inclusive and positive. All staff spoke of their strong commitment to providing high quality care for people. They told us the manager was approachable and supportive. People told us they felt comfortable sharing their feedback with the registered manager and the deputy manager. People, relatives and staff spoke highly of the manager. People said “The manager is great; I would feel comfortable going to him” and “I would speak to the manager, but if he wasn’t around one of the others” One relative said “The manager there got (my relative) on his feet again, he is so good and doesn’t give up”, they also said of the deputy manager “He is absolutely wonderful and really understands (my relative)”. One staff member said “They are always looking for ways to improve, they always seek feedback, listen and never dismiss”.

There was a culture of openness in which staff were encouraged to share their views. For example, staff handovers took place every two days and there were regular staff meetings, these gave opportunities for staff to contribute to the running of the home. Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about others or the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

The organisation was well known and respected within the local town and as such the people who lived in the homes

were viewed very positively by the local community. The service took a key role in the local community and worked towards building further links. People who lived in the service undertook voluntary work in local charity shops and were involved in other community projects. The service had links with another local care provider and together they ran various day services and vocational activities. This enabled people who lived in the homes to meet other people who required care services and build friendships. Weekly sport sessions took place in the local leisure centre and the service shared an allotment with a local supported housing project. The service had links with the local South Devon Art Centre which had recently hosted a variety show in which people and staff had performed. People had performed songs, theatre, poetry and comedy to an audience made up of people who used the service, staff and the service’s community partners. There were links with a local adult education centre where people could attend classes. There were also links to an equine therapy centre, local stables, local surf school, a writer’s group and a centre which provided day services for people with acquired brain injuries. This ensured people had access to a wide range of activities as well as a wide range of support networks and people to talk to.

Through our observations and discussions with staff, people who lived in the home, their relatives, the manager of the home and other healthcare and social care professionals. We found that the service’s vision and values were highly person centred and made sure that people who lived in the home were at the heart of the service.