Voyage 1 Limited

# 36 West Street

## Inspection report

Wombwell
Barnsley
South Yorkshire
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

36 West Street is owned by Voyage 1 Limited. It is situated in the Wombwell area of Barnsley and is registered to provide accommodation and personal care for six people with learning disabilities. The accommodation is provided on two floors. On the ground floor there is a lounge, activities room, dining area, a purpose built kitchen and four bedrooms which have direct access to a bathroom or shower area. On the first floor there are two self-contained flats.

This unannounced inspection was carried out on 22 March 2016. The service was last inspected in January 2014 and the service was found to be compliant in all of the standards inspected.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post who was registered with the Care Quality Commission (CQC), although they were absent on the day of this inspection. 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. The registered manager was also registered to manage another of the registered provider's services. They divided their time equally between the two services and at 36 West Street were supported by a deputy manager who was present at this inspection.

We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's assessed needs. Staff had been employed following appropriate recruitment and selection processes and we found that the recording and administration of medicines was being managed appropriately in the service.

We found assessments of risk had been completed for each person and plans had been put in place to minimise risk. The service was clean, tidy and free from odour and effective cleaning schedules were in place.

We saw that staff completed an induction process and they had received a wide range of training, which covered courses the service deemed essential, such as, safeguarding, infection control, safe handling of medication, manual handling and the management of actual or potential aggression (MAPA).

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that the Mental Capacity Act 2005 (MCA) guidelines had been followed. Staff had received training in MAPA and emotional or behavioural support plans were in place for people using the service.

People's nutritional needs were met. We saw people enjoyed a good choice of food and drink and were provided with snacks and refreshments throughout the day.

One person told us they were well cared for and we saw people were supported to maintain good health

and had access to services from healthcare professionals. People had health action plans in place to help ensure their health needs were met.

We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people living in the home. People were supported to make choices and decisions regarding their care.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported.

People were offered a variety of different activities to be involved in. People were also supported to go out of the home to access facilities in the local community.

The registered provider had a complaints policy and procedure in place and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that any comments or suggestions were appropriately actioned.

We found the registered provider had audits in place to check that the systems at the home were being followed and people were receiving appropriate care and support.

## 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.

Staff displayed a good understanding of the different types of abuse and had received training on how to recognise and respond to signs of abuse to keep people safe from harm.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service.

Risk assessments were in place and reviewed regularly, which meant they reflected the needs of people living in the home.

The home had a robust system in place for ordering, administering and disposing of medicines.

### Is the service effective?

Good

The service was effective.

Staff had received an induction and training in key topics that enabled them to effectively carry out their role.

The registered manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS) and we found the Mental Capacity Act 2005 (MCA) guidelines were being fully followed.

People enjoyed a good choice of food and drink and were provided with regular snacks and refreshments throughout the day.

People who used the service received, where required, additional treatment from healthcare professionals in the community.

### Is the service caring?

Good

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs.

People were offered choices about their care, daily routines and food and drink whenever possible.

## Is the service responsive?

Good

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people were encouraged to comment on the quality of the service they received.

## Is the service well-led?

Good

The service was well led.

The service had effective systems in place to monitor and improve the quality of the service.

People told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

# 36 West Street

**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 registered 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 was carried out on 22 March 2016 and was unannounced. One Adult Social Care (ASC) inspector carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they had with the home.

The registered provider was asked to submit a Provider Information Return (PIR) prior to the inspection, as this was a planned inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider submitted their PIR in the agreed timescale.

The people who used the service had complex needs which meant that not all could tell us their experiences. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with three members of staff, the deputy manager and one person who used the service.. We spent time observing the interaction between people who lived at the home, the staff and any visitors.

We looked at all areas of the home, including bedrooms (with people's permission) and office accommodation. We also spent time looking at records, which included the care records for three people,

handover records, the incident / accident book, supervision and training records for three members of staff, staff rotas and quality assurance audits and action plans.

Good

# Is the service safe?

## Our findings

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse. Staff we spoke with understood how to report any safeguarding concerns and told us they were confident the registered manager would take the appropriate action if they reported any episodes of poor care. One member of staff told us "I've never seen anything that concerned me whilst working here. If I did I would speak with the senior, the manager or would contact the CQC." They also told us that they had completed safeguarding training and had also completed a recent safeguarding quiz.

The registered provider had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager used the local authority's safeguarding tool to decide when they needed to inform the safeguarding team of an incident, accident or an allegation of abuse. We saw that safeguarding concerns were recorded and submitted to both the local authority's safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents.

We saw that systems were in place to ensure that people's finances were appropriately managed. The registered provider acted as appointee for three of the people living in the home and this enabled them to collect and manage people's income. Any large purchases would require the approval of the registered manager, operations manager and also a member of their family or in one case an advocate. Other people's finances were managed by their families and money was deposited into their account to ensure they always had funds available. Financial records showed us that all transactions in and out were recorded and a running balance of funds was kept. The balance was checked following each transaction and records were audited regularly to ensure they balanced and all money was accounted for.

The registered provider had systems in place to ensure that risks were minimised. Care plans contained risk assessments that were individual to each person's specific needs, including an assessment of risk for nutrition, medication, finances, accessing the community, and the need for regular reviews of both physical and mental health. We saw that the registered manager also ensured that day to day risks were minimised by the staff. One member of staff told us "We constantly assess risk, we complete a health and safety check, check the temperature of the water, make sure the nurse call buttons are working, do regular fire drills and report anything that's not working." We saw Personal Emergency Evacuation Plans (PEEPs) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed us that the registered manager had taken steps to reduce the level of risk people were exposed to.

We saw there was an accident reporting procedure in place and this included an example of how to accurately complete the document and also how to submit any information to the safeguarding team if required. This meant that all staff were able to submit information to the relevant team if they had any concerns. Accidents and incidents that took place were recorded and reviewed to minimise any future

occurrence. We saw that information was logged and included whether it involved a 'resident' or an employee, the nature of the incident, the severity of the incident and any comments regarding the incident and where the incident report was held.

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. We saw the registered manager also held DBS certificates for frequent visitors to the home, including the hairdresser. Staff were provided with job descriptions and terms and conditions of employment. This helped to ensure staff knew what was expected of them.

The registered manager monitored the maintenance of the building and premises with support from the registered provider's property manager to ensure that the premises and all equipment were checked in line with current guidelines. We saw that any damaged, broken or dangerous equipment was reported to the property management team, prioritised and then repaired or replaced at the earliest opportunity. A member of staff told us "It's pretty good to be honest, if we tell them it is an urgent repair then they prioritise it and send somebody to fix it as soon as they can."

We viewed documentation and certificates that showed us that the relevant checks in relation to fire safety, utilities, ceiling hoists, and bath temperatures had been completed within the stipulated timeframes. This ensured they were safe and in good working order. We noted that the information held in the home did not always fully explain what action had been taken when advisory notices had been issued by utility companies. However we saw that this information was held with the property management team and was available on request. The home had a current fire safety policy and procedure, which clearly outlined what action, would be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. We saw that the home completed regular fire drills which helped prepare staff to respond appropriately in the event of fire.

People who used the service had their assessed needs met by sufficient numbers of adequately trained staff. A dependency tool was utilised by the registered provider to ensure appropriate numbers of staff were deployed at all times. We saw amongst other things that people's care needs including the support they required with personal care, eating and drinking, bathing and participating in activities or attending healthcare appointments, were calculated within the dependency tool to determine the staff needed. One member of staff said "As a staff team we are generally really good at covering for each other when people are on annual leave or off sick. We also have the bank staff that can come in and cover shifts at short notice."

We viewed the registered provider's training records and saw that all staff had completed safe handling of medication training. The deputy manager told us that competency checks were completed annually on established staff and three times per year on new members of the staff team. This meant that 'as and when required' medication such as pain relief could be administered at any time during the day or night without people having to wait for a senior carer or a member of management to be available to administer it..

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when.

We looked at how medicines were managed within the home and checked three people's medication administration records (MARs). We saw that medicines were obtained in a timely way so that people did not run out of them, stored securely, administered on time, recorded correctly and disposed of appropriately. Some people who lived at 36 West Street had been prescribed controlled drugs (CDs); these are medicines that have strict legal controls to govern how they are prescribed, stored and administered. There was a suitable storage cabinet and staff were recording the administration of these medicines in a CD record book. We checked a sample of CDs held against the records in the CD book and found that these balanced.

We saw that medication was audited monthly and that daily stock checks were recorded on a daily basis. We noted that on some occasions the air temperature of the medication room was regularly between 16°C and 25°C and this may need to be monitored in the warmer months to ensure that the medication is not stored above recommended temperatures.

During the inspection we found the home to be clean, tidy and free from odour. Infection control audits were completed on a monthly basis and we saw that there was detailed information available for staff on hand washing and what to do in the event of an outbreak or suspected outbreak of an infectious disease within the home. Cleaning schedules included daily, weekly and deep cleaning tasks to be completed by the staff. This showed us that the registered manager had considered the impact of infection for people in the home and had put interventions in place to minimise this risk.

Good

# Is the service effective?

## Our findings

The deputy manager explained that training was delivered through distance learning packages and also through face to face training for those topics that required 'hands on' knowledge, such as manual handling and management of actual or potential aggression (MAPA). The training matrix record showed staff (including bank staff) had completed training in a range of subjects including equality and diversity, fire training, food safety for support workers, health and safety awareness, infection control, mental capacity act and Deprivation of Liberty Safeguards DoLS, nutrition awareness, safeguarding adults at risk and first aid and allergen awareness in care.

We saw that all new staff completed an organisational induction, which included the shadowing of more experienced staff and were then expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working lives. It covers 15 topics including, for example, understanding your role, duty of care, privacy and dignity and infection control. Only on the completion of the Care Certificate were staff able to work alone with the people they cared for. This meant that staff had the required skills to effectively meet the needs of the people using the service.

We saw staff received on-going support during regular supervisions and annual appraisals. Staff we spoke with confirmed they were supported by their peers and the registered manager. One member of staff said "I have supervision every six to eight weeks, but if I have any issues I take them to the deputy or registered manager as and when they arise." We viewed staff supervision records and saw that their strengths and weaknesses were discussed and also any areas the member of staff could improve upon. Staff also had opportunity to discuss any concerns, their key worker duties and request any additional training.

Staff had the skills to communicate effectively. During the inspection we spent time observing the interactions between people who used the service and staff. Staff supported people effectively and understood the individual needs of the people who used the service. Staff described people's non-verbal communication methods and explained what gestures, noises and facial expressions meant. We saw that staff could also refer to people's care plans for guidance regarding this.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority for all of the people using the service, which had been granted. This helped to ensure people received care and support in the least restrictive way.

Staff had completed training in relation to the Mental Capacity Act 2005 [MCA] and DoLS and they understood how to gain consent from people before providing care or support. One member of staff told us, "I just explain what I need to do and ask permission, they [people who use the service] will tell me in their own way if they are ok with me helping them or not."

Each person had a decision making profile that provided details of what decisions the person was able to make for themselves, which they required support to make and which decision were made on their behalf. In one person's care plan we saw that all decisions were made for them, however it recognised the importance of still discussing the decision with the person if appropriate.

We saw records that assessments of people's capacity had been made under the MCA for specific decisions such as finances, holidays, appointments, activities and day trips, purchasing large items, and having bloods taken. When it was deemed that people lacked the capacity to make an informed decision a best interest meeting was held with relevant health care professionals and people's relatives where a decision was made in the person's best interest.

We discussed the use of restraint within the service and the deputy manager told us that although staff were trained to physically restrain people if needed, this was always a last resort and seldom used. The deputy manager told us that all of the people who used the service had behaviour management plans in place and that these provided staff with clear guidance on how to manage behaviour that challenged the service. A member of staff told us "I think the new training (MAPA) is much friendlier, it focusses more on de-escalation and removing any triggers." Another said "If people are becoming agitated we try to encourage them to go to another room or try to distract them."

We saw that one person who lived in the home used arm splints and had been provided with a padded helmet to prevent them from harming themselves during periods of distress. We saw that these interventions were included on the person's DoLS authorisation, were reviewed six weekly and that their care plan explained when it was appropriate for them to be used.

Some of the people who used the service required physical support to be carried out by a specialist restraint team to obtain blood samples for the purpose of testing and health monitoring. We saw that support plans were in place to enable this intervention to be carried out safely. However, when we viewed the plans we saw that they did not provide sufficient detail in relation to the specific holds used during the process of obtaining bloods. We discussed this with the deputy manager and they told us that the support plan was developed with an external specialist restraint team and that the staff at 36 West Street were not involved in these interventions. They informed us they would discuss this with the team and ensure that they held a copy of this at the service.

People were offered a number of choices for each meal, and although there were menu's in place we saw that staff asked people what they wanted and prepared the meal that was requested. Most people chose to eat together in the main dining room but some preferred to eat either in their own room, in the sensory room or another place of their choosing. We observed the mealtime experience to be positive and noted people enjoyed being together and were supported appropriately by staff when required.

People were weighed regularly to ensure any issues with their weight were identified and action could be taken. We saw that one person had recently lost weight and a referral had been made to the dietician who had prescribed nutritional supplements and advised a high calorie snack between meals. We saw that the person had been provided an additional food allowance to purchase foods they liked to ensure they were consuming enough calories to maintain a healthy weight.

We saw that food and fluid charts were in place for a number of people who used the service. These were used to record the type of food and quantities of food that people were eating. We saw that although these reflected the type of food, the information relating to the quantities consumed was not always clear. We discussed this with the deputy manager who assured us this would be addressed with staff.

Staff had attended training on food hygiene and on nutrition so they were aware of the need for food to be handled safely and served at the correct temperature. We also saw them actively encouraging people to opt for healthier foods when offered. We saw fresh fruit was available in the service and observed people being offered drinks and snacks throughout the inspection.

A range of health and social care professionals were involved in the holistic care, treatment and support of the people who used the service. The care and support plans we saw indicated advice and guidance had been provided by community nurses, occupational therapists, speech and language therapists (SALT) and care co-ordinators. People were supported to visit or be visited by GPs, opticians, health screening teams and chiropodists. This provided assurance people's healthcare needs were met consistently.

Good

# Is the service caring?

## Our findings

The service had a relaxed and friendly atmosphere and we saw that people who used the service were relaxed and happy around staff. We saw that people looked well cared for and were well presented, for example, they looked clean and were wearing clean clothes.

We observed that people went about their daily lives and moved around the home as they wished. People chose when they wanted the company of staff and would move into the dining room to say hello and have a chat or spend time by themselves either in the sensory room, living room or their own bedroom or flat. One person who used the service told us "I've lived here for eight years, I love it. The staff are kind, they look after me and take me out" and "I'm really happy here and I am staying."

Staff told us how they tried to ensure that people were given a choice over their care even when the person was unable to effectively communicate all of their needs. Staff told us they would look at people's body language for clues about what they wanted and gave an example of one person who would simply stare at the item they wanted and this would provide them with an indication of what they needed. We saw that care plans provided clear guidance on how to effectively communicate with each person using the service. This included looking for specific actions, noises or behaviours to indicate that the person might want some specific support or a specific item. One member of staff told us "When I first started [working at the service] it took me a while to know what people were trying to tell me, however I can now usually guess what the person wants" and "They [People using the service] will soon let you know if you've got it right or not."

We saw that people using the service were encouraged to develop friendships with people other than the service's staff and maintain relationships with family and other people of importance. One person who used the service told us they enjoyed visiting a friend who lived at another of the registered provider's homes and these visits were facilitated by the service's staff. They met up once or twice a week, sometimes at each other's flats and sometimes at a location in the town. They enjoyed cooking for each other with the support of staff and these were skills that were being developed to promote their independence.

Staff told us they actively encouraged people to do as much as they could for themselves. For some people using the service there were very few tasks they could do independently, however we saw staff still supported them to try. We saw that although one person chose to spend most of their time down on the floor, with staff encouragement they would complete some walking each day. This helped ensure they did not lose this ability. One person told us that staff were helping them with preparing and cooking meals and this included going to the shops with staff and purchasing their own food to prepare. We were told others were encouraged to help keep their room tidy and assist with their laundry.

People were treated with dignity and respect. We saw that staff knocked on people's doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified state. They also ensured that they did not provide any care considered to be personal in the communal areas. One member of staff told us "If somebody has been incontinent then I always make sure they are taken to their room to be changed as

quickly as possible. I wouldn't want to be left and nor should they." Another said "If we have personal issues to discuss then we will find a private space to have that kind of conversation."

People were allocated key workers who were responsible for ensuring that people's care files were kept up to date, their rooms were deep cleaned on a weekly basis, the condition of clothing was checked and all appointments were entered in the diary. They also ensured all toiletries were stocked up and that they supported people to access the community when they were on shift. Having an allocated key worker helped ensure that a specific member of staff was accountable for completing tasks the person was unable to do for themselves.

Good

# Is the service responsive?

## Our findings

A range of support plans had been written for each person who used the service in relation to personal care, medication, communication, social activities, behaviours that may challenge the service, health needs and travel. Each plan had been written in a person centred way and highlighted the need for staff to respect people's choices. They also included people's preferences and detailed information in relation to level of support people required and what prompts they would need to carry out tasks independently.

We saw care files contained a range of person centred tools to help describe who the person is, what their likes and dislikes are, how best to support them, what's important for the person and how staff can effectively communicate with them. These tools included life histories, one page profiles, relationship maps and communication passports. Information regarding a person's typical day contained detailed information regarding specific actions that staff needed to complete and any risks they needed to manage to ensure that a person preferred routine was maintained.

Special events in people's lives such as their birthday, family member's birthdays, and favourite places to visit were recorded and incorporated into people's care plans. One page profiles contained people's skills and abilities, how they communicated and what tasks they could complete independently. This helped to ensure staff knew the people they were supporting and were enabled to provide person centred care in line with people's preferences.

Health action plans had been developed which ensured people's health concerns were documented along with the current support they received and from whom. We saw plans in place for eye care, oral health, chiropody, medication, community nurse, dietician and speech and language therapists. We also saw that all GP, Hospital and occupational therapy visits and any guidance received was recorded.

Person centred reviews had taken place and we saw from the minutes of each review that family members, relevant healthcare professionals and a representative of the provider all attended, this enabled a holistic approach.to the planning of care. We saw that elements of the care plan were divided in to 'what's working' and 'what's not working' and this enabled people involved in the review to focus on the elements of the care package that could be improved.

Numerous adaptions had been made to the home to enable people to remain as independent as possible. We saw wide opening shower doors had been installed and grabs rails were attached inside the shower to aid people's balance whilst showering, specialist baths that enabled people to easily access them, a passenger lift that people were able to operate themselves had been installed so people living on the first floor were able to access all of the home and a sloping ramp was at the entrance to the property. Making reasonable adaptions to the home provided assurance that people's independence was promoted by the service.

On the day of this inspection we saw that people who used the service were involved in different activities. One person was looking forward to a shopping trip for some clothing and an Easter egg and one person had

already left for the day to attend a day centre. "The staff are taking me shopping…I love it." We saw that people had weekly activity planners in place and these were displayed on the wall of the office as a reminder to staff. The activities listed included movie nights, meals out, coffee afternoons, baking, board games, watching TV, bowling, swimming, exercises with staff, shopping and listening to music amongst others.

We saw one person's care plan indicated that they like to go swimming, enjoy a massage and go on holidays. We viewed the person's monthly recording workbook which provided details of how the person had spent their time for each day of the month. The workbooks were well maintained and included information regarding getting ready for the day, making breakfast, what I did this morning, making lunch, what I did this afternoon, making dinner, what I did this evening, what support did I need to get ready for bed and what time did I go to bed. We saw that the person attended swimming weekly and that they had also enjoyed a massage during the period we viewed. This showed us that that the people were able to enjoy activities of their choice.

Review meeting records confirmed that people had annual holidays and had visited Center parks and Blackpool amongst other places. One person also enjoyed a family holiday once a year which enabled them to spend time with their family in a different environment. We saw from service user meeting records that day trips out had occurred and one person had visited the sea life centre in Manchester.

The registered provider had a complaints policy and procedure in place and we saw that this was displayed throughout the home, with 'see something, say something' posters and forms available for people to use. We spoke with on person used the service who told us "I would speak with the management if I wanted to make a complaint, but I don't want to." We reviewed the complaints file and found that no complaints had been recorded in the past 12 months. We saw that a number of compliments and thank you cards had been sent to the service thanking staff for their hard work and caring nature. We did note that the complaints procedure was not included in the service user handbook and that the introduction of this could be an additional measure to ensure people are clear about how to raise concerns.

As some of the people using the service would be unable to make a formal complaint the registered manager had ensured there were other opportunities to capture their views. We saw that regular service user and key worker meetings were carried out and that people using the service also completed an annual quality assurance survey.

Good

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since February 2014. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The service was well organised and this enabled staff to respond to people's needs in a planned and proactive way. The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of the regulations and we saw that they were appropriately maintained, up-to-date and securely held. This meant that people's personal and private information remained confidential.

Although the registered manager was absent on the day of the inspection staff told us they felt well supported by them and that they were able to approach the registered manager with any issues or concerns they may have. They also told us that they had the same relationship with the deputy manager who was responsible for the running of the home in the registered manager's absence. We found the deputy manager clearly had a good understanding of their role and was aware of the specific tasks required to ensure the home continued to operate effectively on a day to day basis.

People who used the service and staff were involved with developing the service when possible. We saw that staff meetings were held regularly and ways of improving the level of service provision were discussed. For example changes to legislation, people's care, new activities, health and safety, infection control, safeguarding and staff rotas were discussed at the most recent meeting. A member of staff told us "The meetings are really useful, it's a good opportunity to discuss any issue and any changes in people's needs. We all get to have our say so we can raise anything we want." Another said "The agenda is put up the week before the meeting and we can add anything we want to discuss."

'Service user' meetings were held periodically and gave people the opportunity to provide feedback on the level of care and support they received. People were offered the opportunity to suggest any new improvements they would like in the home or to raise any concerns or issues they may have. Within the notes of the last meeting we saw that there were plans to decorate the kitchen and people were consulted over what colour they would like it to be. Money and shopping, food and the menu and activities and holidays were some of the other issues discussed.

Monthly person centred key worker reviews were completed and this provided an opportunity for people who were unable to effectively communicate in a larger group to have their needs considered on a one to one basis. Discussion in these meetings included complaints or suggestions, what's working / not working, any new purchases, medication changes and what was important for that person and what was important to them.

The registered provider had a clear vision, set of values and a mission statement. It stated 'Our mission is to deliver world class outcomes for people with disabilities in the highest quality residential homes by providing innovative flexible and individual support.' To help them achieve this we saw there was a quality monitoring system in place that consisted of weekly, monthly and annual audit tasks, meetings and questionnaires. Information collated from these was analysed and action plans were produced to address any areas identified as requiring improvement.

Stakeholder surveys were carried out for people using the service, relatives, health care professionals, and staff. We saw that the feedback was largely positive, and where negative feedback had been received, we saw plans had been put in place to address this. For example staff and some relatives identified that more activities could take place outside of the home, however staff had noted that drivers were not always available. The deputy manager told us they had started to address this by employing staff who were able to drive the company vehicle.

We saw that the registered manager completed a weekly service report which was submitted to the head office every Monday. This included information about reviews, admissions, departures, staffing levels, visitors to the service, accidents and incidents and building and premises. This enabled the regional operation director to be kept informed about all developments and respond accordingly.

We saw audits were carried out to ensure that the systems in place at the service were being followed and that people were receiving appropriate care and support. Audits included infection control, the environment, medication, fire safety, nutrition, accidents and incidents, equipment maintenance, care plans and recruitment. We saw that when audits identified any areas for improvement actions were taken to rectify the problem.

In addition to the audits completed by the registered manager the registered provider's operations manager also completed quarterly checks within the home. We saw the 'consolidated action plan' helped to drive improvement by identifying any areas of the service where improvements could still be made. We saw these reflected the CQC's five questions and provided specific actions for the service's staff to carry out. They identified who was responsible for ensuring the action was completed and this was signed off once accomplished. This showed that the registered provider's senior management were sharing the responsibility for the service's performance.