

Voyage 1 Limited

The Acorns

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 3 July 2015 and was unannounced.

The Acorns is registered to accommodate up to five people. It is an all-female service that provides support to women with a learning disability and or other complex needs who need support with personal care. There were three women living at the service at the time of our inspection. The property is a modern, detached house situated on the outskirts of Crawley town centre. It has a

rear garden, sitting room and kitchen. All bedrooms have en-suite facilities. All areas are easily accessible to people living at the service. There is a local bus service into town and people can also receive lifts in the home's vehicle.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were supported to be as independent as possible and live the lifestyle of their choice. Those that were able to took an active role in the running of the home by completing their own domestic tasks and choosing and preparing their meals. They decided for themselves or were supported to choose what to wear, when to get up and when to eat their meals and have a drink. One person told us "I don't need staff help, I get my own breakfast and lunch. Sometimes I do the cooking. I can cook meals if I want to." A relative told us "The staff are good on the food. X (relative's name) doesn't always want to eat, so what they've done is made individual meals for her so they can be microwaved quickly when she wants to eat". The registered manager stated "We all strive to make it their home we are here to support them to make their own choices."

People led active lives and were supported to participate in a range of activities that they enjoyed such as trampolining, swimming and cookery. A relative told us "X (person's name) is really active she goes to a club a couple of times a week and a day centre. She goes swimming and has an annual holiday with staff. This is what Y (the registered manager) has been good at, sourcing activities that would be beneficial for X (person's name)". People were supported and encouraged to maintain relationships with people that mattered to them and there were no restrictions on visiting.

Staff knew the people well and were aware of their personal preferences, likes and dislikes. Person centred support plans were in place detailing how people wished to be supported, and people and or their representatives were involved in making decisions about their care. Where people lacked the capacity to make specific decisions they were being supported to make decisions in their best interests. They were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

Feedback about the registered manager and staff was positive. A relative said "Since X (registered manager) has been on board things have been fantastic" and "The staff

are really good". Staff referred to the registered manager as being "Really good, I can go to her about anything." and "Lovely, she really is really supportive of everybody". They described an 'open door' management approach, where the registered manager was available to discuss suggestions and address problems or concerns. A member of staff said "Making sure they are all happy is the most important thing and they are well looked after".

Staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to the registered manager or the person on call. A relative felt their loved one was safe and was confident their family member would let it be known if something was wrong. The registered manager had responded appropriately when concerns had been raised and the relevant people had been informed. Systems for recruiting new staff made sure they were suitable to work at the home. They included security and identity checks and references from previous employers.

Staff felt supported and received regular training. They had obtained or were working towards obtaining a nationally recognised qualification in care. They were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed and emergency procedures were in place in the event of fire. Staff had completed training in safeguarding adults and knew what action to take if they suspected abuse was taking place.

The provider had robust quality assurance systems in place to measure and monitor the standard of the service and drive improvement. People, their visitors, health care professionals and staff were all encouraged to express their views and complete satisfaction surveys. Feedback received showed a high level of satisfaction overall. Areas identified as in need of improvement had been detailed in an action plan with planned dates for completion.

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.

There were sufficient numbers of staff on duty to keep people safe. Staff knew what action to take if they suspected abuse was taking place and the provider had responded appropriately to concerns that had been raised.

Recruitment systems ensured staff were suitable to work at the home.

Risks to people's safety were minimised and incidents were recorded and responded to appropriately.

People received their medicines safely.

Good



Is the service effective?

The service was effective.

People were encouraged to prepare their own meals, with the support of staff.

Staff supported people with their health care needs and associated services and liaised with healthcare professionals as required.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people.

Staff understood the requirements under the Mental Capacity Act (MCA) 2005 and their responsibilities with regard to Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People were supported to be as independent as possible by kind and caring staff. They were treated with dignity and respect.

They were encouraged to express their views and to be involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People were supported to live the lifestyle of their choice and were encouraged to stay in contact with their families and those that mattered to them.

Personal centred support plans provided staff with information about how to support people in a person-centred way. Staff were knowledgeable about people's support needs, interests and preferences and supported them to participate in activities that they enjoyed.

There were systems in place to respond to complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising concerns.

The registered manager monitored the quality of the service provided and regularly checked people were happy with the service they were receiving. Feedback from people was used to drive improvement in the home.

The Acorns

Detailed findings

Background to this inspection

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

The inspection took place on 3 July 2015 by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the

service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection, we met and spoke with all three people using the service. Due to the nature of people's learning disability, we were not always able to ask direct questions, but we were able to observe how they were supported by staff. We spoke with the registered manager and two support workers. Following our visit we spoke with one person's relative and received feedback from a social care professional involved in the care of another person.

We looked at a range of documents including; three people's support plans, daily records, records relating to the management of medicines, quality assurance documents, health and safety records, accident and incident records, fire evacuation plans, two staff recruitment and personnel files, staff duty rota and staff training records.

The service was taken over by a new provider in April 2014. This is the first inspection since the change of legal entity.

Is the service safe?

Our findings

A relative felt their loved one was safe. They said "She's safe, absolutely both there in the home and when out and about with staff and in the car". They told us "We would know if there was something wrong because X (person's name) wouldn't be so lively and wouldn't want to come back in through the door". Staff explained they knew people well and felt confident people would either tell them or otherwise let it be known if there was something wrong.

All the staff and the registered manager had completed training in what constitutes abuse and safeguarding adults and knew what action to take if they suspected abuse had taken place. The local authority safeguarding team had been informed when one person had raised concerns and appropriate action taken in response by the registered manager. The registered manager stated on the PIR 'During daily personal care routines staff discretely check for any unexplained marks and report to the manager/senior these would be investigated and procedures followed.' Staff we spoke with confirmed this.

Staff showed us that they looked after people's spending money which was stored securely. Records had been maintained and receipts obtained for all money spent. They told us people's money was checked and the associated records were completed each time money was taken out for a person to spend. We observed staff completing the records and checking a person's money when they returned from supporting them on a shopping trip.

Environmental assessments identified hazards that may cause harm to people who lived, worked and visited the home and steps to reduce these risks had been taken. For example, fire safety and firefighting equipment was in place and had been tested and serviced. There was a plan for what to do in case of emergency and evacuation drills took place at different times of day and on different days of the week. The registered manager stated on the PIR 'We have weekly fire drills for the people we support which ensure that they know exactly what to do when the alarm sounds.' The people and staff we spoke with and the records we saw confirmed this. One person told us "We go into the garden when the fire alarm goes off. We practice this a lot. X (person's name) needs staff to help her". Discussion with staff confirmed this person needed encouragement to

leave the building and this was detailed in their records. A fire safety audit of the premises completed by West Sussex Fire and Rescue Service in April 2015 stated the premises were 'broadly compliant' with fire safety. Issues identified as part of the audit had been actioned. A fire evacuation had been completed by the night staff and an emergency light unit that was required in one person's bathroom had been ordered.

Risks associated with specific activities such as swimming and travelling in the car, had been assessed. Support guidelines were in place for staff to follow to reduce these risks. One person explained to us they were independent and went out without staff support. They told us they had discussed going out on their own and how to keep safe with staff. Risk assessments and associated records we saw confirmed this. The registered manager stated in the PIR 'We strive to continually improve the service that we provide and will be reviewing all risk assessments this year to ensure the continued safety of all the people we support.' Records we saw and feedback from staff confirmed that risk assessments were reviewed as part of a six monthly review of each person's care. One staff member told us they checked the risk assessments for the person they were key worker (named allocated worker) for were still relevant on a monthly basis when they completed their key worker summary.

The hot water, fridges and freezer temperatures were monitored to make sure they were within the recommended temperature ranges. Team meetings minutes documented health and safety issues what was working and what was not working and action plans had been completed.

A relative and staff told us and we saw there enough staff on duty to meet people's needs. The registered manager told us staffing levels were assessed based on people's care and support needs. They explained some people needed 1:1 support for certain activities which were indicated on the staff rota. They showed us staff rotas they had prepared for the coming weeks and explained they prepared them in advance to make sure there were enough staff on duty to support people with planned activities and appointments. They said permanent staff provide cover by working additional hours for short notice staff absences, or for when

Is the service safe?

staff support is required for ad hoc activities and appointments. The provider also had a formal online system for monitoring and reviewing staffing levels and staff skill mix.

The registered manager told us they worked two days a week on the floor and had the flexibility to help out and provide cover on other days if need be including working in the evening and at weekends. There was also a rota and contact details for who was on duty out of office hours for staff to contact if they needed advice. Staff confirmed this and told us they would call the registered manager in the first instance if they needed any support and if they weren't available they would contact the 'on call' person.

Accidents and incidents were recorded and detailed the event, the outcome, the action taken and lessons learned. This information was shared with all staff at meetings and when appropriate with the funding authority. All incidents and accidents were recorded on a weekly service report which was monitored and analysed by senior management. This information was used to identify trends and help to minimise reoccurrence.

The registered manager stated on the PIR that 'Medication is administered in the privacy of the individual's bedroom as they have requested. Medication is checked weekly and a monthly audit takes place. If discrepancies were found this would be reported.' We saw that each person had a lockable cupboard in their own room in which their medicines were stored and staff confirmed they

administered medicines to people in their own rooms. Records we saw and staff we spoke with confirmed weekly checks and monthly audits of medicines took place. Any shortfalls identified as part of these audits had been rectified.

One person's relative and staff told us they had no concerns about the administration of medicines. They confirmed they signed to show receipt of their relatives medicines when their relative came to stay with them and then again when they returned the medicines to the home. There was detailed guidance for staff to follow for when to administer PRN as and when needed medicines to individuals. We did not observe staff administering medicines to people, however they were able to describe the process to us and confirmed they had completed online training and a competency assessment before they had administered medicines to anyone unsupervised. We undertook a spot check on one person's medicines and associated records. We found the records had been accurately completed and the stock of medicines was correct.

Identity and security checks had been completed for all prospective staff as part of the recruitment practices. Application forms had been completed and detailed their work history and relevant qualifications and experience. Any gaps in work history had been discussed at interview and records of these discussions and explanations had been maintained. Staff confirmed this process.

Is the service effective?

Our findings

People received effective care and support. A relative told us and we saw people got the help they needed and were looked after well by the staff. The relative said, “X (name) is very happy”. They told us they thought the staff were capable and were able to meet their needs of their family member and said “The staff are really good, they know if there are any health issues and always keep us informed, they ring or tell us when X comes home”.

People were supported to eat a balanced diet and drink enough fluids. We saw people chose for themselves or were supported to choose what to eat and when to eat, their lunch. We heard one person telling staff they were ready for their lunch. We saw them choose from the food in the fridge what to eat and then prepare it for themselves. They told us “I don’t need staff help, I get my own breakfast and lunch. Sometimes I do the cooking. I can cook meals if I want to. X (person’s name) needs staff to help her. She has a special spoon; she has her food cut up and can’t swallow properly”. Staff we spoke with confirmed X had swallowing difficulties and had been assessed by a Speech and Language Therapist (SALT) who had advised this person’s drinks should be thickened and their food should be cut up and of a soft texture. Our observations confirmed this advice was followed.

A person’s relative told us “The staff are good on the food. X (relative’s name) doesn’t always want to eat, so what they’ve done is made individual meals for her so they can be microwaved quickly when she wants to eat”. They told us they thought this was working well and had no concerns about their loved one’s diet. We were told the main meal of the day was usually prepared in the evening as people often went out during the day. Staff and two people we spoke with told us the meals were planned in advance at a meeting, but that people could change their mind if they wanted something else on the day. They said staff usually prepared the main meal, but that people were supported to help with the preparation if they wanted to. The food each person ate was recorded daily and their weight was monitored. One person’s fluids were monitored and recorded to make sure they had sufficient to drink each day.

Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective

support. This included GP’s, behaviour therapists, a community psychiatric nurse (CPN) and a speech and language therapist (SALT). We saw daily records detailed how people were feeling and any changes to their health were noted and acted on. Visits made to and from health care professionals such as a GP, chiropodist, optician, dentist or CPN had been recorded. The date of the visit, the reason for the visit, the outcomes and actions needed were all detailed.

A staff member told us “We know people really well. If X (person’s name) isn’t well or if she’s in pain she goes quiet, that’s how we’d know to ask her if there was something wrong”. They told us this would prompt them to ask the person how they were feeling and to explore if they needed any pain relieving medicines or they needed to ring the person’s GP. When we asked a relative how staff would know if their loved one was not well they told us “Y (staff member’s name) is great with her, really great, she would know if there was something wrong definitely and would act on it”.

Staff understood the importance of gaining consent from people before delivering care and respecting people’s decisions if they refused, declined or made decisions that may place them at risk. Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty they are authorised by the local authority as being required to protect the person from harm. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people’s best interests and did not deprive people of their liberty unlawfully. We saw authorisations to deprive people of their liberty had been applied for appropriately.

A relative told us they had been invited to a meeting to contribute to making a decision in their loved one’s best interest related to a specific health care issue which their relative lacked the capacity to make. They told us they were aware that decisions were “Not necessarily what we want for her but what is in her best interest”. They also confirmed they were aware that a DoLS application had been made for their relative.

Staff went through an effective induction programme which allowed new members of staff to be introduced to

Is the service effective?

the people living there whilst working alongside experienced staff. The registered manager said new members of staff didn't work unsupervised until they were competent and felt confident to do so. Staff confirmed this when we spoke with them.

Staff told us they had completed the training they needed to meet people's needs and support them safely and effectively. Records confirmed this and detailed that all staff had completed training in supporting people in subjects such as first aid, moving and handling, safeguarding adults at risk, fire safety and supporting people with an acquired brain injury. One member of staff told us how training had equipped them to respond if a person choked. They said knowing what to do if it happened had given them more confidence when supporting one person who was at risk of choking when they eat. Another member of staff told us "The training is really good very informative there's an assessment at the end and questions to answer before we get the certificate". One staff member had obtained a level 3 diploma in Health and Social Care and another member of staff was working towards a level 2 diploma in Health and Social Care. All the other staff had obtained a National Vocational Qualification (NVQ) in care at level 2.

Staff received the support they needed to carry out their role. They told us they had monthly supervision meetings with their line manager where they had the opportunity to talk in private about any issues they had and discuss their personal development and training needs. They also had an annual performance appraisal. Team meetings were held and minutes taken of the issues they discussed. Staff handover meetings took place between shifts, so staff could share information about what had happened on the previous shift and what needed to happen on the next shift. Records of the handover meetings were maintained.

The registered manager told us any updates or changes to people's support plans, policies and procedures or other documentation were passed on to the staff team by way of staff meetings or staff handover. We saw these updates were kept in a folder for staff to read and then sign to indicate they had understood what they had read. This helped staff keep up to date with agreed ways of working with people and helped them to deliver a consistent approach.

Is the service caring?

Our findings

It was clear from our observations of the conversations and interactions between people and feedback from a relative and staff that caring relationships had been developed between people and staff. A relative told us staff were kind and caring and knew their loved one very well. They said “She’s treated well, really really well”.

Staff cared about people’s emotional wellbeing and were considerate in their approach with people. The registered manager told us and we saw, staff knew what made people anxious and how to support them to manage negative feelings and emotions. We saw staff supporting people throughout the day offering reassurance, being clear about what was going to happen and making sure things happened as had been agreed and planned with them.

People were treated with dignity and respect. Staff responded to people when spoken to and listened to what people had to say. We noted staff showed patience and understanding when communicating with and supporting people. People were not rushed and were given the time they needed to complete tasks themselves without being put under pressure. Each person had expressed a preference to be supported by female staff and the provider respected this by only employing female staff to work there.

Explanations and information were given to people in a way they could understand and communication with people was effective. The registered manager took time to explain to people, who the CQC inspector was and why we were at the home. They let people know how long we would be there and that they could speak with us if they wanted, but didn’t have to. We saw that one person’s support plan was illustrated with pictures and symbols to aid their understanding of its content, whilst the support plan for another person who could read did not use pictures.

The registered manager and staff described in detail how people communicated and things people would likely to be happy to discuss with us. For example, they told us that

certain subjects or questions may make one person anxious and that it would depend on how they were feeling whether they would want to speak with us. Staff knew how to communicate with people in a way they understood and took the time to do so. One member of staff explained how they used objects of reference to aid their communication with one person, for example by showing them the car keys when asking if them if they wanted to go out. They said if they want to go out they will take the keys from them. We observed the registered manager and staff communicated well with people and had a good rapport with them. It was clear from the jokes that were shared that people were relaxed in the company of staff and each other and that strong bonds had been formed between them.

One person showed us their room which they had personalised with their own belongings and pictures. They told us people didn’t go into each other’s rooms when they weren’t there or without their permission. They said staff knocked on their door before entering the room and we heard staff doing this.

People were supported and encouraged to do things for themselves and to make their own decisions. We heard staff asking people throughout the day what they would like to do and when they would like to do things, for example when they wanted to go out and when they wanted to eat. One person was reminded and reassured by staff throughout the day they were independent and could do things for themselves.

People were encouraged to stay in contact with people who mattered to them. One person showed us a photograph of themselves and a friend. They explained they met this person at one of their activities and that staff had supported them to meet up with them in the local town. A relative told us they were welcomed into the home and there were no restrictions on when they could visit. They told us their relative always looked happy and cared for when they came to visit and said “X is always really well turned out”. We saw the contact details for the people who were important to people were available and that staff knew who these people were.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. It was clear from feedback from a relative and staff, the records we saw and our observations that people took part in their preferred recreational and lifestyle activities on a daily basis. A relative said “X (person’s name) is really active she goes to a club a couple of times a week and a day centre. She used to go trampolining . . . she goes swimming and has an annual holiday with staff. This is what Y (the registered manager) has been good at, sourcing activities that would be beneficial for X”.

People were supported to maintain their independence by doing things such as shopping for food, shopping for clothes, going to cookery classes, trampolining, swimming, spending time with peers and joining activities provided the local day centre. A staff member told us they drop one person off at a day centre to participate in activities such as sensory sessions, singing, music and arts and craft. We asked them how they knew whether the person enjoyed going to the day centre. They said “X (person’s name) really enjoys it. She can’t wait to get in there and runs to the door” and “We’ve had positive feedback from the day centre and how she interacts with people there”. One person told us they had a bus pass and used it when they went out independently to do their own shopping and when they go to the leisure centre. Another person told us they enjoyed going on holiday with staff and showed us photographs of their holidays and trips out.

People and staff told us, and we saw they were supported as far as possible to participate in day to day activities of living in the home and complete their own domestic tasks such as laundry, cleaning and loading the dishwasher. They chose for themselves what time to get up and how to spend their time.

People were supported and encouraged to spend time doing things they enjoyed at home, such as watching the TV or listening to music. One person had their own trampoline in the garden which they used. A professional musician visited the home to provide a music session once a week which two people told us they enjoyed. Service user meetings were held where people could discuss issues related to the running of the home and make suggestions for activities. The last meeting had been held in June and the minutes of the meeting detailed topics that had been

discussed such as, suggested new activities and outings, fire drills and what to do in the event of a fire, whether anyone had any complaints and information about advocacy services. Staff told us they signed to show they had read the minutes of these meetings and took them into consideration when having discussions with people about how they wanted to spend their time and at key worker meetings.

People or their representatives were involved in compiling their own person centred support plans. Records we looked at and staff we spoke with confirmed assessments and reviews of people’s needs had been completed and included input from the person. A relative told us “We are always invited to reviews and we always go, they keep us up to date with everything.” They told us they and their loved one were happy with the service provided and felt their loved one’s needs were met. Staff told us another person had expressed a preference for their family not to be invited to their review and this had been respected.

Person centred support plans detailed people’s preferences in relation to how they would like their care to be delivered and contained the guidance staff needed in order to support them safely and effectively. They included details about things that were important such as what a good day looked like for them and described to staff what they needed to do to achieve this with the person. There were emotional and behaviour support guidelines in place for people which identified behaviours of concern and things that could trigger this. Staff demonstrated a good understanding of people’s plans and the information they contained. They told us each person had a key worker that worked with them to make sure the plans were up to date and accurately reflected their needs and preferences. They told us they had read each person’s plan and signed them to indicate they had understood and agreed with the content.

The registered manager told us there had been no formal complaints in the last year. A relative we spoke with told us they had no complaints but if they did have, they had every confidence the registered manager would respond appropriately to them. They said “I’d speak to Y (registered manager) if I had any concerns, but there’s been nothing we’ve had to raise.” There was a complaints policy and procedure in place for staff to follow should a complaint be received.

Is the service well-led?

Our findings

There was a registered manager in post and although The Acorns was taken over by the provider in April 2014, the registered manager had been working at the home in the capacity as the registered manager since January 2011. The registered manager was aware of their responsibilities and took them seriously. They had kept us informed of events and incidents that they are required to inform us of without delay and completed and returned the PIR when we asked.

Without exception the feedback from a relative and staff about the registered manager and their leadership was positive. A relative said "Since X (registered manager) came on board it's been fantastic." Staff referred to her as being "Really good, I can go to her about anything and she will spend time with me to go over anything" and "Lovely, she is really supportive of everybody". A social care professional who provided us with feedback had no concerns about the management of the home.

The provider had a clear leadership structure that staff understood. The registered manager and staff told us there was an on call system in place which meant there was always someone to contact in the event of an emergency or if they needed advice. One member of staff said "I'd ring X (registered manager) if I needed help or ring the on call person".

There was an open and inclusive culture that encouraged people and staff to work in collaboration with each other and to give their views. We saw that the whole staff team were involved in agreeing ways of working. Staff were encouraged to make suggestions for improving the way they worked and this was evident in the staff meeting minutes. Staff told us they had no reservations about raising concerns under the whistle blowing policy if they witnessed or suspected bad practice. One staff member said, "When I first came here I had a few concerns about a member of staff" they told us they raised these concerns with the registered manager and she "Dealt with it straight away".

It was clear that the service operated in a person centred way. The registered manager and staff spoke about the importance of putting people at the centre of everything they did. When asked what the ethos of the service was, the registered manager said "We all strive to make it their home we are here to support them to make their own

choices." A member of staff said "Making sure they are all happy is the most important thing and they are well looked after". When asked what the home did well one member of staff said "It's a very friendly home. Home from home, just like being at home, everyone gets on." Another said "Listening to people and doing what they want to do, like making last minute arrangements to do something like go to Brighton for the day. Doing the best we can for them".

The registered manager explained the quality assurance systems in place and how they used them to identify what was working well and areas for improvement. For example, the system would flag if staff training was overdue and indicate what training new members of staff needed to complete. Accidents and incidents were recorded online and patterns or trends were identified and analysed to take any action needed with regard to the future planning of people's care. The registered manager completed a weekly service report which included providing information about all aspects of the management of the home, such as number of staff hours, whether there were any staff vacancies, the number of visitors, the number and nature of any accidents and incidents, and any issues relating to people's health safety and welfare. This report was sent to the provider who analysed the information to help drive improvement at the home.

Quality monitoring visits were completed by the area manager and these visits included, speaking to people and staff, observing care and checking records. Any shortfalls were highlighted to the manager who then put together an action plan to address the shortfalls with timescales for completion. These were monitored by the area manager to check they were completed on time.

A relative told us they were regularly asked for their views on the service provided. The registered manager told us that questionnaires had been sent and feedback sought from people, their relatives, others who were involved in people's care and staff as part of the annual service review survey in June 2015. The feedback from the survey was positive. When staff were asked 'What we do well?' their comments included 'We all work together as a team', 'We are supportive to each other', 'We communicate well', 'We care about service users and try to find the best activities for them', 'Manager and Senior are both very good at listening, flexible and supportive' and 'Healthy leadership

Is the service well-led?

and good communication between management and staff, therefore positive results are achieved.’ Comments from relatives included ‘We are very happy with X’s (person’s name) care and support given to her at Acorns’.

The results of the surveys had been analysed and areas identified as in need of improvement were included in an action plan. The action plan stated what needed to improve, how it will be achieved, the person responsible

and by when. Areas identified included making sure people’s relatives or representatives were aware of the complaints procedure, staff making better use of the communication book, working as a team, providing consistent support and appreciation and pay increase from the provider. The registered manager was responsible for overseeing all the actions, some of which were to be passed to the operations manager for them to respond to.