Voyage 1 Limited

Derwent Cottages

Inspection report

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced twenty four hours prior to our visit because we wanted to ensure that people were at home. When we inspected Derwent Cottages in June 2013 we did not ask for any improvements to be made.

Derwent Cottages is a small care home which provides accommodation and personal care for four people with learning disabilities or autistic spectrum disorder in the village of Seamer. The service is part of a company called Voyage 1 Limited. Derwent Cottages provide a service for

Summary of findings

younger adults and older people. The service has a vehicle for people to use to get out into the community. There were four people living at this service on the day of our inspection.

There is a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider

We found that this service was safe. Staff had developed positive relationships with people who used the service and were skilled at communicating with them. This meant that people were listened to and understood. An advocate, healthcare professionals and families said when asked that they all believed the service to be safe. Staff recognised different types of abuse and received training and updates to ensure that they followed good practice guidelines if they saw that someone was at risk of harm.

Medicines were managed safely and the risk of infection was minimised by practices followed by staff.

People at this service received care and support from people who were properly trained and supported which meant that the service was effective.

People who were unable to make their own decisions were protected because staff followed Mental Capacity Act 2005 guidance. Staff understood how to apply for an authorisation to deprive someone of their liberty if this was necessary and in their best interest.

People were supported to have enough to eat and drink and their environment was adapted to meet their needs in relation to areas such as moving and bathing. People had their own rooms and had chosen how they were decorated and furnished.

Staff were caring and compassionate. People were able to maintain contact with families with staff support and sometimes with the use of technology. Peoples care needs were recorded in detail. They had patient passports which contained relevant information in case they needed to visit a healthcare professional.

The service had no complaints in the last year and had made notifications as required to the Care Quality Commission.

Leadership at this service was demonstrated at all levels. The culture was open and transparent and people felt supported. The registered manager was knowledgeable and very proactive. They were committed to developing and improving the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

We found this service was safe. Staff knew the people who used the service well and their use of verbal and nonverbal communication meant that people were listened to and understood.

An Independent Mental Capacity Advocate (IMCA), healthcare professionals and families all told us that they believed that people were safe.

People who were unable to make their own decisions were protected by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff understood how to apply for an authorisation to deprive someone of their liberty and in their interest.

Staff recognised different types of abuse and knew what to do if they saw anyone at risk of or being harmed. Safe recruitment practices were followed and there were sufficient staff to meet the needs of the people who used the service.

Medicines were managed safely and practices were employed which meant that the risk of infection was minimised.

Is the service effective?

Outstanding

This service was effective. People were cared for by staff that had been properly trained. All staff received regular supervision and annual appraisals. These were linked to staff development and planning future training.

People were supported to have enough to eat and drink. They ate a balanced diet with appropriate support from staff as required. People had access to healthcare professionals when it was necessary.

The environment was adapted to meet the needs of the people who lived there but was at the same time homely. There was outside space for people to use. Signage was in the form of pictures. Activities were organised daily to enhance people's lives.

Is the service caring?

Outstanding

This service was caring. Staff had developed positive relationships with people and treated people with kindness and compassion.

Some people had access to an IMCA who told us, "I wish everywhere that I visited was as warm and welcoming. People are supported to make the smallest decision."

People had their own rooms and chose how they were decorated and furnished. There were appropriate adaptations within the service to meet people's needs.

People maintained contact with their relatives if they wished and people were welcomed into the service to visit people. When people wanted some quiet time staff respected that and supported them in returning to their rooms. Plans are in place to support people at the end of their life.

Summary of findings

Is the service responsive?

Good

People's care needs were recorded in detail in care plans. Care and support was given by staff in a consistent and appropriate way. People were able to get involved in activities which they had chosen to enhance their lives with staff support.

The service had no complaints in the last year but people knew how to raise concerns or make a complaint.

People had patient passports to take with them if they visited a health professional. These documents contained relevant medical information. Staff accompanied them and if they were admitted to hospital staff maintained their support of people.

Is the service well-led?

Good

This service was well led. Leadership was demonstrated at all levels of the service led by the registered manager. People had key workers and there were champions in key areas of the service.

The service had a positive and open culture which supported people. The values of the service were embedded at induction and reinforced in practice.

There were quality assurance systems in place which were used to make improvements. The home had 'Investors in People' accreditation which meant that staff development was valued.

Derwent Cottages

Detailed findings

Background to this inspection

We visited the service on 29 July 2014. We inspected all 23 Key Lines of Enquiry (KLOE's) and used a number of different methods to help us understand the experience of people who used the service. We spent time with three of the four people who used the service, spoke with a relative, five members of staff and the registered manager. We spent nine hours observing care and support being delivered.

We case tracked one person's care and support and looked at another person's care and support plan. We looked at employment and training records for three members of staff and inspected other documents which related to the management of the service. We observed a meal time and medicines being given to people.

One inspector carried out this inspection. Before our inspection we reviewed the information we held about the service. This included notifications and the provider information return (PIR), a document sent to us by the provider with information about the performance of the service.

We contacted the local authority learning disability team and local authority contracting team to ask for their views on the service and to ask if they had any concerns. As part of the inspection we also spoke with a clinical specialist epilepsy nurse who has regular contact with a person who lives at the service and an Independent Mental Capacity Advocate (IMCA) who supports people at this service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report

Good

Is the service safe?

Our findings

We found that this service was safe. One person who used the service told us that they felt safe. The other people who used the service could not communicate verbally but when we observed their nonverbal communication and the way they put their trust in staff we could see that they felt safe. For instance one person was deaf, blind and could not speak but we observed staff interacting with them through the use of touch massaging their feet and could see that they were relaxed and comfortable in the staff's presence.

We asked a person's relative if they felt that (relative) was cared for safely and they said, "We have no concerns. They are very experienced in caring for (relative). If there are any incidents such as a fall we are always informed." We went on to speak with the Independent Mental Capacity Advocate (IMCA) who supported three other people at the service. They told us, when asked if people who used the service were safe, "Absolutely, I think they are safe!" When we spoke with an epilepsy specialist nurse they told us, "I have no issues with this service and no reason to suspect that people are not safe" and another clinician told us, "From a clinician's point of view I think they are doing a very good job." Commissioners told us that they had no issues and that this was a good service. In the annual staff survey staff had said when asked if people were safe, "Very safe, The people's needs are identified and met in order to keep them safe"

When we observed people who used the service interacting with members of staff we could see through their non-verbal communication how well they understood one another. For instance when we spoke with one person about their interests they kept looking for reassurance to the member of staff. The member of staff would recognise the non-verbal cues and respond with just a smile or a look and then they would relax again. This showed us that the person was confident in their carer and this was reinforced throughout the day. Another person would repeat things until the carer would start conversing about it. To the bystander the words held no real meaning but the staff understood.

People were always asked for their consent to care where possible. Following the recent judgement in the supreme court about how people should be protected under the Mental Health Act (MCA) 2005 the registered manager had made an application to the local authority to have peoples capacity to make decisions reassessed and all four people who used the service now had Deprivation of Liberty Safeguards (DoLS) in place to ensure that they are protected under MCA 2005. One person was represented by a family member and three others were supported by an IMCA. The IMCA told us, "When someone lacks capacity to make their own decisions it is vital that we follow guidelines and work within the law. I was impressed with how the registered manager responded to a potentially difficult situation working with a family, person and health professionals and is still doing so to get the best and safest outcome for the person."

We saw mental capacity assessments in peoples care and support files. In one person's support plan was a section called, "Decision making profile." This outlined how the person was involved in decision making and who was the most appropriate person to help them with their decisions. It also outlined who made the final decision. We saw evidence of best interest decision making in peoples care and support files. We also saw innovative ways in which staff recognise decisions made by people. For instance one person who did not communicate stood up and turned three times to show staff that he wanted to use the toilet. Another person would indicate by walking up to the swing that they wanted to go on the swing. These types of decisions were made throughout the day and allowed people some autonomy. The more complex decisions were made with the help of the person's representative. Three people were supported by an IMCA. who told us, "People are supported to make the smallest decisions." One person was supported by their family member who told us, "Staff always involve (relative) in choosing clothes to wear."

Staff told us that they were aware of what to do if they witnessed or suspected that anyone was at risk of, or was being harmed. When asked, staff we spoke to said they would have no hesitation in alerting their registered manager or another agency if that was more appropriate. Staff told us that they were encouraged to speak out in order to protect people and this open culture was reflected in all the discussions we had with staff throughout the inspection. All staff had received training in safeguarding vulnerable adults and there was a safeguarding lead within the service that organised training for staff about, "challenging bad practice." The safeguarding lead also did "Tool box talks" about potential poor practice to encourage staff to think about people's safety in a more imaginative

Good

Is the service safe?

way. Staff recently researched and delivered presentations on well-known types of abuse to their peers at a team meeting. This meant that staff were alert to the risks of abuse.

Staff numbers were sufficient to meet the needs of people living at this service. Each person had one to one staffing during the day between 7.30am and 9.30pm.One person had two to one staffing for six hours a day. At night there were two staff on duty. We confirmed this by looking at the staff rotas and staff confirmed this was so. There was someone on call when the registered manager was not present who could provide support. The service had a bank of staff that could be called upon to work if anyone was absent.

We checked three staff files and saw that safe recruitment practices had been followed. We saw that staff had a detailed induction and to ensure that they had the right skills to work with each person they could only work with a person once they had observed that person's routines, worked under supervision and had their competency checked. Training in mandatory subjects and specialist areas was provided to ensure that staff had the skills they required to do their job. We saw in staff files that training had been completed in safeguarding, infection control, MCA and DoLs and a variety of other subjects. We also saw competency checks that had been carried out. This meant that people who used the service were supported by people who were properly trained and were of good character.

Medicines were managed safely. One person required a medicine to be administered by a specialised technique and this medicine was only given by staff who had received additional training. We saw policies that said, "Staff must be trained to administer this medication", and staff told us, "I am not allowed to work with (person) because I haven't done my training." There was clear guidance and protocols for staff around the administration of this medication and people could be confident that medicines were administered by staff that were trained and safe to do so.

Maintenance checks had been carried out regularly and the maintenance person visited the service every two weeks for a full day to carry out day to day maintenance. Safety checks for gas, electric, fire safety equipment, lifting equipment, water and the service vehicle had been completed and were up to date which meant that people could be confident that the equipment they were using was safe and fit for purpose. Fire safety checks took place regularly and were recorded.

There were plans in place to deal with unforeseen emergencies. There was a fire risk assessment in place and North Yorkshire Fire and Rescue Service had visited within the last twelve months to check that the arrangements were safe. Each person had a personal evacuation plan in their care and support plan and there was specialist evacuation equipment in the service. There were also plans in place in case of staff absence. This meant that the service could respond quickly to unexpected events without placing people at risk.

We looked around the service and could see that it was clean and well maintained. Infection control policies and procedures were in place for this service. Staff followed these and used relevant guidance to keep up to date. As this was a small service with family living the support staff carried out cleaning tasks. There were cleaning schedules for all parts of the service and staff understood their roles and responsibilities. There was an infection control lead at this service. Mattress audits were carried out weekly. This meant that people who used the service lived in a clean environment where regular checks ensured that the risk of infection was kept to a minimum.

Outstanding ☆

Is the service effective?

Our findings

We found that this service was effective. Staff were employed who had the skills, knowledge and behaviours to ensure people were cared for in a person centred way. Staff had ten days induction which gave them the opportunity to shadow other staff whilst getting to know people, do some basic training and to give and receive feedback throughout the process. One staff told us, "I had a thorough induction. I came here with no experience of care. It is great; more than I thought it would be."

Staff were trained by a variety of methods in order to make sure they had the skills and knowledge they needed. They used an e-learning system and staff had completed all the required courses, they used the Workforce Development training provided by the local authority, took part in practical skills training, tool box talks (short subject specific talks) and were checked regularly for competency. We saw that these checks were recorded in staff files. One member of staff told us, "The practical skills training is better for me." The service recognised that staff learn differently and used a variety of methods to ensure staff were competent.

Staff also had continuous training by a variety of means, some of which had been devised by the registered manager of this service. For instance they had started to use "Toolbox tools." These were very short sessions of only a few minutes to cover areas that cropped up in the course of the day but were relevant to good practice. For instance the infection control lead had carried out a staff group chat looking at why staff need to sort laundry. These sessions were recorded. This meant that staff were keeping up to date with current guidance about infection control whilst receiving some practical training.

We saw supervision notes in staff files. Despite the company policy saying that supervisions should be done quarterly the registered manager had decided that supervisions would be completed four to six weekly. The supervisions looked at the support needed; training needs and discussed staff practice. Staff had a record of direct supervision and their strengths and development needs were outlined in these records. This was discussed at their formal supervision. The discussion records were significant and detailed. This meant that staff were supported to develop their practice and behaviours. The service had attained the "Investors in People" accreditation. This mean that high levels of staff development had been recognised at this service.

There was a lead staff for areas such as safeguarding and infection control. They maintained a reflective record of chats with staff and used these as a learning and quality tool. They were also instrumental in making sure that staff followed good practice guidelines and they provided any additional training if it was needed. This helped to ensure that people experienced good outcomes.

Where people had behaviours that challenged others the registered manager could access a behaviour therapist employed by Voyager 1 Limited and had done so for one person. This was recorded in their care and support file. Any risks to people were highlighted in red in their care and support plans so that they were easily recognised and visible. However staff knew people so well that they were able to anticipate changes and respond to them appropriately.

We observed a lunchtime period and saw that people were supported to have enough to eat and drink. The dining room had pictures on a menu board so that people could see what was for lunch. There was artwork done by people on the walls which reflected the purpose of the room which made it very clear to people that this was where they came to eat There were pictures of people and staff around the dining room which personalised the room and added to the family type atmosphere of the service. The meal was a casserole followed by fruit. There was a fruit bowl on the side for people to choose what they wanted. We were told that people had been involved in making food choices. The service had a set budget for food but the registered manager said that staff had no trouble working within the budget as it was very generous. We saw one person help themselves to fruit and staff asked another person if they wanted fruit. This meant that people could make choices about what they ate.

Staff told us that one person who was deaf, blind and unable to communicate could recognise certain activities through scent association. We saw a staff member move a bottle of orange oil under the person's nose. They immediately got up and walked to the table. Staff assisted them to eat using a hand over hand method. During the meal the person started to tap his shoulder. The staff member said, "Oh you want your back rubbing do you" and

Is the service effective?

proceeded to do that. The person wanted it done harder and indicated this by tapping their shoulder harder. The staff responded naturally. This meant that this person was able to communicate their needs to staff and vice versa because they knew each other very well. Staff supervised the dining room as some people were at risk of choking. This meant that staff could respond quickly to emergencies. People were able to enjoy their food and ate at their own pace.

People had health passports which were taken with them to appointments at the hospital or with their GP. These documents contained all the relevant medical information for that person. People had an annual health check with their GP but saw them more often if it was necessary. They also had access to learning disability services provided by the local authority and by specialist learning disability nurses at the hospital and in the community. We saw appointments planned in peoples care and support files. This meant that people were supported by health professionals who understood their specific health needs. Where changes in support needs were identified health and social care professionals were involved in the reassessment process. This ensured that any equipment needs or training needs that were identified could be implemented. An occupational therapist working with the local authority learning disability service told us that staff take account of their suggestions and make changes in a timely manner.

The family of one person had been instrumental in teaching staff signs and symptoms of the person's conditions. Staff told us, "(Person's) dad taught us that his hands go cold when he is going to be ill." The family told us, "I feel that our input is valued." This meant that staff made use of all relevant information available to provide effective care for this person.

Staff recognised changes in behaviour and responded quickly. We saw an example of this when one person kept walking into the office or the kitchen and sitting for a while before walking away. This was not their normal behaviour. Staff initially thought it may be because there was a stranger present (the inspector) but soon realised that this was not the case and that the person was not well. The staff took advice from NHS Direct and then requested a GP visit. This meant that staff worked proactively to identify health issues and acted to access relevant services.

When we entered this service it felt as if we had walked into someone's home. There were family pictures on the walls in the hallway and lounges. The bedrooms were personalised. One person had pictures of their family, the place where their brother lived and his favourite football team. They had DVD's and music which reflected their taste. Another person had a pink, purple and silver theme which they had chosen themselves. The staff had taken account of peoples sensory needs and had developed a sensory room. At the time of our visit this room was being further developed to benefit the people. The bedrooms had ceiling hoists and some had specialist baths. There was also a wet room upstairs. Any changes to the environment were discussed at house meetings with the people living at the home. These were documented. If a person could not communicate their key worker or representative who had a good understanding of their known preferences spoke on their behalf.

Outstanding ☆

Is the service caring?

Our findings

The staff at this service were caring. An IMCA told us, "The culture in this place is positive and good practice the norm. I wish that everywhere that I visited was so warm and welcoming. Everyone should have an opportunity to have a life like these people. This is a lovely place." A relative told us, "We are always made very welcome and are very involved." One relative told us, "The staff are always trying to improve his life and we are involved in that." An example of this was when it was (relatives) birthday. They had sent a thank you card to the staff which said, "To (registered manager) and staff at Derwent Cottage for enabling us to enjoy (relative's) birthday. A staff member told us, "This is a very happy home and I enjoy coming to work."

We observed good practice throughout the day of our visit. We asked one staff to tell us about the person they were working with and they were able to tell us in detail about their everyday needs, likes, dislikes and how those needs were met. Their comments and explanations were confirmed when we looked at the care and support plans for this person. We observed the interactions between them which showed us the care and friendship that had developed between staff and people. We could see that people knew that they mattered.

An IMCA told us, "The level of care and attention to detail is astonishing. (Person) likes to visit his sister which is quite a long journey but they like to travel in the car and staff want him to maintain that contact so they drive him there." This was detailed in the person's care and support plan. The level of planning that would be required to make this trip for this person was very detailed and required a lot of thought but we could see that this was not an obstacle to staff and when we spoke with staff it was clear that they recognised the importance of maintaining family links.

Staff had a person centred approach and were committed to making sure the views of people were heard. As three of the people did not communicate this was very difficult for staff but with the help of family and an advocate they were able to do this. Staff used Makaton which is a means of communicating for people with a learning disability. They also used pictures, touch and observation to be able to communicate people's needs and wants. These methods were tailored to the individual and it was clear that each person was able to communicate in a meaningful way for them and that they were able to overcome some of the obstacles associated with their disability. For instance one person responded to touch on specific parts of their body to carry out certain tasks; they would take off or put on clothing dependent on where staff gently touched such as legs for trousers. The staff went out of their way to ensure that they were able to communicate effectively with everyone.

We observed that staff were kind and patient with everyone. They were motivated to ensure that each person led a meaningful life. We saw they displayed compassion whilst getting on with the reality of life for people who used this service in a practical way. One example was one person had no sense of danger but rather than stop them doing things extra staff were brought into the service for six hours a day to ensure that the person could go out and do whatever they wished. We saw that staff focussed on the possibilities and made them happen whilst making sure that people were able to live the life they chose.

We saw staff also understood when people needed some quiet time. One person indicated they wished to lay down and staff immediately recognised what they wanted to do and took them to their room and made sure they were comfortable. Another person wanted to have a sensory session and so staff took them to their room, made them comfortable, turned on sensory equipment such as lighting and gentle music and gave a hand and foot massage. Each person was able to access their own personal space as they all had their own rooms.

The registered manager had organised training with the help of the local hospice in order that staff had specialist training in end of life care .They were working together to provide training programmes to meet staff needs. They also told us that they had contacted the clinical nurse specialists based at the hospice so that they could come to Derwent Cottages and give assistance with staff training. The registered manager was very keen to do this with the full involvement of staff, families and people who used the service. We saw that staff were proactive in planning for end of life care although no one at this service required end of life care at this time. This meant that when people required this service staff would be prepared with relevant and up to date training.

Individual sensory boards had been developed and put on the walls in the hallway for people. One person liked soft fluffy objects so they had been put on the board with Velcro so that the person could take them off and touch them.

Outstanding ☆

Is the service caring?

Another person liked to throw things and their board was being developed with a washing line containing bean bags so that they could take them off and throw them which highlighted how staff used imaginative ways to deal with behaviour that may challenge others as well as meeting that persons needs in a positive way.

Good

Is the service responsive?

Our findings

We looked at peoples care plans and saw that people received care that was appropriate, consistent and sustained. People's care and support plans had been developed with them, their families and where appropriate the IMCA. The content was minutely detailed with instructions for staff. They were set out under key headings such as, 'What is important to me', 'A typical day' and 'How to support me well'. Under each heading the care plans were written in the first person and went into great depth about what the people wanted their life to be like and what things they would like to do. Within each description they told staff what they must do to make this happen. Health action plans were also in place with detailed management plans where necessary.

An IMCA told us, "Care plans are individualised and I have never been anywhere where so much attention is paid to the detail." A relative told us, "We are always being involved in planning and review meetings."

The service had a person centred champion who checked that care plans were person centred. They also arranged key worker meetings, inviting the people and their representatives to make sure that everything that happened in the service was what the people wanted to happen. The person centred champion organised weekly activities and made sure that each person had a daily activity plan. We observed that one person had a variety of activities planned which included going to the local shop, watching TV, and going swimming. The service also had a dignity lead that raised staff awareness in staff induction and tool box talks.

We observed that routines were person centred. Everyone was doing different things throughout the day and only came together at mealtimes. This was a family type setting that recognised everyone's differences and used them to develop care and activities to suit each person's needs. We saw that staff made suggestions regularly throughout the day to people and the registered manager to enhance people's lives. If people did not want a particular person to work with them and staff became aware of that then the person would be changed without hesitation. The registered manager recognised that people may not get along with everyone.

The registered manager devised Health Plan folders which staff were able to take to medical appointments. They were more detailed than the health passports and enabled staff to give a full picture to health professionals. The use of these documents meant that when people entered another healthcare setting they could be confident that staff would know what their needs were and be able to provide appropriate support. Staff also maintained the one to one care for people when they entered another setting. They would stay with the person during the day in order to make the transition as easy as possible for the person.

People were encouraged to maintain contact with their families where possible. The IMCA told us one person was taken to visit their sister and a relative told us their relative had an iPad so that they could speak to their brother using Face Time. They had regular visits from their family. Use of technology as well as conventional methods of communication meant that people were able to maintain family links. People were also encouraged to have links within the community. People used local shops and churches. They attended weekly dances at a Mencap centre in the nearest town and they went swimming at a local health club as well as a local swimming baths.

Reviews were conducted following a nationally recognised good practice model for person centred reviews. This allowed people to be at the centre of the process. Everyone who was important to the person and the person were invited to the review. When people had a review the attendees were all photographed with their permission on arrival so that the person who used the service had a pictorial reminder of everyone who had attended. Staff used a flip chart and the meeting had a set format. At the start of the meeting everyone contributed one positive thought about the person whose care was being reviewed. This boosted the persons self-esteem and each comment was recorded on the first flip chart. The review continued with what was going well and what could be improved. Each section was recorded on separate flip charts and photographed. These photographs provided the record of the review meeting in an easy read format which could be shared and understood by the person.

The service had a clear procedure for people to follow if they wished to raise concerns. People all had a Voyage 1 handbook in their room which gave them details of where to raise a concern. They were also given concerns cards to enable them to raise concerns. Relatives were given

Good

Is the service responsive?

contact details for people at the service and within the company and could contact them in person, by telephone or by email. We were told by the registered manager that there was an open door policy at Derwent Cottages. This was confirmed by a relative who told us, "We can always speak to someone and have no concerns doing so."

In the lounge area was a model railway which took over a large area. This had been started because one person had expressed a wish to build their own model railway and support staff continued to develop this involving the person at every stage. The person's relative told us, "The train is a long term project and is planned with (relatives) abilities in mind so they can help at every stage. Staff are really involved. They look at magazines with them so they can decide what they want to add next" A staff member told us, "I sometimes take them with a flask and we sit watching the trains at the local station." This person also told us that they enjoyed football and their relative told us, "During the football season I go in and we follow the football teams. Their brother sends him the Manchester United magazine every month." This meant that this person was benefiting from meaningful activity to enhance their quality of life.

Another person who was unable to communicate had a specialist chair which was connected to a music centre so that when the music played they could feel the vibration and rhythm through the chair. We observed this activity and saw this person show pleasure as they moved to the music. Staff were able to describe this person's favourite music from watching how the person reacted. Following discussions with the plumber the tiles in this person's bathroom had been put on in different ways so that they formed a tactile way for this person to retain some autonomy when using the bathroom. They used touch to feel their way around. Staff used scent association to let them know when it was time for a bath. Staff used touch a lot to communicate with this person and gently touched their arm to let them know they were there. They enjoyed aromatherapy massages to maintain that link between staff and person that is more easily achieved through verbal communication. The IMCA told us, "Staff are excellent. The way that the staff have developed the scent association with him is absolutely incredible."

Good

Is the service well-led?

Our findings

The provider's induction clearly explained to new staff the values and beliefs of the service and the culture was open and supportive to people, staff and families. Values were reinforced constantly at this service through discussion, supervision and people's behaviours. One staff told us, "I felt as if I was being criticised recently but I felt confident enough to raise this with my supervisor and the registered manager. They were so supportive." This meant that people who used the service could be confident that the registered manager and staff were building an open culture which encourages staff to voice concerns which would mean that staff would feel able to advocate on behalf of people who used the service.

All the staff was clear about how to report concerns and said they felt happy to do so. They told us that the registered manager was approachable and one person said, "I think she is a good registered manager and I could approach her about anything."

All the staff we spoke with told us they felt supported and enjoyed their work. One staff member said, "I love coming to work." Another staff member said, "We have an excellent registered manager who is approachable and easy to talk to." Records showed that all staff received regular supervision and appraisals. This meant that staff were clear about what was meant by good practice and this would in turn have a beneficial effect on people. The registered manager sent out staff questionnaires annually and used the responses to make improvements.

Derwent Cottages had achieved Investors in People status. This is a recognised management benchmark for businesses who want their staff to be the best that they can be identifying their strengths, ambitions and ideas in order to develop a successful staff team. This was very evident as we observed the manager and staff working together to ensure the best outcomes for people.

There was a clear management structure at Derwent Cottages. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager had a hands on approach and was a regular presence in the service. During our inspection we spoke with the registered manager. Throughout the day the registered manager was able to answer all our questions about the people who used the service showing knowledge and insight. We observed that the people who used the service were clear about staff roles and responsibilities as were their families and they knew who to approach for help or advice. We saw staff throughout the day going to a senior support worker who, when necessary would approach the registered manager for advice.

The registered manager carried out quality audits every three months and these were checked by the operations manager. Where any failures were identified actions were set with a date for completion. These were recorded. The registered manager told us that they had appointed champions amongst the staff who researched and promoted best practice in their key area taking account of relevant legislation and guidance. The registered manager told us that they had selected these champions for their motivation, dedication and commitment to quality improvement. The registered manager demonstrated that they were committed to continuous development and improvement of the service.

The registered manager told us that they compiled rotas for six weeks in advance to ensure that they had staff on duty that had the correct qualifications and skills. For instance it was important to have someone who was able to drive the service vehicle to ensure people could go out when they wished and someone had to be on duty at all times who was trained to administer a particular medication. This meant that the registered manager was committed to ensuring that people could maintain their lifestyle.

Records showed that staff recorded incidents that happened at the service. The registered manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised and used to reduce the risk of a reoccurrence. Staff were informed about any changes that had been implemented in response to these incidents. One staff member told us, "The registered manager cascades information to us at staff meetings." We saw that staff meetings were held regularly. The provider had received no complaints since our last inspection but had received six written compliments.

We saw emergency contingency plans for fire, severe weather warnings, water and heating issues and all staff were aware of the plans. For instance weekly fire drills were carried out so that staff and people would know what to do in the event of a fire.

Good

Is the service well-led?

The registered manager actively sought advice and guidance from other professionals. For example they had sought support from the local hospice to ensure that people had plans for end of life care which incorporated best practice. They worked with healthcare professionals in order to reach positive outcomes for the people who used the service. We were told by a professional who visited the service that when it had been suggested that some changes be made to the layout of a bathroom the changes had been organised very quickly so that the person could resume access to that area safely.

The registered manager had recently been nominated within the company for a 'registered manager of the year' award. It was evident that they had the skills and knowledge to lead this team of staff. In addition they were aware of how they wanted to progress and of the challenges they faced. The overall impression we had was of someone who was passionate about the work they did, making constant improvements for the benefit of people. They had ideas and had made suggestions that had been taken up by the company. They were well liked and respected by staff and people were obviously comfortable in the registered manager's presence.