

Voyage 1 Limited

Pinkneys Road

Inspection report

87 Pinkneys Road
Maidenhead
Berkshire
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Date of inspection visit:
10 January 2020

Date of publication:
10 March 2020

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 ●

Summary of findings

Overall summary

About the service

Pinkneys Road is a care home without nursing situated in a residential area of Maidenhead, Berkshire. The service can accommodate three people with complex learning disabilities or autism spectrum disorder. At the time of our inspection, three people lived at the service. The home is a bungalow, with three bedrooms and communal living spaces on the ground floor.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People living in the home were safe, supported by enough staff who understood their responsibilities to safeguard people from discrimination, neglect, and abuse. Staff had effectively identified and assessed risks to people's health and safety, which were managed safely to protect them from harm. The service had very good staff retention and people experienced care from trusted staff who knew them well and how to meet their needs. The provider's recruitment policy reflected best practice and ensured only staff suitable to support people with a learning disability were appointed to work in the home. People received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so regularly assessed. Staff ensured people lived in a home which was clean, hygienic and well maintained. Staff followed required food safety standards when preparing or handling food. Staff were supported to raise concerns and report incidents and near misses, which ensured action was taken to protect people from similar events in the future.

Staff understood and delivered care in line with standards from NICE (National Institute for Health and Care Excellence), other professional bodies or organisations and advice from specialist healthcare professionals. Staff received training and supervision to maintain and develop their skills and knowledge, which enabled them to support people with good quality care, which met their changing needs effectively. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it. The service worked well with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support when required. The environment was personalised to meet people's individual needs and the provider ensured all required specialist adaptive equipment needed to support people effectively was available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff effectively consulted with people's relatives, advocates and care managers, where appropriate, regarding decisions about their care. This ensured their legal and human rights were upheld and decisions made about their care and support were in their best interest.

People experienced positive caring relationships with staff who consistently treated them with kindness and compassion in their day-to-day care. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights. Meaningful relationships developed within the home had a positive impact on people's wellbeing. Staff encouraged people to do as much for themselves as possible and to experience new things, to promote their independence and enrich the quality of their lives. People's privacy and dignity were promoted by staff during the delivery of their care.

People were at the heart of the service and experienced person-centred care, which consistently achieved successful outcomes. Staff felt valued and respected by the management team who had created a true sense of family within the service. Staff were passionate about the people they supported and continuously strove to achieve good outcomes for them. People's communication needs had been assessed and communication support plans detailed what support they required to communicate effectively. People's relatives and advocates told us that when they had raised concerns, these had been resolved quickly by the registered manager and staff. At the time of inspection, the service was not supporting anyone with end of life care. However, the registered manager had collaborated effectively with healthcare professionals, including palliative care specialists, when one person was assessed to require end of life care.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service. The management team effectively collaborated with key organisations to ensure the safe and effective delivery of people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (report published 19 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pinkneys Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Pinkneys Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. We used all of this information to plan our inspection.

During the inspection

During our inspection we interacted with three people living at the home. We used a range of different methods to help us understand the experiences of people using the service, who were unable to tell us about their experience. We spoke with the registered manager and five care staff. We reviewed a range of records. This included three people's care and medication records. We looked at five staff files in relation to recruitment, staff training and supervision, together with a variety of records relating to the management of the service, including policies and procedures. We observed medicines being administered and the support people received in communal areas, including the preparation and consumption of meals.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at personnel and quality assurance records that were sent to us. We spoke with one person's relative, two advocates representing each person living in the home and three community professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe at Pinkneys Road. Staff had developed positive and trusting relationships with people that helped to keep them safe. People's relatives, advocates and supporting health and social care professionals consistently told us that people were safe living at the home.
- People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to recognise and report abuse. The registered manager had established and effectively operated systems, processes and procedures to protect people from the risk of poor care.
- The service managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The registered manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition, moving and positioning, pressure areas and those associated with their learning disability.
- Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence and undertaking activities that they enjoyed. Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other complex needs. Staff shared information about risks consistently and accurately during shift handovers, staff meetings and one-to-one supervision, to ensure they were managed safely.
- Staff completed regular safety checks to manage risks relating to the premises, whilst external contractors had completed annual Legionella risk assessments and inspection of hoisting equipment. There were arrangements in place to address any foreseeable emergency, such as fire, flooding or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans were readily accessible. Each person had a personal emergency evacuation plan.

Staffing and recruitment

- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to work with people living with a learning disability. These checks included prospective staff's conduct in previous care roles and their right to work in the UK.
- There were enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. Staff consistently told us their workload was manageable and well organised to enable them to spend quality time with people.

- People's representatives and professionals told us people experienced good continuity and consistency of care from regular staff who knew them well. The provider effectively recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people.

Using medicines safely

- People received their medicines from staff who had completed the provider's mandatory training. This training was also supplemented by additional training and best practice guidance from the dispensing pharmacist used by people living in the home. The registered manager completed annual competency checks to make sure staff training had been effective and was effectively implemented in practice. The provider completed regular audits to check staff administered medicines in line with the provider's policies and procedures. These clearly identified any issues or actions to be taken. Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.
- Where people had medicines 'as required' (PRN), for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and on how to record their use. The registered manager consistently checked that the reason for administration of PRN medicines was valid and recorded.
- Staff followed lawful procedures to protect people with limited capacity to make decisions when medicines needed to be given without their knowledge or consent. The registered manager had effectively advocated on behalf of one person to ensure their behaviour was not controlled by excessive or inappropriate use of medicines. This enabled the person to become more alert and able to interact with staff. Staff told us this was highlighted by the person 'smiling and laughing more, and being much more involved in the world.'

Preventing and controlling infection

- Relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed. Staff consistently wore personal protective equipment, such as aprons or gloves to prevent cross contamination. We saw that colour coded cleaning products and equipment were used to assure infection control.
- Staff supported people to recognise and manage risks within the home relating to infection and hygiene and promoted people's awareness in doing so. For example, staff promoted people's independence by encouraging them to follow good food hygiene practice.
- Staff had completed food hygiene training and we observed staff followed correct procedures whenever food was prepared or stored. The service had achieved a good rating during their last inspection by the Food Standards Agency. This meant that food was prepared safely, and the kitchen was kept appropriately clean to prevent the risk of cross contamination and infection.

Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt confident to report incidents. Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Incidents and accidents were recorded appropriately and investigated thoroughly. Any learning or changes to risk assessments were discussed at staff meetings. The registered manager ensured that staff promptly took the required action to keep people safe by reducing the risk of further incidents and accidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessments and care plans considered relevant standards and guidance. Staff understood and delivered care in line with standards from NICE (National Institute for Health and Care Excellence), other professional bodies or organisations and advice from specialist healthcare professionals.
- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care and support plans were comprehensive, considered all aspects of people's lives, clearly detailing their needs, individual preferences and choices, how they wished to be supported and expected outcomes.
- Professionals made positive comments regarding the skill and expertise of staff, particularly their understanding about how to support people living with profound learning disabilities and associated complex needs.

Staff support: induction, training, skills and experience

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. New staff spent time working with experienced colleagues to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively.
- Staff also underwent further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. This ensured staff understood how to meet people's support and care needs. For example, staff supported a person who was at risk of choking, to receive nutrition and medicines through a peg tube. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, commonly to provide a means of feeding when oral intake is not adequate. Staff had received individual training from a specialist nurse tailored to meet the specific needs of people who required this support.
- Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they received effective supervision, appraisal, training and support which enabled them to carry out their roles and responsibilities effectively.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being. People were supported to have enough to eat and drink to remain healthy. Staff knew about people's specific diets and personal preferences.
- Staff effectively protected people with complex needs from the risk of poor nutrition, dehydration,

swallowing problems and other medical conditions that affected their health. Where people were identified as being at risk of malnutrition records were kept, to ensure their nutritional intake was monitored. Records showed that staff had promptly sought support from relevant healthcare professionals when necessary. For example, one person had experienced severe, unexplained weight loss which had an adverse impact on their health. The registered manager quickly engaged with a broad range of community professionals to develop a coordinated strategy to support the person to regain their lost weight and improve their general health.

- Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks. Staff involved people in choices about what they ate and offered a selection of their preferred food and drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well together to ensure that people received consistent, well-coordinated, person-centred care and support. The service worked well with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support when required. The registered manager and staff effectively shared information and communicated with other agencies to ensure people experienced well organised, joined up care.

- Health care professionals consistently told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being. Records were accurately maintained of any advice offered with follow ups were documented.

Adapting service, design, decoration to meet people's needs

- People's representatives were involved in decisions about the premises and environment and their individual preferences and support needs were reflected in how the premises had been adapted and decorated. For example, since our last inspection the bathroom had been fully renovated and replaced with a new wet room. The new wet room now enabled people to enjoy showers, which they preferred.

- Decoration was homely, comfortable and well maintained. The service had an on-going refurbishment plan devised to meet people's needs. For example, the provider had obtained planning permission to build an extension. This was to provide more space to accommodate people's bespoke wheelchairs, so people could socialise and eat together more easily.

Supporting people to live healthier lives, access healthcare services and support

- People had annual health checks with their GP surgery. Where there were concerns noted about someone's health, staff raised these with the registered manager who promptly referred these to the relevant health professionals. Staff clearly understood the importance of people's oral health and the potential effect on their general health, wellbeing and dignity.

- People had access to healthcare services when required to support their mental health needs. Staff worked effectively with the community learning disability team and other community professionals, to achieve effective outcomes for people and to promote their health and emotional well-being.

- People's care and support considered their day to day health and wellbeing needs. For example, people were supported by a reflexologist, which had a positive impact on people's anxiety and behaviour which may challenge others.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were upheld by staff working within the principles of the MCA. People's capacity to consent to their care and treatment was assessed regularly. Where people lacked capacity to consent to their care, the provider followed the principles of the MCA and ensured care and support was provided in people's best interests. Professionals told us the determination of staff to uphold people's rights and adhere to best interest decision making processes was a strength of the service.
- People living in the home were subject to DoLS. This was clearly recorded within their care files. Records showed the registered manager had proactively liaised with the local authority to ensure that any deprivations were necessary, lawful, proportionate, and were reviewed and renewed as required.
- Staff understood the need to obtain consent. Staff sought people's consent in accordance with their communication support plans to determine if they consented to, or refused the support offered. Staff encouraged people to make their own decisions and ensured those important to the individual were involved in this decision making, where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff consistently treated people with kindness and respect, whilst promoting their happiness and well-being. Staff consistently spoke with pride and fondness about people they supported and their achievements. Relatives and professionals consistently described a family atmosphere within the home and reported they experienced a warm welcome from staff, who were open and friendly.
- People were relaxed and comfortable around staff, who consistently interacted with people in a calm and sensitive manner, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing. Staff were able to encourage people to experience new things to increase their independence and enrich the quality of their lives. For example, pursuing their interests and going on holidays. Staff spoke about people with passion, positively recognising people's talents and achievements, which demonstrated how they valued them as individuals.
- People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

Supporting people to express their views and be involved in making decisions about their care

- People, their relatives and advocates were supported to be as involved as possible in making decisions about their care. Care plans and risk assessments were reviewed regularly, which ensured they were accurate and reflected people's current needs and preferences. Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives. Staff were skilled at supporting people to express their views and make choices around their care, which were explored as part of people's daily routines. Staff consistently knew people's methods of communication well and how they expressed their views. This was particularly important for people who were unable to use speech to communicate.
- Each person had access to an advocate whenever required. An advocate is someone who acts impartially on behalf of someone else, when they cannot make decisions for themselves. People's advocates visited regularly to help with any decisions that were necessary and assist with reviews of care plans.
- Staff knew how people expressed their choices. During our inspection, we observed people consistently making choices about how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- There were arrangements in place to make sure people's independence was respected and promoted.

People's care plans were focused on helping people to be as independent as possible.

- Respect for people's privacy and dignity was reflected in people's day to day care and support. Staff knew how to respect their privacy and dignity during support with personal care.
- Staff clearly understood people's social needs. People were supported to maintain and develop relationships with those close to them, their social networks and links to the wider community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported. Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated an effective multi-disciplinary approach. For example, staff engagement with community learning disability and occupational therapy teams. Relatives, advocates and professionals were fully involved in the planning of people's care and support and consistently told us the registered manager ensured individuals were enabled to have as much choice and control as possible.
- People received personalised care which met their needs and enabled them to live as full and independent a life as possible. Care planning was focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health.
- Since our last inspection the registered manager and staff had begun to implement the principles of 'Active Support'. This process encourages people to engage and actively take part, rather than simply being present or passively aware of what is happening. Active Support prioritises people doing things for themselves as much as they can, rather than having things done for them. This approach had led to a significant improvement in the way people interact with staff and had also improved each person's life skills and independence. For example, one person with hand over hand support from staff, was now able to help prepare the evening meal and do the washing up. Hand over hand support entails staff placing their hands on the person's hand to demonstrate the action required to complete a task. Another person had made significant strides to become involved in their personal care, for example; by the provision of hand over hand support to brush their teeth and hair, whilst another person was able to stir a cup of tea and use a duster to clean their room. Staff told us they fully embraced the concept of 'Active Support' and were proud of the outcomes people had achieved, which had a positive impact on the level of anxiety experienced by people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively.

- Staff were knowledgeable about how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people. People were provided with information in a way they could understand which helped them make decisions about their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives and addressed their health needs.
- Staff supported people to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities and activity centres, which increased their sense of independence. The service also supported people to take part in activities that were relevant to their interests and personal history. Relatives consistently told us their loved one enjoyed the activities they were supported to take part in, both in the community and within the home. Where people chose not to participate in planned activities the staff ensured they received individual one to one support and engaged in other stimulating activity of their choice.

Improving care quality in response to complaints or concerns

- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.
- There were effective systems to deal with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made. People's relatives and representatives were aware of the provider's complaints process and knew how to use it. Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- The registered manager told us no formal complaints had been made since the last inspection, which records confirmed. Relatives and representatives told us that when they had raised concerns, these had been dealt with by the registered manager and staff. For example, one relative told us when they identified any problems, "The manager is quick to respond and resolve the problem."

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection. However, people's relatives and representatives had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.
- People's needs in relation to their learning disability needs had been sensitively considered as part of the end of life care planning process to provide relatives and representatives with reassurance and reduce any worries they may have.
- The registered manager had collaborated effectively with healthcare professionals, including palliative care specialists, when one person was assessed to require end of life care. A best interests decision involving all relevant parties had decided it was more appropriate for the person to be cared for at Pinkneys Road than to have repeated hospital admissions, during which their health had deteriorated. The person's needs had been considered as part of their end of life care plan, which had taken account of their communication skills and ability to understand, when decisions were made. The quality of care provided by staff and supporting palliative care specialists led to a significant improvement in the persons health and the subsequent removal of the palliative care provision.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had established effective management systems to promote person-centred care. The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider. People, relatives and professionals described the registered manager to be conscientious and committed to the people living in their home, who led by example and provided a good role model for staff. Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people. The registered manager had developed a strong team spirit amongst the staff who were supportive and appreciative of one another. The collective responsibility of the registered manager and staff ensured people experienced high quality care which achieved their desired outcomes.
- The registered manager and some staff members had worked at the home for many years, which highlighted the stability and culture within the service. People experienced high quality personalised care from a stable staff team who were committed to ensuring they received care which was individual to them. Staff recognised the importance of knowing people well and could share comprehensive details about the people they supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply. The registered manager and staff consistently spoke of the need for accountability when mistakes were made so that lessons could be learned to improve the service.
- There had been no serious incidents at the home since the last inspection. However, the registered manager and staff were aware of their responsibilities under the duty of candour. The service was managed in an open, transparent way with honest communication with people's families and representatives. When relatives raised concerns the registered manager and provider listened to the concerns, apologised where necessary and took swift action to address the concern.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had established and operated an effective governance system within the service.

The registered manager was supported by the provider's area manager through weekly meetings and monthly quality assurance visits to the home. This ensured there was continuity of management and that standards were maintained. There was a good understanding of quality performance throughout the organisation. There was a comprehensive system of weekly, monthly and quarterly quality audits by staff. The registered manager reviewed those audits where other staff were responsible and kept an overview of the quality of service provided. Where audits had been completed relevant action plans had been implemented and completed to drive continuous improvement in the service.

- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people. The registered manager was often rostered to work alongside staff. This allowed them to carry out informal competency observations to monitor quality and individual staff practice. This ensured people experienced a consistent level of support. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support. For example, on the morning of our inspection night staff informed the day staff that a person required urgent support for a developing skin condition. Later that day we confirmed the person had received the appropriate treatment and support required in response to their changing needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was highly visible within the service, readily approachable, and spent meaningful time with people, relatives and staff. People, relatives and professionals told us their views were listened to and were acted upon. Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. The registered manager recognised good work by individuals in supervisions and team meetings. Staff consistently told us that the registered manager encouraged them to share their ideas to improve the quality of care people received, particularly in relation to the provision of stimulating activities to enrich the quality of their lives and to improve the provision of active support.
- The registered manager and staff encouraged relatives to engage with and be involved with the service. There were regular staff meetings, and minutes showed action had been taken to address any issues raised. There was widespread involvement with the wider community. The provider used community contacts to enhance people's wellbeing in the home, and to enable people to take part in events outside the home.
- The registered manager and staff worked in collaboration with external agencies to help ensure people received high quality care. Professionals consistently told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.

Continuous learning and improving care

- The registered manager effectively operated systems and processes to improve the service. For example, there was a business continuity and service improvement plan which identified future actions to enhance the home. Staff recorded accidents and incidents, which were reviewed daily by the registered manager to identify other areas for improvement. This ensured the registered manager fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Staff received constructive feedback from the registered manager, which motivated them to improve,

enabled them to develop and understand what action they need to take.

Working in partnership with others

- The registered manager had developed good links with local community resources that reflected the needs and preferences of the people who used the service. The provider worked effectively in partnership with other agencies. For example, the service worked closely with the community learning disability team and there was good two-way communication with other professionals to make sure people received care and support that met their needs.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.