Voyage 1 Limited

Park View Road

Inspection report

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10 October 2018
16 October 2018

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 8, 10 and 16 October 2018 and was unannounced.

The service provider registered with the Care Quality Commission (CQC) on 5 September 2017. This was our first inspection of this location under the new provider.

Park View 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.

Park View Road accommodates 10 people in one adapted building. The service specialises in caring for adults with learning disabilities. At the time of our inspection 10 people lived at the home however two people were visiting their relatives and staying overnight for a short period.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. A registered manager is a person who has registered with the CQC 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 cared for by staff who were kind, caring and knew how to meet their needs. Staff treated people with dignity and respect.

There were enough staff to ensure people were kept safe and received responsive support. Staffing levels were reviewed and amended depending on peoples' changing needs.

Staff were trained and supported to ensure they had the appropriate skills and knowledge to meet people's needs and undertake their role effectively.

Staff knew how to recognise and report concerns about people's safety and welfare. Systems were in place to ensure risks were appropriately managed.

Accidents and incidents were well documented and analysed to ensure lessons were learned and actions taken to mitigate the risk of repeat incidents.

Medicines were managed in a safe and personalised way.

The home was clean and safe and suitable for vulnerable people to live in. The fire risk assessment and some peoples' personal emergency evacuation plans needed to be updated, however the registered manager was already addressing this.

People were offered a wide range of freshly prepared food and drink which they told us they enjoyed. Staff had a good understanding of peoples' dietary needs and how to manage nutritional risk. However, the information within care records about people's dietary needs and preferences could have been more detailed.

Staff worked in partnership with other healthcare professionals to ensure people maintained good health.

Visitors to the home were warmly welcomed and staff helped to ensure people were able to maintain relationships with people who were important to them.

People were asked for their views about the care they received and how the service should be operated. Staff listened to and acted upon peoples' views to ensure they provided a personalised and responsive service.

We have made a recommendation to ask the provider to improve the systems in place for reviewing and updating care records.

Staff approached end of life care with compassion and sensitivity. The registered manager had recognised that information recorded around peoples' end of life wishes could have been improved and they were addressing this.

People who used the service, relatives and staff provided very positive feedback about the registered manager and other members of the management team.

The provider and registered manager had effective systems in place to monitor the quality of care provided and were committed to ensuring the quality of care continuously improved.

Staff worked well as a team and ensured the needs of people using the service always came first. Staff had developed their own values and were true to these values in their day to day work.

We found all fundamental standards were being met. Further information is in the detailed findings below.

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.

Medicines were managed safely.

Staff were safely recruited. There were enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe and how they should report any suspicions of abuse.

Risks to people's health, safety and welfare were identified and managed.

Is the service effective?

Good

The service was effective.

People's healthcare and nutritional needs were met.

Staff received appropriate support and training to undertake their role effectively.

Staff worked in line with the requirements of relevant legislation such as the Deprivation of Liberty Safeguards (DoLS).

The premises were designed and decorated to meet the individual needs of people living at the home.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. Staff treated people with dignity and respect and knew people well.

People were encouraged to express their views and staff listened to what people told them.

Staff supported people to remain as independent as possible and to enhance their life skills.

Is the service responsive?

Requires Improvement

The service was not always responsive.

A more robust and timely review process was required to ensure care records were regularly reviewed and consistently updated when peoples' needs changed.

People received personalised care from staff who knew them well.

End of life care was sensitive and compassionate. The information recorded around people's end of life wishes could have been improved.

Complaints were listened to and investigated in line with the provider's complaints policy.

Is the service well-led?

Good

The service was well led.

A registered manager was in post and provided effective and visible leadership. Feedback about the management team was consistently positive.

Quality assurance systems were in place to assess, monitor and improve the quality of the service.

Staff morale was good and staff worked to a clear set of values which put the needs of people who used the service first.

Park View Road

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 8, 10 and 16 October 2018 and was unannounced. On 8 and 10 October we visited the home and on 16 October we spoke with a health professional.

Before our inspection we reviewed information we held about the service which included notifications sent to us by the provider. A notification is information about important events
that the provider is legally required to send us, such as if a person using the service suffers a serious injury. We contacted the local authority commissioning and safeguarding teams to ask for their views of the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service and one person's relative. We also spoke with the registered manager, two team leaders, one senior support worker, five support workers and the cook. We observed care and support and looked around the home. We looked at three people's care records, two staff files and other records such as medication records, meeting notes, accident and incident reports, training records and maintenance records. Following our site visit we also spoke with a health professional who regularly visits the service.

Good

Is the service safe?

Our findings

Sufficient numbers of staff were on duty to keep people safe and ensure people received the support they needed. The registered manager told us they constantly reviewed and amended staffing levels depending on people's individual needs. They provided an example where they had recently deployed additional staff for an extended period due to a change in a person's needs. People told us there were always enough staff on duty to help them when they needed it. A relative told us they liked that their loved one was always supported by the same staff team. They told us this consistency of care was extremely important to their loved one because being cared for by staff who were familiar to them and knew them well helped them to feel calmer.

The management team took turns to be 'on call' in the event of an emergency. Staff told us whenever they had contacted the 'on call' they had always received prompt and appropriate support. The management team included the Registered Manager and two Team Leaders who worked Monday to Friday and were additional to the support staff included on the care rota. Each shift was also managed by a senior support worker. This meant there were always additional staff available to provide cover where needed. On the second day of our inspection we saw a staff member called in sick and another staff member was late. We saw the senior support worker on duty stepped in to provide some support to staff on the floor. They told us, "Our other duties will wait as the priority is always the service users and their needs must come first." An additional staff member also came in for a few hours so a person could still go out to a planned activity which was very important to them.

Safe recruitment and selection procedures were in place to ensure staff were suitable to work with vulnerable people. Staff told us the recruitment process was thorough and they were not allowed to start work until all relevant checks had been made.

Staff had a proactive approach to risk management. They had a thorough understanding of the specific support people needed to promote their independence whilst ensuring risks were reduced. Care files included detailed and informative support plans and risk assessments. These identified specific risks associated with areas such as skin integrity, behaviours that challenge and moving and handling. Assessments were individualised and provided staff with clear guidance on the support people needed to mitigate potential risks.

Incidents and accidents were recorded and action taken to reduce the likelihood of them reoccurring. The provider operated a computerised system to ensure all accidents and incidents were recorded and analysed. The Team Leader with responsibility for uploading this information onto the system explained that the provider's quality assurance team monitored all entries onto the system and would contact them if key actions had not been completed to ensure these were not missed. The Team Leader demonstrated there was a strong focus on ensuring lessons were learned to ensure staff could continuously improve the safety and quality of care they delivered. They provided a positive example to reflect how staff had received additional training following a series of incidents involving one person. This had resulted in a reduction in the number of similar incidents involving this person because staff were now more confident and consistent

in how they responded to these incidents.

Safe systems were operated to reduce the likelihood of abuse occurring or going unnoticed. Support staff and the management team all had a good understanding of how to recognise abuse and what their responsibilities were for reporting potential safeguarding incidents. The registered manager understood their responsibility to make appropriate referrals to the safeguarding authority when this was needed. Staff told us they were concerned about the choices one person was making as they risked putting themselves in vulnerable situations. The registered manager had made safeguarding alerts about them and had implemented detailed protocols to ensure staff knew what actions to take to keep the person as safe as possible. We asked staff about this person and they were all able to consistently tell us about the detailed protocols which were in place and what their role was in helping to reduce risks for the person. The registered manager said they felt a multi-disciplinary team approach would be beneficial to ensure the person was fully supported to understand the choices they were making and to support staff in keeping the person safe. They had requested that a social worker be assigned to assist with this however at the time of our inspection a social worker had not yet been allocated. The registered manager was regularly chasing this up with the local authority. Following the inspection we also made a safeguarding alert about this person to the local authority.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked cabinets in peoples' bedrooms. Keys were kept in key safes which only the team responsible for administering medicines had access to. We saw one person's medicines were stored in a locked cabinet in the office. Staff explained this was due to an identified risk which meant it was safer for their medicines to be stored in this way.

Staff completed medication administration records (MARs) when medicines were given. We checked a sample of MARs against medicines stocks and found the balances tallied. This showed us people received their medicines as prescribed. When medicines were prescribed to be taken on an 'as required' basis we found clear guidance for staff to follow. This helped ensure these medicines were used consistently. Where people were prescribed creams we saw body maps were in place so staff were clear on where the cream should be applied and MARs were completed to demonstrate these medicines had been given as prescribed.

The service was working with STOMP. STOMP is a national initiative which aims to prevent the over medication of people with a learning disability. A team leader explained they had attended STOMP training sessions and cascaded their learning down to other staff working at the home via a workshop. They also provided a positive example of how one person had particularly benefited from this initiative and had significantly reduced the amount of medication they were taking. The person told us, "I now hardly take any medication since I moved in here, as staff have helped me reduce my medication loads. I like that I don't have to take as much medication, I am so glad staff have helped me with that as I feel so much better for it and a lot more alert."

A range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Safety features were installed such as window restrictors to reduce the risk of falls and radiator guards to protect against burns. Personal emergency evacuation plans (PEEPs) for people who used the service were in place. These gave information about what support people would need should an emergency arise. We identified two peoples' PEEPs would have benefitted from being updated to reflect what actions staff should take if the people became anxious in the event of an emergency. We discussed this with the registered manager and they said this would be addressed as an immediate priority. A fire risk assessment had been completed in August 2017. The

registered manager explained this was due to be updated and they had arranged for a qualified assessor to visit the home in the coming weeks to complete a new fire risk assessment.

The home was clean, tidy and odour free. Regular checks where completed to ensure the building, equipment and furniture was kept clean and in a good state of repair. Personal Protective Equipment (PPE) including gloves were accessible and used for appropriate tasks such as when supporting people with personal care. Our observations showed us staff had a good understanding of infection control practices and applied these to their daily work.

Good

Is the service effective?

Our findings

People told us there was always plenty to eat and drink and they enjoyed the food. One person told us, "Food is good, never hungry, plenty of food." Another person told us, "The food is really nice here." People told us staff offered them choices of foods to ensure they were able to eat things they enjoyed. We also saw this happening in practice. For example, on the first day of our inspection we saw the cook informing people that sweet and sour chicken and rice was on the menu for tea. They asked if this was ok or if anyone would prefer something else making. For two people we saw that they explained that they would make some potatoes instead of rice. We asked the cook about this and they told us both of these people did not like rice so they were making some homemade Lyonnaise potatoes as an alternative option for them.

On the second day of our inspection we sampled the lunchtime meal of fishcake and chips. We found the food to be warm and tasty. Both the fishcake and chips were homemade and there was bread and butter and a choice of condiments to accompany the meal. One person had a ham sandwich for lunch instead of the fishcakes. When we asked staff about this they told us this person loved ham sandwiches and would often chose this for their lunch.

We spoke with the cook and found they had a good understanding of how to meet people's individual dietary needs and preferences. They told us they were in the process of revising the menus and planned to hold a number of tasting events so people could test some new meals and decide if they wanted them to be added to the menu. Support staff also had a good knowledge of people's specific dietary preferences and what actions they needed to take to reduce nutritional risks. For example, one person was at risk of choking. Support staff were able to explain how they thickened the person's fluids to help reduce the risk of them choking. They also told us they were trialling a new approach which started on the first day of our inspection whereby the person received their meal in two separate sittings. They hoped this would encourage the person to eat more slowly and reduce the risk of them choking.

Although staff had an excellent understanding of the people they supported, we found the information within care records about people's dietary needs and preferences could have been more detailed. We discussed this with the registered manager and they said they would address this as an immediate priority.

Staff had a proactive and collaborative approach to ensure people maintained good health. We saw examples where staff had identified and responded to changes in peoples' needs to ensure they were supported to access specialist input from healthcare professionals. We also saw examples where staff had actively encouraged partnership working with health and social care professionals to ensure positive outcomes for people. A health care professional told us, "Staff are always very welcoming and professional. They are very responsive to suggestions we make and always attend the specific annual training sessions we deliver." They also told us how staff had been very quick to pick up in changes to one person's healthcare needs and had made a prompt referral to the person's GP for further investigation.

The environment was clean and well maintained. The home had recently been refurbished and people's needs and preferences had been fully considered throughout this process. Staff had involved people in

choosing all aspects of the décor. For example, people had requested the lounge and dining room be made into one space with the dining room styled like a café; both of which had been done. Staff had also conducted research to ensure the décor was appropriate for peoples' specific needs. For example, the flooring in the communal lounge and dining room had been changed to a less shiny material which was more appropriate to the needs of the people using the service who lived with autism. In doing so, staff had showed people swatches to enable them to choose the type and colour of the flooring they would like. We saw communal areas were decorated with pictures and photographs of people using the service and their relatives. This gave the service a homely feel. People's bedrooms were personalised and decorated according to the individual preferences of the person. For example, we saw one person had chosen patterned pink wallpaper and had a number of personal items, ornaments and pictures decorating their room. Whereas another person had chosen to have their bedroom painted white and their room contained no visible personal effects. Staff explained that this person became very anxious by 'clutter' and preferred their room to have minimal décor.

Staff received effective training and support. A team leader had responsibility for monitoring staff training. They kept a training log which enabled them to track when training was due. The log was kept up to date, regularly monitored and showed staff received ongoing training in key areas such as safeguarding, fire safety, moving and handling and life support. Staff told us the training was effective and provided them with the skills they needed to support people. One staff member told us, "You get really good training and it's regular, it's almost too much!" The management team also ran workshops and sessions during team meetings to ensure staff training was continuously refreshed. Some of the recent examples included practicing conflict resolution training scenarios and a workshop on completing incident forms.

We spoke with a number of new staff who told us that the induction was very thorough. They told us it included a full tour of the building, explanation of key policies and procedures, and an opportunity to read the support plans. The induction period also included at least two weeks of shadow shifts so that staff could get to know the people using the service and the management team could fully assess if they were appropriate for the role.

Staff received supervisions approximately every two months. We looked at a sample of supervision records and saw a range of topics were covered including training needs and discussing any issues regarding the people they cared for. Staff were also asked if they had any safeguarding concerns to ensure they had the opportunity to speak up if they had concerns. Staff told us they felt well supported. One staff member told us, "I wouldn't hesitate to go to any of the senior management team with anything. They are all really supportive."

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are 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 were being met.

Staff had a good understanding of both the MCA and DoLS and how it affected the care they provided. The

registered manager had submitted DoLS applications to the supervisory body for most people who lived at the home. Most of these applications were still awaiting assessment.

We saw examples that demonstrated staff worked within the wider framework of the MCA. Staff used personalised communication techniques to ensure people were given choices and to seek consent. Our observations were also confirmed by what people told us. One person said, "Staff ask my permission before they do anything. It's my choice." Where people lacked capacity to make specific decisions, mental capacity assessments were in place. The registered manager had recently initiated a best interest meeting with input from an independent advocate to ensure an important decision regarding a person's care was made through the formal best interest process. They demonstrated a good understanding of when to complete best interest processes and where appropriate to involve independent advocates.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "I love it here, so happy, staff are lovely, they are my friends…I am really settled and never want to live anywhere else." Another person told us, "I am happy here…staff are nice." Another person put their thumbs up when we asked them if they felt well cared for. Relatives also spoke very positively about the care and support their loved ones received. One relative told us, "The care is really excellent, staff know [my relative] really well and how to respond to [them] and [their] changing moods."

We saw staff had developed strong relationships with people and knew people well. We saw lots of laughter and appropriate banter between staff and people who lived at the home. We also saw staff took a genuine interest in people and the things that were important to them. For example, one person had recently returned from holiday. We saw the registered manager and several members of support staff stopped to speak with the person and ask if they had a nice holiday and what they had done whilst away. We saw this really made the person smile and they enjoyed talking about it. It also demonstrated that staff genuinely cared.

Relatives told us they were always made to feel welcome when they visited the service and that staff kept them informed about any changes to their relatives' needs. They told us staff involved them in helping to plan their relatives' care. One relative told us, "I am always made to feel welcome, I have a key so can let myself in and out and get around the home to make us both a cup of tea. I have no concerns, I am kept informed and feel staff listen to me when I suggest things or they explain why they may need to do things a certain way so I understand this." We saw staff knew people's relatives well and regularly spoke with people about their loved ones and when they would next be visiting. We also saw staff helping people to speak with their relatives on the telephone. This showed us staff helped to ensure people were able to maintain relationships with people who were important to them.

People were invited to an annual review meeting where they had the opportunity to tell staff what was going well and what areas they wanted to change and develop. People's relatives were also invited to provide feedback as part of this process. We saw examples to show that staff had listened to and acted upon the feedback people provided.

Information within peoples' care records demonstrated people and their relatives had been consulted in the care planning process. Care plans contained personalised detail about each person's preferred daily routine which included important information to assist staff in delivering care which reflected people's individual requirements. For example, one person's care plan detailed if they were having a good day they liked to have a bath with bubbles. However, if they were not having a good day they would prefer a wash.

Staff were respectful of peoples' privacy and dignity. Staff knocked on peoples' bedroom doors before entering and ensured they were discreet when discussing personal issues. Medicines were stored within each persons' bedroom. Staff told us this helped to ensure people had the option to take their medicine in the privacy of their bedroom if they wished. On the first day of our inspection we saw a person's trousers

were loose. We saw staff promptly responded to ensure the person's dignity was maintained and encouraged the person to wear a belt. Staff told us another person had been struggling to get to the toilet during the night. To reduce the risk of incontinence and preserve the person's dignity, staff had obtained specialist equipment which enabled the person to access the toilet more easily during the night.

People were supported to maintain their independence. Care plans identified what people could do for themselves and where they may have needed additional support from staff. For example, one person's support plan for oral health detailed that they could brush their own teeth, but needed staff to put the toothpaste on the brush for them. We also saw examples where staff encouraged people to maintain their independence. For example, people were encouraged to collect their own meals from the service hatch in the dining room, rather than these being brought to them by staff. People were also supported to make their own drinks and snacks with staff support. The registered manager explained they were keen to ensure people were supported to develop life skills which enabled them to move on from the service into their own home whereever this was possible. They used a specialist tool kit to enable them to do this so staff could work with people to ensure this happened smoothly and in consultation with them, their relatives and the local authority commissioners. The registered manager explained they were currently working with two people to gradually assist them to achieve the goals and skills they needed to potentially move into their own home in the future.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. Cultural and spiritual support plans were in place to ensure people's specific religious beliefs were identified and supported. We also saw examples which demonstrated that staff took appropriate action to help support people's cultural and religious beliefs. A member of staff had recently started at the service and had been assigned as a link worker with one person who was of the same religion so that they could be more effectively supported to attend their place of worship. We also saw that specific cultural and religious diets were catered for in the home.

Requires Improvement

Is the service responsive?

Our findings

People received personalised care. Our observations and discussions with people, relatives and staff demonstrated that staff provided people with care which was personalised to each person's specific needs. People had detailed and personalised support plans in place to assist staff in delivering personalised care. Support plans were designed around providing staff with the specific information they needed to meet people's individual needs for key activities at each time of the day. This included information about how staff should adapt the support they provided to respond to people's changing moods. Care files also contained key documents such as a one-page profile and a relationship map which summarised the things and people which were most important to the person. This detail helped staff understand the people they cared for.

We saw some support plans were reviewed and new plans developed to reflect changes. For example, the strategies for safeguarding one person from risk when in the community had been frequently updated and reviewed as new risks emerged. However, the reviewing and updating of care records was not always consistent. One person's care records had not been reviewed since February 2018, despite their needs changing. Staff demonstrated that they knew the person very well. They were able to describe in detail how the person's needs had changed and how this impacted upon the support they provided. However, the person's care records did not always reflect what was happening in practice. We discussed this with the registered manager on the first day of our inspection and by the second day of our inspection they had already begun to address the issue. We recommend the provider reviews their systems for reviewing and updating care records to ensure care and support plans are consistently updated and reviewed at regular intervals and whenever people's needs change.

Some people had behaviours that challenge. Staff had the information and skills to respond to behavioural changes. Staff were trained in conflict resolution and had access to clear protocols to enable them to appropriately respond to each person's individual behaviours. We saw examples where staff responded to people's changing moods, such as providing positive reassurance and redirection when people became anxious. Staff were calm and confident and clearly knew what action to take to appropriately support each person.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. Information about people's sensory and communication needs was also included in hospital passports to ensure health professionals also had access to this information.

We saw staff made use of alternative communication methods to ensure people could make informed choices. For example, in the dining room there were photographs of the items on the menu for each day for both the main meals and also the alternative choices they could make. This meant people could see what

food options they were being offered so could make a more informed choice about what they wanted to eat. We also saw staff adapted the way they communicated depending on people's individual needs. For example, throughout both days of our inspection we saw staff communicating with one person using specific hand gestures. Staff explained that this specific way of listing activities using hand gestures was very important to help reduce the person's anxiety and ensure they understood their daily activities.

People told us they knew how to raise concerns if they had any problems. Information about the complaints procedure was made available to people and the provider had clear procedures for how complaints would be investigated and dealt with. None of the people we spoke with raised any concerns at the time of our inspection. Where people had raised formal complaints we saw these had been investigated and responded to in line with the provider's complaints policy. Our discussions with the registered manager showed that they took complaints seriously and used them as an opportunity to learn and improve processes and staff practice.

Activities were personalised depending on peoples' individual preferences. Many people were supported by staff to attend regular activities and trips in the local community. For example, on the first day of our inspection one person told us they had been bowling with staff that morning and had a donut in a café. On the second day of our inspection the person went to a local farm and staff told us this was because the person loved farms. Following both of these trips the person's positive body language indicated they had really enjoyed both activities. Another person liked to walk around the local park every day. Staff told us this was an important part of the person's routine and staff ensured they were supported to do this every day. The registered manager also told us that they had a regular booking at a local swimming centre every Friday which many people really enjoyed. One person told us they didn't like to go out and just liked to "Do their own thing." We saw they chose to spend some time each day sitting out in the enclosed yard area and staff supported them to do this. When we looked in the yard area we saw more could have been made of the sensory garden to ensure this was a pleasant space for people, especially because some people preferred to spend their time in this area if they were too anxious to go out.

We saw staff arranged parties and events to celebrate special events. For example, the minutes from service user meetings showed the feedback from people about the EID celebrations had been very positive. Staff told us they had arranged a BBQ which people really enjoyed. Staff were currently planning a Halloween party.

Staff approached end of life care in a personalised and sensitive way. Staff had attended a workshop on end of life care to provide them with the skills to ensure people received dignified and person centred end of life care. The registered manager recognised care planning around end of life care could be improved. They had started to address this through completing more comprehensive end of life care plans. In doing so they were involving people and their relatives to ensure their individual wishes were fully captured. The registered manager explained this process would be completed for everyone using the service in the coming months.

A service user had recently passed away. We saw people were supported to remember them. A service user meeting had been held to discuss whether people wanted to attend the person's funeral. Arrangements were made to ensure those who chose to were supported to attend. We also saw pictures of the person throughout the service. Staff told us this was because people and staff liked to remember them. Relatives of the person had sent a card to compliment the staff on the quality of the care they had given to their loved one. They said, "You were all one big loving family! Your care never tired…You are all angels in disguise…you do an amazing job…we are forever in your debt."

Good

Is the service well-led?

Our findings

A registered manager was in post and they provided effective leadership and support. The management structure at the service had been improved since the new provider had taken over. The registered manager was now supported by two team leaders who oversaw some quality checks, staff supervision, training and rotas in their area of control. The registered manager told us this enabled them to focus on other management duties. Feedback about the management team was consistently positive.

We found the entire staff team were genuinely committed to making a difference to the lives of people living at the service. Staff at all levels were clearly focused on delivering personalised care and achieving positive outcomes for people. Throughout our inspection staff repeatedly told us the needs of people living at the service always came first. They also told us the morale amongst the staff team was excellent and there was a strong team working ethos. One staff member told us, "The registered manager genuinely cares about the service users and about you as a member of staff. She is really open and honest. Staff morale is really good because of that." Another staff member told us, "Best thing about working here is…the fact the service users always come first with everything. It's a really supportive staff team, we work really well as a team." Whilst another staff member said, "It's actually a really nice place to work, we work so well as a staff team and the support you get from the managers is excellent."

The registered manager ensured staff felt empowered and involved in the running of the service. We saw they recently held a workshop to review the Provider Information Return so that staff felt invested in this process and would be prepared for the next CQC inspection. The registered manager told us they held an away day with the staff team where they developed their own staff values. They said this approach ensured that they were personalised to the service and meant that staff took ownership of ensuring they met them. The values were displayed on the wall in the staff office and were; Caring, Team Work, Fairness and Equality, Be there and Communication. The registered manager said they revisited them regularly with staff during team meetings to ensure staff where reminded of the importance of meeting them. Our conclusion from our observations, discussions with people and staff was that staff were striving to live these values in their day to day work.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included medicines audits, health and safety audits, infection control audits and environmental audits. We saw if any shortfalls in the service were found, action had been taken to address any issues. We spoke with the registered manager about implementing an audit process to ensure they had oversight of people's weights. At the time of our inspection people were generally weighed each month. However, this information was kept within individual health files. This meant the registered manager did not have an effective way of monitoring people's weights and ensuring trends and patterns were promptly identified and acted upon. We saw minor anomalies with two peoples' weight records which indicated that a more robust monitoring system was required. The registered manager agreed and said they would implement a monitoring system with immediate effect.

The registered manager was committed to continuous improvement and regularly sought ideas to develop

the service and improve the quality of care provided. They completed a full audit each quarter where they reviewed each aspect of the service provision aligned to the CQC Key Lines of Enquiry. The areas checked included key areas such as care plans, the environment, medicines and staff training. This helped them to continuously monitor the service and identify areas for improvement. The last audit they completed gave the service a pass mark of 86%. The registered manager maintained an improvement action plan to ensure there was an ongoing record of areas for improvement. The provider's area manager checked the registered manager's progress against the action plan to ensure improvements were implemented in a timely manner. The area manager visited the service approximately every six weeks and conducted their own quarterly audit to ensure that good standards of care were being maintained. The service also received an annual audit from the registered manager of another service. The registered manager said they had found this very useful to gain an independent assessment of the service and also to help share ideas and best practice.

People's views about the service were sought and acted upon through regular service user/relatives' meetings and surveys. We saw service user meetings were held approximately every two months and discussed a wide range of issues affecting the running of the service and included other important areas for discussion. For example, the meeting in May 2018 involved a discussion and explanation of what it meant to vote in the upcoming general election. For people who chose to vote, they were then supported to go to the local polling station. The last survey of people, relatives, health professionals and staff was done in September 2017. The results were reviewed and analysed to ensure key themes and areas for improvement where identified. This information was then translated into a quality development plan to ensure any issues were addressed. The feedback people provided was mostly positive. A health professional commented that they would describe the service as, "Person centred, inclusive, effective and caring. The staff team are friendly, approachable and welcoming. Service users always seem well looked after. The staff do a great job." A relative commented, "Staff are very committed to [my relative's] care and welfare. At present we are very happy with the care."

The registered manager had established good links with other agencies. The provider attended meetings with the local authority and the care provider forums and disseminated information back to the service. The registered manager took an active role to ensure best practice was constantly developed within the service, working in partnership with healthcare professionals in the local area to provide optimum care to people. We also saw the management team ensured they kept up to date with best practice guidelines such as patient safety alerts and NICE guidelines. They told us key developments were regularly discussed at staff meetings. The National Institute for Health and Care Excellence (NICE) is an executive non–departmental public body of the Department of Health which publishes health and treatment guidelines to assist best clinical practice in health and social care.