Voyage 1 Limited

Marner House

Inspection report

79 Fitton Street
Nuneaton
Warwickshire
CV11 5RZ

Tel: 02476641492
Website: www.voyagecare.com

Date of inspection visit:
17 January 2018

Date of publication:
09 February 2018

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

The inspection took place on 17 January 2018 and was announced. We gave the provider two days' notice of our inspection visit, so that we could be sure the manager and people were available to speak with us. Voyage 1 Limited is a large provider of care services. Marner House provides accommodation, personal care and rehabilitation support for up to 12 people; eight people in the main house and four people in 'step down' flats.

The service specialises in providing rehabilitation to people that have an Acquired Brain Injury (ABI). An ABI can be the result of a traumatic brain injury from an accident, head injury or neurosurgery. The ABI can lead to permanent or temporary changes in a person's functioning; their cognitive, physical, emotional or behavioural functioning. The service works closely with other professional organisations in providing the agreed rehabilitation care and support to people so that they can progress from living in the main house to one of the 'step down' flats before moving to supported or independent living accommodation. There were eleven people living in the home on the day of our inspection visit, four of which lived in 'step down' accommodation. For these eleven people, they received accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There were a further four people who lived in supporting living accommodation, where they received only personal care from staff in their own homes, on the site. A further two people were supported in their community in their own homes by staff employed by the provider. These arrangements ensured people lived as independently as possible. People's care and housing in these circumstances were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support only for these six people.

There was a registered manager in post who had been at the service for approximately six months. A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. We refer to the registered manager as the manager in the body of this report.

At our previous inspection in April 2016 we rated the service as Good, in all areas except Responsive. Responsive was rated as Outstanding. At this inspection we have rated the service Good in all areas.

The vision of rehabilitation was at the heart of the service and was shared by people at Marner House and the staff team. Staff were enthusiastic and positive about their work in enabling people's brains to learn to do things, following acquired brain injuries such as from road traffic accidents.

People were encouraged and supported by caring and compassionate staff to follow their agreed

rehabilitation plans. Staff were well trained and effectively used their skills and knowledge to develop trusting relationships with people using techniques in response to individual needs.

Staff understood their responsibilities to keep people safe and protect them from harm. Policies and guidance were accessible to staff to remind them how to raise concerns following the provider's safeguarding and whistleblowing policies. Risks to people had been assessed. Staff were trained to support people to take positive risks; such as cooking and manage risks that could present a risk of harm or injury to people or others.

People had their prescribed medicines available to them, staff supported some people to take their medicines, other people were able to manage their own medicines and were encouraged to do so. Staff received training in the safe handling, administering and recording of people's medicines.

People were involved in planning their care. Staff read people's care plans and received an induction and training so that they knew people well. Further training took place to update and refresh staff skills and knowledge.

The manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act (2005) and worked within the principles of this. Management and staff had an understanding of the Deprivation of Liberty Safeguards (DoLS).

Health care professionals were involved in people's rehabilitation plans care and staff followed guidance given by multi-disciplinary team professionals. People's agreed rehabilitation care and support was reviewed when required and planned reviews also took place. Staff supported people to access healthcare appointments to maintain their wellbeing.

Staff understood the goal of person centred rehabilitation and promoted people's independence whenever possible; toward achieving the overall goal. People were involved in making everyday choices about their activities, when they got up, and the food they ate.

People said staff were kind and respectful toward them. People's feedback on the service was sought by the provider. People told us they felt they could raise concerns or complaints if they needed to.

The provider had quality monitoring processes which included audits and checks on medicines management, care records and staff practices. Where improvement was needed, action was taken.

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 remained safe.

People felt safe living at Marner House and staff had been recruited safely. The manager and staff consistently reported and investigated accidents, incidents and safeguarding issues when these arose, and analysed these to learn from them. People had up to date risk assessments, which provided staff with the information they needed to minimise risks to people. The premises were clean and well maintained. There were enough staff employed at the home and supported living service to ensure safe care for people. Medicines were administered to people safely.

Is the service effective?

Good

The service remained effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. Staff worked with people in line with their agreed rehabilitation plan; putting training skills and knowledge into practice. People made choices about their care. Where people could not make decisions for themselves, important decisions were made in their 'best interests' in consultation with health professionals. People were supported to see healthcare professionals when needed. Staff followed guidance and worked with other healthcare specialists to ensure people's rehabilitation needs were responded to and were at the heart of the service. The design of the premises supported people to move around safely and confidently. People received food and drink that met their preferences and health needs.

Is the service caring?

Good

The service remained caring.

Staff knew people well and respected people's privacy and dignity. Staff treated people with care and kindness. People were able to have friends and relatives visit them when they wished. People made decisions about how their care and support was delivered.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in social activities in accordance with their interests and hobbies. People had personalised records of their care needs and how these should be met. Rehabilitation care plans were detailed to enable staff to work with people following their agreed plan. People were able to raise complaints and provide feedback about the service. Complaints were analysed to identify any trends and patterns, so that action could be taken to make improvements. There was end of life care planning in place, where appropriate, to involve people in decisions that took into account their wishes and preferences.

Is the service well-led?

Good

The service remained well led.

The provider's philosophy, vision and values were shared by the staff, which resulted in a positive culture that valued people as individuals. People were asked for their feedback on how the service should be run, and feedback was acted upon. Quality assurance procedures were in place to assess areas where the service could make improvements. The provider sought advice from specialists in their field, and shared information across their homes, to improve the quality of care people received.

Marner House

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.

This inspection took place on 17 January 2018 and was announced because part of the service provided personal care to people in their own homes. We announced our inspection to be sure people and staff would be available to talk with us. The inspection was carried out by one inspector.

Before our inspection visit, we looked at and reviewed the Provider's Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

We also reviewed the information we held about the service. This included information shared with us by the local authority commissioners and statutory notifications. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with five people who lived at Marner House, one of whom lived in a 'step down' flat. We also spoke with one person who lived in their own home in supported living accommodation, and were supported by staff to live independently. We gathered feedback from staff including the registered manager, the therapy co-ordinator who also organised social activities for people, the deputy manager and two members of care staff. We also received feedback from a visiting social worker, and a health professional, who had regular contact with people at the home.

We looked at a range of records about people's care including four care files. We also looked at other records relating to people's care such as four medicine records and fluid charts that showed what drinks people had consumed. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people

received a quality service. We also looked at recruitment and supervision procedures for members of staff to check that safe recruitment procedures were in operation, and staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

At this inspection, we found people continued to feel safe at the home and people were supported by enough staff. We continue to rate 'Safe' as Good.

All the people we spoke with told us, or indicated to us with gestures, they felt safe at the home. We saw people did not hesitate to ask staff for their assistance, which showed they felt comfortable around staff members.

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse. Staff told us they were comfortable with raising any concerns they had with the manager, and were confident any concerns would be investigated and responded to.

The provider had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC. We found safeguarding concerns had been referred and investigated consistently. The provider's PIR also gave us information about how the provider monitored safeguarding concerns and investigations, these were recorded on internal incident forms and logged onto Case Management System (CMS) that alerts the provider of all incidents. Information was also submitted weekly to the provider which was recorded on a central safeguarding log. This was so the provider could monitor that all safeguarding concerns had been investigated fully and promptly.

Risks to people's health and wellbeing were being identified, and managed safely. For example, one person had epilepsy. There was a risk assessment and risk management plan in place to instruct staff on the type and length of seizures the person usually had. Risk management plans included information on when staff should seek advice from emergency services, and when medication should be administered, to reduce any risk of harm to the person. Information was also contained in the paperwork to show staff what triggers might cause a seizure, and what they should avoid.

We saw one person who displayed behaviours that could be challenging to them and others. When the person became anxious staff knew how to reduce their anxiety levels because their risk mitigation plans explained to staff what distraction techniques they should use, and what might be causing their anxiety. In addition there was information for staff on ABI displayed around the home, to explain why some people may become anxious or confused. It was clear from their interaction with people, staff understood because of ABI, people could sometimes become anxious and display behaviours that challenged and could present a risk to themselves or others. When one person began to shout out and became anxious, a care worker went to the person straight away to ask what was wrong and to reassure them which reduced their anxiety.

Staff told us they had time to read care records as part of their induction, or when records changed, to ensure they knew about any changes in risks to people. Risk assessments and plans were also in place where people wanted to live more independent lives, to support them to develop 'life skills' by taking considered risks. For example, there was a training kitchen on the premises where people were assisted to

learn how to cook meals safely, for when they moved on to live in their own home. The cooking of some foods involved low level risks, due to the use of utensils and hot surfaces. However, staff monitored people's progress through regular training in food preparation, and locked the training kitchen when this was not in use.

Staff told us and the PIR confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

Accidents and incidents were recorded consistently and were monitored to show when and where accidents happened in the home, and whether risks could be mitigated to reduce the number in the future. The provider had taken measures to minimise the impact of unexpected events happening at the home. This was to ensure people were kept safe and received continuity of care. For example, emergencies such as fire and flood were planned for, so any disruption to people's care and support was reduced. People who lived at the home had an up to date personal emergency evacuation plan (PEEP) to instruct staff and the fire service about how they should be supported when evacuating the building.

We found the home and people's 'step down' accommodation was clean and well maintained. Infection control procedures were in place to prevent the spread of infection. There were regular cleaning schedules and enough housekeeping staff to keep communal areas and people's rooms clean in the main home. The manager checked on the cleanliness of the home through regular daily walk rounds, and also monthly auditing procedures. Staff adhered to current infection control guidelines to prevent the spread of infectious diseases.

People told us there had been some recent changes in the staff at Marner House. This was because the previous registered manager had left the service in 2017 and some staff had moved with them to a different service. A new manager had been recruited, and new staff had been brought in to fill vacancies. Although these changes to staff had been made, with the use of agency staff, the numbers of staff on duty each day and at night had been maintained. For example, there was always support available to people day and night at Marner House, and in the supported living accommodation. One person said, "I like living here. The staff are top notch. We would like more regular staff, but its improving now."

The manager told us, "We are still recruiting new staff so that we will no longer need to use agency staff to cover our rota." They explained that new staff had integrated well, but there needed to be some time before all the staff worked well as a team, as they needed time to get to know each other and people at the service well. One staff member said, "Unfortunately there has been a massive turnover of staff, this has had an impact. Things need to settle down for a while." We asked one person what the impact of the changes to staff had on people at Marner House, they told us, "Yes staff have changed. I like the new staff though. Sometimes change is just hard to get used to."

There were sufficient staff on duty throughout our inspection visit to ensure people received safe care. There were also enough staff to respond to any requests people had, and to take people on trips out in their local community. The manager told us, "The numbers of staff on duty depends on the activities we have planned and the rehabilitation tasks people need to complete."

Staff who administered medicines received specialised training in how to administer medicines safely; they completed training before they were able to administer medicines and had regular checks to ensure they

remained competent to do so. People told us they received their medicine when they needed it. There were auditing and checking procedures in place to ensure people always received their daily medicine. Where errors in medicine administration were identified, investigations took place to see what lessons needed to be learned, for example, staff received extra instruction in how they should administer medicines in the future.

We found medicines were stored safely and securely. Medicines were monitored to ensure they were stored at the correct temperatures, so they remained effective. Each person at the home had a medication administration record (MAR) that documented the medicines they were prescribed. MARs contained a photograph of the person so that staff could ensure the right person received their medicines. The MARs we checked confirmed people received their medicines as prescribed.

Some people required medicines to be administered on an "as required" basis. There were protocols (plans) for the administration of these medicines to make sure safe dosages were not exceeded and people received their medicine consistently. This supported staff to make consistent decisions about when people needed their medicine, for example, if they became anxious.

Good

Is the service effective?

Our findings

At this inspection, we found staff training and induction continued to support staff to meet the needs of people at the service. Food and nutrition continued to be managed to support people in maintaining their health. We rated Effective as 'Good' at our previous inspection, we continue to rate Effective as 'Good'.

All staff received an induction when they started work at the home which included working alongside experienced members of staff. Induction courses were tailored to meet the needs of people who lived at the home, and the different roles each member of staff performed. One told us, "I feel I have all skills and support needed to understand my role, training is very good and tailored to each service provided."

Staff told us their training was then kept up to date, and their skills were refreshed so they continued to be competent in their role. The manager explained due to a number of new staff starting at the service they were planning for all staff to be trained (or re-trained) in recognising different aspects of ABI and how they should support people to reach their full potential. One member of staff told us, "I like the training to be organised locally. The training itself is very important to me as I like to expand my learning so I can help others to the best of my ability."

We saw staff used their training and skills effectively to support people when assisting them. For example, staff encouraged people to do tasks for themselves such as food preparation, cooking, cleaning and were always on hand to show people how tasks should be done. Staff were able to respond to people's anxiety and confusion using recognised communication techniques, identified in the person's own communication plans.

Staff told us they received regular support and advice from their line manager, which enabled them to do their work. Line managers worked alongside staff, so knew people and the tasks staff needed to perform well. They were therefore able to provide advice, but also to observe the practice of staff at the home. There was an 'on call' telephone number they could call outside office hours to speak with a manager. Regular team meetings and individual meetings between staff and their managers were held. These gave staff an opportunity to discuss their performance and any training requirements.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The manager had a good understanding of the MCA legislation and reviewed each person's care needs to assess whether people were being deprived of their liberty, or their care involved any restrictions. Several people at the home had an authorised DoLS and additional applications had been made to the local authority and were awaiting a decision. Staff knew who had restrictions placed on their care, and supported

people in accordance with DoLS. We saw that the front door had a key coded lock for both security and to restrict some people from leaving alone. People that did not have a DoLS in place were able to leave the building when they wished.

Where people lacked the capacity to make all of their own decisions, mental capacity assessments had been undertaken, to establish what support was needed to make specific decisions. Decisions were recorded when they were taken in the person's 'best interests'.

Information in the PIR stated, and records confirmed, each person had individualised care and support guidelines, based on what is important to them and for them to remain safe and healthy. These were identified during the pre-admission Acquired Brain Injury (ABI) assessment. Where a person required staff to have additional knowledge and skills to care for them, additional support or training was acquired before the person came to Marner House.

In addition to a written assessment, before people came to the home, they were invited to visit several times to see whether they would enjoy living at Marner House. People already living at the home were asked for their opinion about whether the potential new 'housemate' would fit in socially. Visiting the home also gave staff an opportunity to build relationships with the person before they arrived to live at Marner House. The provider said, "This twelve week pre-assessment process provides the staff with a greater, more holistic, person centred understanding of the support needs of people."

People were involved in planning weekly menus and accessed drinks and snacks as they wished. People made choices each day about what they wanted to eat, and when, from freshly prepared food. The home had a main kitchen where people's meals were prepared with support from staff, but also had a 'training kitchen' where people were supported with developing their cooking skills on a one to one basis; this was an agreed part of some people's rehabilitation plan. People in their own homes prepared their own meals, one person told us, "I'm a great cook now, although I sometimes get my timings wrong for Omelettes."

People were supported to maintain their healthcare needs and had access to healthcare services. One person's social worker told us when a health referral was needed to check a physical injury and pain, this was done straight away.

Staff worked closely with other healthcare professionals, such as cognitive behavioural therapists, speech and language therapists and physiotherapists in developing and following person centred rehabilitation packages designed to meet people's specific needs and goals. These rehabilitation plans were reviewed regularly to continue to meet people's changing needs. Advice from health professionals was transferred to care documents, and care plans were updated to incorporate any changes. One health professional who reviewed people's care and health needs said, "I consider Marner House to be professional in their approach. All reviews are multi-disciplinary, with all parties contributing feedback." They added, "Everyone I have reviewed has made good progress."

Each person had their own room and were able to decorate or furnish their rooms how they wished, according to their personal health and care needs. In each person's room we saw rooms were personalised, people had pictures of family and friends around them.

The environment at the home was designed to assist people with finding their way around, and also to meet people's individual needs. For example, the corridors were wide and flat, with smooth floors, and were accessible for people with wheelchairs to move around easily. There were signs positioned around the home to help people find their way, as some people had difficulty memorising where their room was

located. Signs were in different colours, and were positioned in key areas near lifts and stairs.

Good

Is the service caring?

Our findings

At this inspection, we found staff continued to be caring and engage with people, people were encouraged to maintain and develop their independence according to the values of the service. We continue to rate 'Caring' as Good.

People said staff were always kind to them. Staff told us they enjoyed working at the home. One said, "I love my role, it's different every day and I continue to gain experience and knowledge. Seeing people improve and gain their independence, to see them rehabilitated gives me job satisfaction."

Staff showed us they knew people well and were non-judgemental about the people they supported and how they came to have an ABI. People told us they felt treated as an individual at the home and that care was person-led and not task orientated. One person told us, "[Name] is great. The home is really good. It's the best place I've ever been." A staff member said, "Everyone has had a chance to spend time with staff discussing their likes and dislikes, I personally think we all put every effort in to ensure that each service user gets the person centred care they deserve."

People said they were involved in their on-going rehabilitation assessments and the planning of their care. People's records confirmed this. Care records were detailed and informative and showed evidence that they were a working document. One staff member told us, "We all have time to read the care plans. They are useful and detailed. They are reviewed on a regular basis, but if we see the need for any change to a person's care plan we tell the deputy or the manager."

People made choices about who they received care from. For example, if someone wanted to be involved in the recruitment of their care staff, they were included. We saw on the day of our inspection visit recruitment of one member of staff was on-going, the manager rang the person the staff member was going to be supporting in their own home, and arranged an interview at their home so that they could help with the recruitment decisions.

Care planning was centred on the individual and in line with health care and other professional involvement with people, such as physiotherapists, occupational health and speech and language therapists. People were asked whether they had any specific cultural or religious needs during their initial rehabilitation planning, and people were also assessed to see how best staff could communicate with them. Communications plans were in place to assist staff with this.

Some people had sensory impairments such as some sight loss as a result of their ABI. The manager told us that information using alternative formats, such as audio, was available for people who needed this. Pictorial images were used alongside written formats, with large print to make information 'easy to read'. Where people had specific conditions such as dyslexia coloured paper was used to assist people to read more clearly. One person was able to use technology to assist them with cognitive 'brain training' by using a tablet computer. The computer had 'brain training' games loaded onto it, so that the person could continually try harder and more complex tasks to increase their skills gradually.

Staff gave examples of how they promoted people's independence and we observed examples of this during our visit. One person told us, "Before I came here, I was not able to be independent. But now I can live on my own, manage money and make my own decisions. Living here has given me greater independence and control over my own life again."

Staff told us we don't clean people's bedrooms for them but use it as a rehabilitation activity. Of course if someone cannot yet do something, we'll do it. But, it's about rebuilding the brain connections and whenever possible, really finding ways for each person to do things in a way that they can. Our job is not about doing things for people or reminding them what they cannot do, but finding ways of how they can do things and building on that."

People were respected by staff and their privacy and dignity was maintained. We saw staff knocked on people's bedroom doors and waited to be invited in. Some people had keys to their own homes, and were able to lock their door when they wanted time alone. A staff member told us, "Privacy is respected and one of the key things we strive for; we knock on doors and treat people with respect. We also keep information about people confidential."

There were a number of communal areas where people could meet with friends and relatives in private if they wished. This included lounges and dining areas. People made choices about who visited them at the home, and in their own homes, and were supported to maintain links with friends and family. One person said, "Luckily my family are local, so I can walk to see them when I like."

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. Keyworkers also helped to maintain accurate care records for people to ensure they reflected people's current needs. We found the manager had recently assigned new staff to be keyworkers, and were working with new staff and existing staff to embed the role at the home, so that people knew their assigned keyworker well.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were responsive to people's requests. Care records continued to be kept up to date. Activities and interests for people were developed according to their individual wishes. End of life care arrangements were in place that was person centred. At our previous inspection we rated 'Responsive' as Outstanding, at this inspection we have rated 'Responsive' as Good.

Marner House is a specialised rehabilitation service and people were referred when the effects of their brain injury impacted upon their ability to function due to persistent and challenging health conditions. We saw people living at the service were supported by enthusiastic staff. Staff told us their aim was to "help people's brain, through an agreed rehabilitation plan, to learn alternative ways of working" so that their skills; such as speech, writing, holding objects, walking and cooking were regained in order to minimise the long-term impact of the person's brain injury.

One person told us how their rehabilitation planning, learning and activities had helped them to live as they wished saying, "Staff here have helped me. Since I've been here I've done really well. I can read and write well, I have regular contact with my family, and I am waiting to move on to supported." People's rehabilitation plans were based on the goals people wanted to achieve. These goals were determined by the person, with regular meetings with the therapy co-ordinator. Goals were broken down into individual tasks that people could achieve, which worked towards their long term aim. For example, people who were unable to read or write well, or felt they needed to expand their writing skills, were given support to increase their competence and confidence gradually, and build on their existing knowledge. Staff told us this approach had really worked for one person who was now completing their own daily paperwork. Where people needed physical rehabilitation to improve their mobility there were two gyms on the site, which people could book time in with staff to exercise. Other people went swimming regularly to improve their mobility.

Staff told us their role was to 'train people's brains' to do things for themselves again. Rehabilitation plans included information on how staff could work with individuals to repeat tasks, which assisted people to memorise things they had forgotten. For example, during our inspection visit we saw one person was assisted with cognitive therapy. This involved a trained staff member asking the person questions to stimulate their memories, and help them remember key words they could use in their communication.

Staff explained that social activities were part of people's rehabilitation plans, especially activities or everyday connections with their local community, which helped people feel comfortable to go out and live independently when they left Marner House. Activities people were engaged in included going out to do shopping, the local pub, out for meals, leisure centre and volunteering at local voluntary organisations. People also attended community events, such as local church activities.

The therapy co-ordinator included activities people enjoyed in their planning, so that people enjoyed their daily lives. For example, on the day of our inspection visit three people went to a local museum to look at motor vehicles, which they enjoyed.

Staff told us that they encouraged people to maintain their individual interests or take up new ones when they did their personal planning. For example, one person enjoyed rock music, another person enjoyed listening to The Beetles. We saw people played music that suited them, and staff discussed the music they played. One person had been supported to attend a rock festival. Staff chatted to people about their interests, such as the progress of their local football team, and when people were next being supported to visit their family.

We observed positive supporting relationships between staff and people at Marner House and in the supported living accommodation. One person told us, "The staff are always there when you need them."

Staff were able to respond to how people were feeling, and to their changing health or care needs because they were kept updated about people's needs at a handover meeting at the start of each shift. The handover meeting provided staff with information about any changes in people's needs since they were last on shift. Staff explained the handover meeting was recorded in writing so that staff who missed the meeting could review the records to update themselves. One staff member commented, "We use a daily communication book and handovers 'to detail' every individual we support from am to pm."

People were encouraged to build their confidence in finding employment, for when they lived independently. Staff did this by supporting people to attend college courses to enhance their skills, and some people were working at voluntary organisations as volunteers to gain experience. One person told us how finding a job was one of the biggest challenges they faced, but were regularly volunteering at their local church each week to show they could keep to a schedule and work with others.

There was information about how to make a complaint and provide feedback on the quality of the service in the reception area of the home. People told us they knew how to raise concerns with staff or the manager if they needed to. A typical response from people we spoke with was that they had never needed to make a complaint. We saw people regularly approached staff, the manager and deputy manager with everyday queries throughout our inspection visit. One person told us, "If I had anything to say, I would just say it."

Previous complaints had been investigated and responded to by the provider. Complaints were analysed to identify any trends and patterns, so that action could be taken to continuously improve the home.

We found people had some end of life care arrangements in place. These records were reviewed to ensure they had been discussed with people and their relations, and whether they remained valid as people's health changed.

Good

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led. There was a management team in place that checked the quality of care people received, and acted to continuously improve the service. We continue to rate 'Well-led' as Good.

People told us they could give feedback to the manager at any time, as they were on site and operated an 'open door' policy. People visited the manager in their office during our inspection visit. One person told us, "[Manager] is really good."

Staff told us there was a positive culture within the home and we observed this during our visit. We saw that people were relaxed with staff and the management of the home. Staff understood the vision of the home, which was to offer person centred rehabilitation. One staff member told us, "The manager is approachable, I think he is doing his very best to run the service."

The registered manager started work at the home in summer 2017 following the previous manager leaving. At that time several members of staff also left. Since then the new manager told us they had had some challenges in keeping staff morale good and support people at the service with the staffing shortages. However, they said they now had a new management structure in place, and new care staff. The management structure comprised the registered manager and a deputy manager, and supervisors on each shift. Additional care staff were also being recruited.

People said they were satisfied with their care and support at the home even though there had been some changes. One person told us, "I get on well with the new manager." A visiting professional told us, "The home always has a comfortable and relaxed atmosphere. I have no concerns about the care people receive here."

Staff said they felt supported by the manager and the deputy manager, even though there had been some significant changes to staffing. One staff member said, "The morale is improving again now." Another staff member said, "The culture of the home has changed for the better, we are still going through change, but things have improved."

Systems were in place to monitor the quality of the service. The manager shared copies of completed audits with us, which included the provider's quarterly audit. We saw that actions had been identified to make improvement and timescales were given for implementation. The manager and deputy manager explained they completed other audits in the home, such as medication and health and safety, and took action to improve if needed. The manager said, "When I started here I asked for a full audit to be done with the provider. This has highlighted areas where the service could make improvements."

We viewed some of the improvements that had already been made, including new furnishing, new laundry equipment, and new décor. On the action plan other re-decoration improvements were planned. The manager was improving how care records were drawn up, so that they were easier to read and keep up to

date. Another improvement planned was the installation of a computer for people at the service to use.

Information and communication between registered managers across the provider's service was encouraged. The manager attended regular monthly meetings with other managers in the group to exchange information, and to learn from each other about events that had happened at other homes. This discussion forum was to assist in finding innovative ways to improve services.

The provider and manager listened to the feedback people gave them through regular satisfaction surveys, and regular meetings with people at the home to gather their views. People were also encouraged to provide feedback to keyworkers or staff in their monthly care review meetings.

One staff member told us, "The new manager has introduced staff meetings every month, this gives us a chance to air our views so we can make improvements as a team." We saw actions to improve staff allocation and rewards had been made.

Staff champions and the role of keyworker was being developed at the home as staff completed induction in their roles, and were confident about taking on these duties. The manager explained this increased staff participation and involvement at the home. The manager had also introduced a staff suggestion board which was anonymous, so that staff could raise any issues for discussion they wished to. They manager said, "I am trying to empower staff so that job satisfaction is increased."

The manager and deputy manager informed us that they worked with other organisations to develop the best support for people at Marner House. Other organisations included Skills for Care a learning organisation that develops training materials and guidance for care staff, and Headway, a UK-wide charity which provides support, services and information to brain injury survivors, their families and carers, and professionals in the health fields so that 'best practices' were followed. Marner House was affiliated by Headway in recognition of rehabilitation services provided to people.

The manager understood their role and their responsibilities to report issues and concerns to CQC. They also ensured the rating from our previous inspections was clearly displayed in the entrance area to the home.