

Voyage 1 Limited

Theoc House

Inspection report

Margaret Road
Priors Park
Tewkesbury
Gloucestershire
GL20 5HX

Tel: 01684297358
Website: www.voyagecare.com

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Ratings

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

Summary of findings

Overall summary

We inspected Theoc House on the 17 and 21 August 2018. Theoc House is registered to provide accommodation and personal care to 10 older people some who are living with an acquired brain injury. People are supported with their rehabilitation potential with the outcome to support them to move to more independent care and support such as supported living, or a home for life. The registered manager and provider shared a renewed focus on providing short term rehabilitation support for people as opposed to a care home for life.

At the time of our inspection, 10 people were receiving accommodation and support with their personal care and rehabilitation support. Theoc House is in Tewkesbury, Gloucestershire. The care home contains seven bedrooms, and two apartments (with one apartment housing two people). On the ground floor there is a dining room, kitchen, lounge and therapy room. People had access to a secure garden. Theoc House is located to a range of amenities and services. This was an unannounced inspection.

We previously inspected the home in August 2017 and rated the service as 'Requires Improvement'. During our August 2017 inspection we found the provider was not always meeting all the required regulations. People did not always receive care and support which was personalised to their individual needs. The provider did not always ensure people's care and rehabilitation records were current and accurate. There were not always systems in place to assess, monitor and improve the quality of care people received. At this inspection we found the provider and registered manager had ensured improvements had been made and the service was meeting all the required regulations.

We rated the service as 'Good' overall.

There was a registered manager in place at Theoc House. 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.

People were safe living at Theoc House. There were enough staff deployed to ensure people's needs were being met. People received the support they required to meet their health and wellbeing needs. People were supported with their rehabilitation needs and plans were in place to support people to achieve their own personal goals and where appropriate move to more independent accommodation.

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

People received their medicines as prescribed. The risks associated with people's care were managed well and people were supported to take positive risks and maintain their independence.

Support workers treated people with dignity and ensured their nutritional needs were met. Staff spoke positively about the support and communication they received. Support workers felt they had all the training and support they required to meet people's needs.

People were supported to live their life to the fullest and enjoyed a wide range of activities and events. People benefitted from engagement and activities which were tailored to their individual needs and preferences. People were happy living at Theoc House.

Support workers were caring and were aware of people's health needs. People and their relatives concerns and views were listened to and acted upon.

The registered manager and provider had systems to monitor and improve the quality of service people received at Theoc House. The registered manager, the deputy manager, the provider and support workers had a clear vision of how they wanted the service to develop and improve, with a focus on meeting people's rehabilitation potential.

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. People felt safe at Theoc House. Support workers understood their responsibilities to report abuse and protect people from harm.

There were enough staff deployed to meet people's personal care and rehabilitation needs. People received their medicines as prescribed.

The risks associated with people's care were managed and people were supported to take positive risks.

Is the service effective?

Good ●

The service was effective.

Support workers had access to the training and support they required to meet people's needs. Support workers told us their professional development was promoted.

People were supported to make day to day decisions around their care. Where people could make decisions, their capacity was assessed and best interest decisions were made.

People were supported with their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring. People told us support workers were good and supported them with their needs.

People's dignity was promoted and support workers assisted them to ensure they were kept comfortable.

Support workers knew people well, what was important to them and how to use this information to assist people with their care, rehabilitation and independence.

Is the service responsive?

Good ●

The service was responsive. People's individual and personal well-being needs were promoted.

People were supported to access a range of activities which were tailored to their individual needs and preferences. People were supported with their individual goals and relationships.

People were involved in discussing changes at the service and their concerns and complaints were listened to, respected and acted upon.

The service responded to people's needs and ensured people were effectively supported as their needs and goals changed.

Is the service well-led?

Good ●

The service was well led. The registered manager and provider had a clear vision for the service and focusing on supporting people with their rehabilitation.

People and staff spoke positively of the registered manager and felt the home was well.

The registered manager and provider had systems in place to assess, monitor and improve the quality of care people received.

Theoc 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 was 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 and 21 August 2018 and it was unannounced. The inspection team consisted of one inspector. On the 17 August 2018 the inspector was accompanied and observed by two representatives of the Care Quality Commission to help them understand our inspection methodology. At the time of the inspection there were 10 people staying at Theoc House.

We requested and reviewed a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law. We sought feedback from a range of healthcare professionals.

We spoke with six people who were staying at Theoc House. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with six staff members; including three support workers, the deputy manager, the registered manager and a representative of the provider. We reviewed five people's care and support files and associated records. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People felt safe at Theoc House. Two people when asked about their safety in the home responded positively about feeling safe at Theoc House and whilst out with support workers in the community. Comments included: "The staff are good, I feel safe" and "I'm safe and staff keep me safe." Information regarding the provider's safeguarding processes including the provider's safeguarding contacts were available for people and their relatives in Theoc House.

People were protected from the risk of abuse. Support workers had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Support workers told us they would document concerns and report them to the deputy manager or the registered manager. One support worker said, "I would go to (registered manager) or (deputy manager) with any concerns". Another support worker told us what they would do if they were unhappy with the manager's or provider's response. They said, "We know how to whistle blow if we feel concerns haven't been acted upon."

The registered manager and provider raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Support workers were supported to learn from incidents and accidents and to make improvements to people's care and support. Incidents, accidents or near misses were reviewed and guidance was provided to staff to ensure people's health and wellbeing needs would be maintained. For example, clear guidance was provided to support workers in relation to support the dynamics and relationship between two people. The service had sought the support and advice of a behavioural specialist and had developed a management plan which all support workers were aware of and followed.

People's needs had been assessed where staff had identified risks in relation to their health and well-being. These included mobility, agitation, nutrition and hydration. Risk assessments gave support workers clear guidance which enabled them to help people to stay safe within Theoc House and during activities and time spent in the community. Each person's care plan contained information about the support they needed to assist them to remain safe. For example, one person was supported by support workers with support with mobility and maintaining their skin integrity. Support workers supported this person to enable them to maintain their independent mobility and wellbeing.

People were supported to balance their personal wishes and goals with their care and risk assessments. For example, people were supported with activities to develop and maintain their mobility and independent living skills. Risk assessments provided guidance to support workers on how to assist people with these activities, such as swimming. One person told us how weekly swimming sessions were helping them with increasing their mobility in their arm. Another person had recently returned to Theoc House following a period in hospital. The person had a pet which they liked to spend time with in their room. Due to their current respiratory needs the person needed to be supported with seeing the pet and required reassurance from staff that the pet was okay. Support workers had explained to the person the risks to the person and agreed a plan of action.

People could be assured Theoc House was safe and secure. Safety checks of the premises were regularly carried out. Fire safety checks were completed to ensure the home was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Equipment to assist people with safe moving and handling were serviced and maintained to ensure they were fit for purpose. Where incidents occurred, the registered manager and support workers took effective action. For example, one occasion support workers had identified an independent contractor had not ensured a gate to the garden had been secured. This concern was communicated to the contractor and all contractors were now informed of the importance of this security measure.

People were involved and supported to keep Theoc House clean. Support workers worked with people to support them to clean their individual rooms and apartments where possible. This helped people develop personal living skills with the view of them living in a more independent setting. Support workers told us they had the equipment they needed such as personal protective clothing to ensure measures were in place to protect people from the risk of infection.

People told us there was enough staff available to meet their needs. One person told us there were always enough staff available to assist them, they said, "I never have any problems finding staff." We observed that there were enough support workers to assist people with activities in Theoc House and in the community. People were also supported to attend healthcare appointments by support workers. People's appointment and activities were recorded in a diary and staff levels were adjusted to ensure people could be supported to attend. The registered manager had identified safe staffing levels for Theoc House and rotas showed these were often exceeded.

Support workers told us there were enough staff deployed to ensure people's needs were met and to support them to enjoy one to one time and activities. Comments included: "Some days you feel busy, however there are always lots of staff here"; "Staffing has really picked up. We're never below safe staffing numbers, if anything we have too many some time" and "Always plenty of staff and we work well as a team." The registered manager and deputy manager had recruited a number of staff since our last inspection, this had meant the service had not had to use agency staff since November 2017, which had led to a positive impact for people as they were consistently supported by staff they knew.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The provider operated a centralised electronic record system during the recruitment of support workers. The registered manager had full control of this system and the ability to approve the recruitment of any member of staff.

People received their medicines as prescribed. Support workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, support workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. Where there had been gaps in the recording of people's administered medicines, support workers had taken appropriate action to ensure people had received their medicines as prescribed.

People's prescribed medicines were kept secure. The temperature of the clinical room where people's prescribed medicines were stored was monitored and recorded to ensure people's medicines were kept as per manufacturer guidelines. Where needed, support workers took effective action to maintain the temperature of the room. The service was making adjustments to the clinical room to ensure medicines continued to be stored per manufacturer guidelines in the event of continued hot weather. Where people

required controlled drugs (medicines which required certain management and control measures) these were stored and administered in accordance with the proper and safe management of medicines.

People's care plans documented how they liked to take their prescribed medicines. This included how the person took their medicine and how support workers should prompt and encourage the person to do as much as they could as possible. There were clear guidelines in place for support workers to follow if people refused their prescribed medicines. We observed one person being assisted with their prescribed medicines, the support worker ensured the person received their medicines as they preferred.

Is the service effective?

Our findings

People felt support workers were skilled, dedicated and knew how to meet their daily needs. Two people responded positively when asked about support workers and clearly enjoyed spending time with them. Comments included: "I like them, they know what to do" and "No problems with them, I get supported with swimming."

Support workers told us they had access to the training and support they required to meet people's needs. Comments included: "We get loads of support. There is always training and there is always more we keep on top of"; "I have all the training and support I need. This was my first job in care, I wish I'd done it years ago" and "We have the training we need and (registered manager) always offers us to access, we're focusing on person centred care." The registered manager kept a record of the training staff had been provided and completed and ensured all staff completed the training they required.

Support workers explained how they were supported to have access to the skills they required as well as professional development. One support worker told us, "I go on all training provided and I had my NVQ level 3 (in health and social care provided). I can't grumble, with voyage you get the opportunity to step up." Another support worker told us how they were starting a level two qualification in health and social care and spoke positively about the continued support they received.

All staff had access to regular and scheduled supervision (one to one meeting with their line manager). Comments included: "The door is always open, I know I can have a meeting, usually monthly" and "We have meetings where we can get our views across and discuss our needs." The registered manager and deputy manager had implemented a clear management structure so support workers knew who their line manager was. The registered manager had implemented a monthly observation session of staff prior to their supervision, to enable them to discuss and improve the performance of staff. Where staff had been employed for more than 12 months the registered manager ensured they had an appraisal meeting planned.

Support workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Support workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We give people lots of choice. People are allowed to make mistakes, as long as it doesn't lead them to harm, such as if they'd like a different drink" and "They (people) are all different. We support them as much as possible with any decisions. It's important they have the chance to make decisions where they can."

People's mental capacity assessments to make significant decisions regarding their care at Theoc House had been clearly documented. Additionally, where best decision meetings were carried out there was a clear record of people involved and the decisions made. People's care plans provided clear information on what decisions people could make and how people should be supported to make decisions, including the people who should be involved and the environment (such as a quiet low stimulus environment. One support worker discussed how they assisted one person who was non-verbal to make basic choices regarding their care. They said, "You can show them two options, such as what they'd like to eat or wear. They will gaze at what they like, we know them well and we know what they like."

At the time of this inspection eight people were being deprived of their liberty whilst at Theoc House. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were being deprived of their liberties, there was a clear mental capacity assessment detailing the risks of these people accessing the community independently. Additionally, there were assessments on how support workers should support people in the least restrictive way, including people being supported to access the community.

People's care plans reflected their diversity and protected characteristics under the Equality Act. For example, people's relationships including families were clearly respected and prioritised. People were supported to visit their families, or for their families to visit Theoc House and spend time with them. Additionally, people were supported with their relationship needs. For example, one person was being supported to develop their personal relationships outside Theoc House in line with their individual goals. Where people had specific cultural or religious needs these had clearly been identified and guidance provided to staff.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, outpatient appointments, occupational therapists and physiotherapists. People were supported to attend appointments and support workers documented the outcome of any visits. People's care records showed relevant health and social care professionals were involved with people's care. For example, where people had dental appointments there was a clear record of the support people required. The service arranged multidisciplinary meetings for people's needs and rehabilitation goals to be discussed. The service contracted with a range of professionals including speech and language therapists and physiotherapists. Clear guidance was available in people's health action plans on how people were supported with their rehabilitation goals, including mobility exercises.

People received diets which met their individual dietary and cultural needs. Each person was supported with meal choices and were involved in planning menus. Some people living at Theoc House were at risk of choking and aspiration. Their nutritional needs had been assessed by speech and language therapists and clear guidance had been provided to help mitigate the risks. We observed support workers followed this guidance. For example, support workers assisted one person with their meals in accordance with guidance from speech and language therapists. One person was being supported by speech and language therapists and support workers to change the consistency of their food, this had been assessed in accordance with the person's wishes and to improve their wellbeing, as their food would no longer be pureed. There were clear guidelines in place for support workers to follow and understanding of the positive improvement support workers had promoted.

People were supported to prepare their own meals with the view of promoting and developing their

individual living skills. Theoc House had a training kitchen where people were supported to make meals, such as breakfasts. People also used the main kitchen when possible to make their own lunches and were supported to buy groceries. The deputy manager and registered manager informed us that the kitchen was being redesigned and refitted in August 2018 to enable all people using the service to access the kitchen, such as those people who were unable to stand.

The premises of Theoc House were suitable to meet people's needs. People could move freely around the home and all communal areas including shared gardens. Lift access was available for people inside the home and to access the garden, if they were unable to, or did not wish to use stairs. Theoc House contained two apartments, which could be used for people wanting more private or independent living, enabling people to develop their personal daily living skills. One person had adaptations within their room to enable them to control their environment, which promoted their independence as they required less assistance from support workers.

Is the service caring?

Our findings

People spoke positively about the care they received and the support workers supporting them. Comments included: "I think the staff are lovely" and "The staff are nice. I give them grief however they still help me." One person when asked responded positively when asked if they felt cared for. They said, yes and smiled.

There was a pleasant, energetic and lively atmosphere within the home on both days of our inspection. Support workers had time to spend with people throughout the day. We observed support workers assisting people to go out and access the community to enjoy activities linked to their preferences and rehabilitation goals. For example, going swimming and accessing events and appointments.

Support workers spoke to people with kindness and respect. Support workers clearly knew people well, including people's personal histories, family members and what was important to them. They told us they enjoyed their job and were enthusiastic about providing good quality care. Comments included: "This is a good place. We support people to do as much as they can" and "I love working here and seeing the progress people can make".

Staff were attentive and provided support as needed. For example, we observed one support worker assist a person with their lunch and then drawing. They talked to the person and offered them as much choice as possible regarding their lunch. They engaged with the person reassuring them when they talked. It was clear from our observations that the person was comfortable with the support worker and enjoyed the time they spent together.

People were treated with dignity and respect by support workers. We observed and heard support workers and the deputy and registered manager engaging with people throughout our inspection. Support workers spoke with people as equals, they explained who the inspector was and the reason we were visiting. Support workers respected that Theoc House was people's homes and people were supported to spend their days as they chose. For example, one person was taking time to relax in the home's lounge, they asked if they could go out for a coffee, which support workers supported them with. People were encouraged by staff to do as much as they could. We observed support workers prompting people to be involved in different activities in the home, such as cleaning to develop their personal living skills, however always respected people's choices.

Support worker told us the importance of respecting people's dignity. One support worker explained how they assisted people in accordance with their preferences. They said, "(Person) prefers females for personal care. We always abide by this. I will wait for a female member of staff to support me. If we're providing personal care we make sure they are comfortable and we ensure their privacy is not disturbed".

People were comfortable with support workers and were supported to build positive relationships. We observed support worker and a one person discussing football and rugby teams with one person. They talked about an upcoming open day at a premiership rugby team that the person was going to with staff. The person was very excited about this and was looking forward to meeting the team's players. The person

enjoyed engaging with support workers and inspectors and talking about all aspects of the sports.

People were supported to express their views and were involved in making decisions regarding their care and support. One person discussed that their views around their care were listened to and respected. This included discussing their relationships, their goals. The person also asked the registered manager for their honest opinion on their rehabilitation and how long they would stay at Theoc House. The registered manager discussed this with the person and ensured they had the information they required.

Is the service responsive?

Our findings

At our last inspection in August 2017, we found people did not always receive care and support which was personalised to their needs and goals. The service did not always maintain an accurate record of people's care and rehabilitation support. These concerns were a breach of regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken effective action and met the requirements of these regulations.

People's care records reflected their current care, support and rehabilitation needs. The registered manager and support workers were reviewing and updating everyone's records to ensure they were clear, current and contemporaneous. Where care plans had not been fully updated, the registered manager had taken immediate and effective action to ensure there was clear and current guidance for support workers to follow. The majority of care plans had been updated by the registered manager and focused on people's individual needs and plans were in place to complete the rest.

Records were personalised to each person, detailing their needs, the support they required and their outcomes. Important relationships and the details of those people who were involved in their support was clearly recorded. One healthcare professional told us, "The management team have worked hard to pull together client documentation and files and update how they record their notes. Generally, there is a very good working relationship between Theoc House staff and visiting therapists which maximises rehabilitation outcomes for residents."

People's individual goals were recorded and the support they received to meet these goals, including their individual achievements were clearly recorded. For example, one person's goals included accessing the community with support. Health care professionals and support workers had identified clear targets with the person, including how long the person stayed out in the community before they asked to return to Theoc House. Support workers recorded the achievements of this person. People's goals were reviewed to ensure the support they required was tailored to their changing needs and outcomes. For example, as people developed their personal living skills their goals changed, such as people were supported to carry out more complex tasks in preparing meals.

People's changing needs were responded to and effective guidance was provided to support workers. For example, the registered manager implemented a detailed interim care and support plan for one person who had recently returned to Theoc House following a period in hospital. Their plan detailed the support the person required whilst they were on bed rest and immobile. Support workers were aware of the person's needs and discussed how they supported the person and ensured they were comfortable and were stimulated. One support worker told us, "They are used to being mobile. We are reassuring them it's not forever. We give them company, we eat with them at mealtimes." The support worker also explained that as a staff team they were aware of the risks to the person, including the risk to their skin integrity and pain. Staff had been responsive and had arranged a hospital appointment for the person to have their cast checked as they were experiencing pain. The support worker said, "We just want to get it (the cast) checked out."

Support workers worked hard to ensure people are supported and their independence promoted and

maintained. One person was being supported with their personal relationships and was being supported to access groups to enable them to develop their communication skills and fulfil a long-standing goal. The person had also built a positive friendship with another person staying at Theoc House. With the support of staff they had both purchased a season ticket to enable them to support a local premiership rugby team. They enjoyed spending time with each other and the benefit on each person's wellbeing had been clearly noted.

The service took the initiative when responding to people's changing needs and ensuring their wellbeing was maintained. For example, a representative of the provider and the registered manager had identified a subtle change in the wellbeing of one person staying at Theoc House. They discussed their concern and made an immediate referral to ensure the persons needs and wellbeing was maintained.

People's relatives were informed of any changes in their relative's needs. For example, people's care records showed where staff had contacted family members to ensure they were updated on their relative's wellbeing. People were supported to maintain their family relationships and support workers were aware of the family needs of the people and their loved ones.

People were involved in, and made, decisions regarding the service and these decisions were acted upon. For example, the registered manager had implemented monthly house meetings. These meetings allowed people to discuss changes in the menus, or any maintenance issues, and to share their personal good new stories. The registered manager also used these meetings to discuss key topics which people should be aware of such as safeguarding and fire evacuation policies of the service.

People knew how to raise any concern if they were unhappy with the service being provided. One person said, "I would go to the boss if I'm unhappy." Information of how to make a complaint and key contacts were available throughout the home. The registered manager kept a record of complaints and compliments they had received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. For example, one complaint had been made by a person's relative about the persons appearance. The registered manager met with the concerned party and discussed the concerns with support workers so they were aware of their expectations.

Is the service well-led?

Our findings

At our last inspection in August 2017, we found the provider did not always utilise effective systems to assess, monitor and improve the quality of the service they provided. There had been a change of management at this time and systems were being implemented to start driving improvements. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered manager and provider had taken effective action and met the requirements of these regulations.

Since our last inspection a new registered manager had been recruited by the provider. The registered manager was supported by a deputy manager. The registered manager had implemented a range of changes within Theoc House alongside the provider to improve outcomes for people. People's care, support and therapy records were current and provided support workers and healthcare professionals with the information they required. Additionally, there were ongoing changes to the homes environment to provide a more homely and welcoming home. The registered manager had implemented new sub teams to support people to help to promote support worker knowledge and people's personal care through increased continuity. Where possible people could choose their own teams. One healthcare professional told us, "Theoc House have developed a sub-team for LK to enable them to deal more efficiently and effectively with her complex care needs. This has certainly improved the co-ordination of care and rehabilitation."

The registered manager and provider had a detailed quality development plan for Theoc House. This detailed the training requirements of support workers and the management team as well as key refurbishments which needed to be completed. Where targets had been achieved or developments had occurred this was noted. For example, refurbishment plans in relation to the home's kitchen.

The registered manager and deputy manager had a clear vision for Theoc House. They aimed for Theoc House to be recognised as a rehabilitation centre, where people could go after life changing events to fulfil their rehabilitation potential before moving back to their own homes, more independent accommodation or a home for life. The registered manager and provider had identified that the service had lost its sense of purpose and was acting as a home for life for people.

Training and systems had been implemented to develop the skills and understanding of staff to reinforce and achieve this rehabilitation goal for people. The registered manager and deputy manager were working to recognised good practice regarding acquired brain injury, including utilising the "Headway Toolbox" (recognised good practice systems). The registered manager and deputy manager told us, "Acquired Brain injury is a specialism, it is very different. We have to provide that rehab model. Take people life further for happiness. It is also about families. There is no support for families out there, however if we can support them as well, we will. We're setting up a support group or families."

Support workers were aware of and included into the provider's vision and direction of the service. Comments included: "We have a culture and a vision. Theoc house is about rehabilitation. It's not a home for life. We support people to do as much rehabilitation as possible. Support them to develop and do as

much as they can" and "We have a clear focus on rehabilitation here."

The registered manager was communicating the purpose of Theoc House with the local community to raise the profile of the home and the awareness of the support they provide and acquired brain injury rehabilitation. For example, Theoc House had recently held a sausage roll contest and invited the Mayor of Tewkesbury and a local MP to help judge the competition winner. The registered manager told us, "We're lobbying around. We got the Mayor and an MP to come in and see what we are all about." The registered manager and deputy manager discussed their plans for engaging with the local community. One healthcare professional told us, "Managers at Theoc House are extremely responsive to concerns and comments and take necessary action to remediate the problem."

Support workers felt the service had improved and spoke positively about the management of the service and the direction the service was going. Comments included: "(Registered manager and deputy manager) are fantastic. They give me everything I ask for. Everyone knows where they are at"; "I was relieved when (registered manager) said he was staying on. His knowledge is formidable and provides such amazing support" and "Theoc House runs really well now, there is a happy atmosphere. It's a lot lot better now." One person explained the support they received from the registered manager following an operation. The person had an accident and received full support from the team. They stated: "It makes you feel supported and valued."

The registered manager and provider had effective quality assurance systems to monitor the quality of care provided and drive improvements when shortfalls had been identified. Audits covered areas such as the environment, management of people's medicines, incidents and accidents, health and safety and infection control. Where shortfalls had been identified there were clear actions recorded. For example, medicine audits in 2018 had identified omissions in people's as required medicine protocols. Where actions had been completed these had been signed off. This had led to improvements which had been identified through subsequent medicine management audits.

Incident and accident audits were carried out to ensure adjustments could be made to people's care and treatment where necessary. Additionally, the registered manager used these audits to identify any trends or concerns in relation to these incidents. Incidents were discussed in team meetings to ensure that changes could be made to people's care and support where necessary and for appropriate healthcare professionals to be involved.

People and their relative's views were sought through surveys and residents' meetings. Where concerns had been raised or potential ideas of improvement discussed this was then taken forward and discussed at future meetings. The registered manager and provider were in the process of seek the views of people, their relatives and healthcare professionals as part of their 2018 quality development plan.

A representative of the provider carried out quarterly quality checks of the service. These checks were used to ensure the service was meeting the providers expected level of care and service. These visits reflected the questions asked by CQC during inspections and enabled the provider to score and rate the service. Recent quality assurance audit carried out over April to June 2018 had identified continued improvements. Where actions had been identified these were added to an action plan which the registered manager worked towards. For examples, shortfalls had been identified in the record of house meeting actions. This had been recorded in the action plan for the service and additionally through team meetings. We evidenced that these actions had been taken forward.

The registered manager ensured support worker had the information they required regarding people and

the home. Meetings discussed people's needs and where concerns had been identified, such as through incident and accident audits, and discussed. Communication between staff was discussed and there were clear discussions around the expectations of staff when working at Theoc House.

The provider and registered manager acted on guidance from external professionals. For example, the provider had welcomed monitoring visits from the local authority and the food standards agency and had acted on their recommendations.

The provider ensured they their registration requirements by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.