

Voyage 1 Limited Cloverdale

Inspection report

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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 

Overall summary

The inspection took place on 19 January 2015 and was unannounced. Cloverdale provides accommodation and support to four people who have a learning disability and who may have physical health conditions such as epilepsy. People who live at Cloverdale may experience behaviours that challenge staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One person's relative told us their daughter had "Changed a lot" and "She is happy there." A person said "I can say if I am unhappy." They also said staff were nice and they felt safe with them. People were observed to be relaxed and comfortable in the company of staff. People's physical environment was safe for them. Staff had received relevant training on how to safeguard people

Summary of findings

and understood their roles and responsibilities. Risks to people both at home and in the community had been assessed. Staff managed risks to people effectively whilst ensuring their rights to make choices were respected. Staff were able to identify risks to people's wellbeing and health, and took appropriate actions to support their safety.

A relative told us staffing was stable. Staffing was sufficient to support people on a day to day basis and was flexible if their needs changed. The service currently had one staff vacancy, which was being covered by other staff and the registered manager. This ensured people received consistent care.

People's medicines were managed safely, because staff were appropriately trained and supported to administer medicines. When incidents had occurred lessons had been learnt by staff about how to reduce the risk of their re-occurrence, and practices had been changed accordingly.

Staff received an induction into their role and ongoing supervision and support. In addition to the provider's required training, staff undertook additional training to enable them to meet the individual needs of the people they cared for effectively.

People were supported to make their own decisions. Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions made were in the person's best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications had been submitted for the four people who lived at the service. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were seen to enjoy their food and told us they liked to join in cooking. Staff supported people to make choices about their food and drink. Potential risks to people associated with eating and drinking, such as the risk of choking or an allergic reaction to food had been assessed and managed.

People's healthcare needs had been identified and they were supported to access a range of health care services. People were referred to health care specialists if required. People received support from staff to ensure they maintained good health.

Staff valued and respected people. They displayed people's arts and crafts and enabled them to make choices about how they wanted their bedrooms and the service to be decorated. People were supported to dress in their own style. Staff understood people's individual interests and preferences. They met with people regularly to discuss and plan their care. Where people had particular interests or wishes they were assisted to meet them. People received their support from staff who cared about them and involved them in daily life. People were supported to maintain contact with their families. Their wishes were listened to and respected.

People were encouraged and enabled to be as independent as possible. Staff followed guidance when supporting people to enable them to do tasks for themselves.

People were involved in planning and reviewing their care. Their care plans reflected their diverse needs. Staff read people's care plans before providing them with support and followed the guidance provided.

People were encouraged to participate in a range of community activities. They took part in activities during the week. There was only one driver for the minibus but staff ensured this did not impact on people's ability to go out and arranged alternative transport when required.

There were processes in place to enable people to raise any concerns they might have. Staff met with people on a one to one basis and there were monthly resident meetings. Details of the complaints process were displayed in an appropriate format for people to read.

The provider had aims and objectives in relation to the support people should expect to receive. Staff understood these and put them into practice when delivering people's care. The registered manager and staff had a good understanding of the culture of the service. People were supported by staff who were encouraged to speak up if they had concerns.

A relative told us the service was well-led and they could speak with the manager anytime. The registered manager

Summary of findings

was accessible and supportive to people and staff. The registered manager understood the challenges of the service and how stressful an environment it could be for staff to work in. She was supported in her role by the operations manager. People's care was provided by staff who received good management and leadership.

The views of people, their relatives and professionals such as social workers, nurses and GP's were sought

through the annual quality survey which had just been circulated. The provider had quality assurance systems in place which were used to regularly monitor the quality of the service people received. Where issues were identified or incidents had occurred actions had been taken. The quality of people's care was monitored and improvements made where required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safeguarded from the risk of abuse. Risks to people had been identified and managed effectively. People's freedoms were protected whilst risks to them were managed.

People benefited from consistent staffing levels that were flexible to meet their changing needs. There were robust recruitment processes in place to ensure suitable staff were recruited to the service.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff involved people in making choices about their food and drink and supported them to eat and drink enough to meet their needs.

People were supported by staff to meet their day to day health care needs. They were seen by health care specialists as required to ensure their changing needs were met.

People were supported to make their own decisions. Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions were made in the person's best interests.

Staff had the knowledge and skills to support people effectively. People were cared for by staff who had received additional training in relation to people's specific health care needs.

Good



Is the service caring?

The service was caring.

Staff developed positive caring relationships with people and involved them where possible in decisions about their care.

Staff supported people to be as independent as possible and respected their choices and wishes. Staff treated people with dignity and respect.

People's personal interests and preferences were understood by staff, who supported them to pursue their goals.

Staff enabled people to maintain links with their families and friends.

Good



Is the service responsive?

The service was responsive.

People had personalised care plans which staff had read, understood and followed.

People were enabled to live full and active lives and participate in a variety of activities.

There were processes in place to enable people to raise any issues they had about the service.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The provider had clearly stated aims in relation to the provision of people's care which staff put into practice. Staff were encouraged to speak up if they had concerns about people's care

Learning had taken place following incidents.

The registered manager was approachable and supportive to people and staff. She was a good leader who understood the challenges of the service and took action to address issues.

There were processes in place to regularly assess and monitor the quality of the service people received to ensure they benefited from improvements made.

Good



Cloverdale

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.

The inspection took place on 19 January 2015 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with a learning disability.

Before the inspection the provider completed a Provider Information Return (PIR). 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 included in the PIR

along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with two people's GPs, a commissioner of the service and a social worker.

During the inspection we spoke with one person. The other three people were not able to verbally share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. We spoke with two care staff, the registered manager and the operations manager. Following the inspection we spoke with one person's relative.

We reviewed records which included the care plans for the four people using the service, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in February 2014 and no concerns were identified. The provider changed their name since that inspection took place.

Is the service safe?

Our findings

A person told us they felt safe with staff and another person's relative commented "She is safe there." People were comfortable and relaxed in the presence of staff. Staff had completed training in safeguarding. They were able to identify to us situations which might indicate a person had been or was at risk of being abused. One staff member said "I would report any suspicion of abuse." Staff knew who to report suspected abuse to, and understood the reporting procedure. Records showed safeguarding had been discussed with staff during supervision meetings. Staff had access to guidance on safeguarding processes and relevant contact details. People were kept safe as staff understood their roles and responsibilities in relation to safeguarding.

People's vulnerability to bullying, exploitation and self-neglect had been assessed to identify if they were at risk. A GP told us they had no concerns about people's safety because staff had identified risks to people in relation to their behaviours and sought professional support. A social worker confirmed staff managed people's identified risks effectively. There were robust processes in place to ensure people could access their monies as they wished, whilst ensuring they were protected against the risk of financial abuse. People's vulnerability had been assessed and there were systems to manage these risks, whilst not restricting their freedoms.

Staff understood the risks different people's behaviours could present to themselves, other people and staff. People had been assessed in relation to potential risks. Where a risk had been identified they had an associated care plan in place to manage this. One person's risk assessment said equipment had to be locked away in the kitchen to protect them and others from harm and we observed it was. This person's independence and right to participate in daily activities were not inhibited. Staff were aware of the risks and managed them effectively whilst involving the person in food preparation. Staff also managed potential risks to people at lunchtime when a member of staff always sat at a chair between this person and others, but not in an obvious way as to restrict anyone's freedom or to stigmatise the person. People were protected from intruders as the front door had a key pad entry and exit and

the rear garden was secure. People were still able to go out as they wished with staff support. Staff managed various risks to people effectively whilst upholding their rights and freedoms.

Chemicals used for cleaning were stored securely to ensure people could not access them. The provider had a service continuity plan in the event of an emergency. Staff had a 'grab box' which contained essential equipment and information in the event they had to evacuate people from the building. Staff could access management out of hours in an emergency and knew how to. People's physical environment was safe for them.

Incident records showed incidents such as falls had been responded to appropriately by staff. The registered manager had sought support from the learning disability service for one person in response to an incident. Another person had fallen, staff checked them for injuries, recorded the fall and reported the incident to the person's GP. People were protected from harm as staff took appropriate action after incidents.

The registered manager explained how rosters were managed to meet people's identified needs during the day and night. Staffing rosters supported this. The registered manager was additional to this level of staffing which meant they were available to work with people if required. On the day of the inspection a member of staff was absent. The registered manager was unable to find alternative staff at short notice and so covered the staff absence themselves. They told us they did not use agency staff and the one current staff vacancy was covered by the existing staff team. Two staff confirmed this and said there were enough staff to provide people's care safely. People benefited from the consistency in staffing and the willingness of staff to cover shifts. This removed the need for agency staff, which people would have found disruptive. People's care was provided by sufficient staff to meet their needs.

Staff had undergone robust recruitment checks as part of their application for their post and these were documented in their records. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager said they had interviewed candidates for the post but had not yet identified anyone

Is the service safe?

who was suitable to meet people's needs and be part of the staff team. The registered manager followed the recruitment process to ensure only suitable staff able to meet people's needs were recruited.

Staff were seen to give one person their medicine and we saw staff followed the provider's medicines guidance. Staff also checked they were giving the person the right amount of the correct medicine, before signing the medicine administration record (MAR). Another person required emergency medicine for a health condition. Staff were trained to administer this if required. We saw staff ensured they took the medicine with them when the person went out, and followed the guidance in relation to taking medicines out from the service. Staff completed medicine audits at the end of each shift and random checks were carried out to ensure stocks of medicine were correct. People's medicines were administered safely and checks were completed.

A GP told us they had no concerns about how staff managed people's medicines. They told us staff sought advice if they had any concerns about people's medicines. Staff were all trained to administer people's medicines safely and had access to relevant guidance. One staff member told us they had recently undergone their medicine training and now administered medicines whilst observed by more experienced staff. The registered manager confirmed that this process ensured staff were supported to administer medicines safely.

One person had been prescribed medicine which staff could give to the person if they became agitated and it was required. Records showed the medicine had only occasionally been administered. Staff had used their knowledge and skills to manage the person's behaviours rather than use medicine unless absolutely necessary. Staff had supported this person safely.

Is the service effective?

Our findings

A person said there was a good menu choice and her favourite was spaghetti bolognaise. She said she enjoyed helping with the cooking. People were shown pictures of a wide variety of meals to enable them to choose what meals they wanted to eat. The menu showed who had chosen which meals and demonstrated people's involvement in this process. There was a list of alternative options if people did not want the meal they planned. Fruit was available to people for them to help themselves to as they wished. One person told us they could have snacks from the kitchen between meals if they wanted. Staff were seen to offer people drinks during the day and they could make their own drinks. People's lunchtime was a calm and sociable experience. The meal was nicely presented and looked appetising.

A GP said they felt staff supported people to receive adequate nutrition. People's food and fluid intake was recorded to monitor the amount they had consumed or drunk. People's weight was monitored monthly to identify if they were losing or gaining weight. People had choking risk assessments completed to identify any risks to them in relation to choking. If people had been identified as at increased risk there was guidance for staff about how to manage this. Staff completed an allergy food check chart before preparing each meal to prompt them to consider if people might be allergic to any ingredients. People's risks in relation to nutrition and hydration had been identified and managed effectively.

People had health action plans in place which identified their assessed needs in relation to their health and how these needs were to be met. They also had health passports that documented key information hospital staff needed to be aware of in the event the person was admitted to hospital. One person was driven in the car by staff to attend their dental appointment during the inspection. People's records showed they were supported to attend GP health checks and to see the optician and chiropodist. A GP confirmed staff supported people to make appointments for health care checks and to attend them. Another GP and a social worker said the service ensured people were seen by professionals from the learning disability team, mental health team, speech and language therapist and behaviour specialists. People's records confirmed they had received this external support

with their health care needs. In addition they had received support from the provider's internal behavioural support team when required. People were supported by staff to access health care services as necessary.

Staff completed an induction into their role based on the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. The registered manager told us new staff were required to shadow more experienced staff for a few days when they first started so they understood how to interact with people. Staff undertook the provider's required training, and also completed specific training based on people's needs. Two staff members confirmed they had undertaken additional training. This included training in autism, epilepsy, Makaton and acquired brain injury. Makaton involves the use of signs and symbols to aid communication. The registered manager said the provider was very responsive whenever she identified the need for a staff member to go on specific training. People were supported by staff who had the knowledge and skills they needed to carry out their role effectively.

Staff received regular supervision and support through a range of methods, which included one to one meetings, direct observation of their work by the registered manager and an annual appraisal of work related competence. A staff member confirmed they received supervision which involved the registered manager giving them feedback on their practice. Staff records showed staff had been enabled to undertake further qualifications. People were cared for by staff who were supported in their role.

Staff had undertaken training on the Mental Capacity Act (MCA) 2005. Records showed staff understanding of the MCA had been explored with them by the registered manager during their supervision sessions. Where people had been assessed as lacking the capacity to make a specific decision this was documented in their care records. Best interest decisions were made, involving relatives and relevant professionals, and a decision was made on the person's behalf. Two GPs told us staff had consulted them about people's mental capacity to make specific decisions and they had been involved in decisions about what was in people's best interests. Where people lacked the mental capacity to make decisions staff followed the principles of the MCA.

Is the service effective?

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had submitted DoLS applications in relation to all four people living at Cloverdale and these were being processed by the

relevant authority. A social worker confirmed the service had submitted an application for DoLS for the person they were responsible for. People's rights were protected as the registered manager understood and followed legal requirements in relation to DoLS.

Is the service caring?

Our findings

One person said “The staff are all kind to me.” Two GPs told us staff were caring towards people. Staff chatted with people as they passed them, or as they provided their care and support. Staff had to change the time of one scheduled activity during the inspection. They consulted people about the proposed change of time to check if they agreed. The registered manager had meaningful and supportive relationships with people. She demonstrated an understanding of their personal histories likes and dislikes. The registered manager was observed as they drove people to the leisure centre for an activity and frequently interacted with people during the outing. She showed respect for people, telling one person why she was turning their music off in the minibus, apologising to people for a detour and explaining what had happened. People were supported by staff who had developed caring relationships with them.

Pictures of people were displayed in the service, this showed staff valued them and had taken time to display their pictures. The registered manager said people made pottery ornaments and painted them. These were placed around the house, which gave it a personalised air. We saw people drinking from mugs they had made during their pottery classes. People’s work and achievements were valued.

People were dressed smartly and looked well-groomed. Their clothes were individually stylish and fitted them well. One person proudly showed us her painted nails which staff had helped her to paint. Staff understood the wishes of the people they cared for to have their own style and to express themselves through clothing.

People’s bedrooms had been decorated to reflect each person’s tastes. The service décor looked feminine reflecting the fact all the people who lived there were female. The registered manager said everyone was involved in decision making about décor, such as the wallpaper and pictures they wanted. People had been involved in making decisions about their rooms and the communal areas of the service.

Staff were able to tell us about people’s individual needs and preferences. Staff knew how people liked to spend their time. They told us one person liked to visit the library which the person confirmed. The registered manager said

some people were supported to attend church on Sundays. One person went to church the day before the inspection with a staff member who used Makaton to support their communication. People’s decision-making profiles documented the support the person required to enable them to make decisions and communicate them. There was also a record of who was involved in supporting the person to make different types of decision such as holidays. People were supported to make their own decisions by staff who understood their preferences.

People’s care plans documented whether they had been able to express their views about particular aspects of their care. Where people could not fully express their views staff had observed what people appeared to prefer and had spoken with their families. Staff had asked a person about their preference for a male or female worker and recorded the response they observed to each suggestion. People’s care plans documented how they could be supported to make decisions about their care, such as offering a choice of two outfits each day to ensure people were not overwhelmed by choice. Staff had guidance about how to support people to make decisions about their care.

We spoke with staff about how they managed the risks associated with meals for one person. They told us “We ask her where she wants to eat, we don’t tell her, then we manage the risk.” Another staff member said “People can do what they want. They can exercise choice.” The registered manager told us although a range of activities were available; if people did not want to do something then this was respected. People were observed to choose to spend time alone in their rooms. Staff were aware people had a right to private time but also checked on them periodically. Staff supported people’s right to make their own choices.

One person told us they were able to do what they wanted at the service. People had a key worker. A keyworker is a member of staff allocated to take a lead in coordinating someone’s care. We asked a person about their keyworker. They were able to tell us “She is nice.” They told us how they had been supported by their keyworker to go on a trip on their birthday to a place they were interested in. Staff held regular keyworker meetings with people. These provided an opportunity for people to express their views, choices and preferences. We saw where people had expressed a desire for items they had been supported to purchase them. One person had been helped to buy a DVD

Is the service caring?

player and another person a running machine. People chose when and where they wanted to have their key worker meeting. People were supported to express their wishes through the keyworker process.

A person told us “Mum comes to see me whenever and so does my friend.” People were supported by staff to maintain and to develop relationships with their families, relatives and friends. Staff supported people to keep in touch with relatives when they were on holiday through emails, and sent photos to share their activities and achievements with others. Staff supported people to purchase Christmas presents and cards for their families.

One person’s care plan stated ‘I need minimal help with making breakfast & only need help with pouring the kettle’. Staff followed the guidance in the care plan. They supervised the person, providing short instructions and

encouraged them whilst giving them space to make their tea themselves. Another person’s care plan said they were able to help with lunch. Staff involved them in the preparation of the meal and they happily participated. People were encouraged to be independent where possible.

The registered manager told us staff understood actions to take to protect people’s dignity and privacy when out in the community and their behaviours placed them at risk. They gave an example of how staff managed the risk of loss of dignity for one person. Staff understood the risk factors for this person and took action to uphold their dignity and privacy. A staff member was able to describe to us how they upheld people’s dignity and privacy in accordance with the guidance in their care plans. Staff treated people with dignity and respect.

Is the service responsive?

Our findings

People had their own personalised care plans which were regularly updated or amended in response to changes in their needs. People were involved in their care planning where possible. Records showed one person had chaired their own care review. Care plans covered all aspects of people's care and included guidance for staff about what support they required to have a good day. People had comprehensive care plans that reflected their individual needs.

Staff were required to read people's care plans to enable them to provide their care effectively. A GP commented upon staff being knowledgeable about people's needs. Care plans focused on how people wanted their care needs supported. A person was observed eating their breakfast in their bedroom. They had been provided with cereal and fruit and they ate with the radio on. The atmosphere felt calm and unhurried. The care they received followed the guidance in their care plan and their preferences about how they wanted to be supported with breakfast. People received personalised care that reflected their care plan.

Two people had long-term health conditions. Guidance was in place for staff about how to manage these conditions safely. One person had been assessed as needing equipment to support the delivery of their care. We saw that it had been provided and staff were familiar with its use. Staff took appropriate action to promote people's health and wellbeing.

Peoples' care plans documented their communication needs and provided staff with guidance about how to communicate with the person effectively. People communicated using speech and gestures. Staff supported people's communications through the use of Makaton, pictures and items that had meaning for people. Staff were observed to use gestures to encourage one person to drink. Information was available for people around the service in simple words and symbols. In the kitchen there were symbols to show people where the drinks were. People's individual communication needs were understood and met by staff.

One person told us "I want to do voluntary work. The staff are setting it up for me." A person's social worker told us the person's activities were now more focused on their interests. A commissioner said the service was good at

engaging people with appropriate activities. People had varied activity schedules throughout the course of the week. These included trampoline sessions, horse riding, bowling, pottery, cookery, walks, coffee trips, using the library, lunches and trips out. People had the opportunity to receive an Indian head massage on a fortnightly basis. People were observed to enjoy this activity and appeared very relaxed. Staff planned to take some people horse-riding the day after the inspection. One person did not like horse-riding and so an alternative activity had been arranged for them. A person told us they were interested in first aid. The registered manager told us staff had supported this person to buy a book on the topic and showed them about first aid on the computer. Records showed staff were also assisting them to arrange voluntary work in accordance with their aim. People were supported to participate in a range of social activities and to pursue their goals.

One person told us they could always go out when they wanted to despite the fact there was only one driver. The service had a minibus, and although the registered manager was the only staff member able to drive it, this did not impact upon people's participation in activities. The registered manager made themselves available to drive the minibus as required, and at weekends or when they were not available, staff took people out using taxis or public transport. People were enabled to go out as they wished.

A person said, although they had never needed to make a complaint they told us if they needed to they would know what to do. A relative said they had not had cause to complain but felt confident issues would be addressed if they did. There were posters with symbols about how to make a complaint in each person's bedroom as well as in the office. The registered manager told us the complaints policy was available to people in a format suitable for their needs. The complaints log showed no formal complaints had been received. People met with their keyworker monthly to discuss their care. One person said "I can say if I am unhappy." The registered manager said people's views were also sought through monthly resident meetings. The outcomes from the meeting were recorded in a format suitable for their needs to make it accessible for people. The registered manager welcomed feedback and said "We listen to others about what we miss. We can turn feedback into something positive." There were processes in place to enable people to express any concerns they might have.

Is the service well-led?

Our findings

The registered manager told us people were involved in the staff recruitment process, with job candidates invited to meet people prior to interview. The registered manager told us people had been involved in choosing and planting herbs in the garden. People's care plans stated they were to be involved in the food shopping. People were actively involved in decisions about the service.

A staff member told us "The service is here to support service users to do whatever they want to. I'm here to support them". The staff handbook stated the provider's aims in relation to improving the quality of people's lives and working together as a team. The two staff we spoke with understood these aims and were seen putting these aims into practice with the registered manager, working together as a team to support people.

The registered manager told us "I like to know what is going on and to have a feel for the floor." They demonstrated their knowledge of people and their staff team. Staff were aware of their responsibilities and ensured they communicated clearly with each other so that people's needs were met and risks managed. People's care was provided by staff who understood the culture of the service.

Staff were encouraged to speak out with posters such as 'See something, say something' displayed around the house. Staff could ring and report if they had concerns about any aspects of the service people received. A staff member confirmed they could speak up as required. The registered manager held staff meetings to enable staff to express their views on the service. Staff were encouraged to speak out if they had concerns about people's welfare.

The registered manager told us about changes they had made to people's medicine administration following a medicine incident. They had reflected upon the incident and strategies had been put in place to minimise the risk of a repeat event. Learning had taken place following a medicines error.

A person's relative told us "The manager is good" and "The manager makes you feel at home, you can ring her up whenever you need to." A GP told us the service appeared to be well-led and efficient. The operations manager was

full of praise for the registered manager and said she always put people first. They told us she worked alongside the staff, and this was observed throughout the inspection, as she supported and encouraged them.

There was a very relaxed and happy atmosphere in the service. A staff member said "It is a good team." The registered manager was very patient with people and staff, she worked at their pace and did not rush people. She said "I lead by example. I praise staff and people for their achievements." Staff described the registered manager as supportive and very approachable. The registered manager kept her office door open and people and staff were seen to wander in and out freely throughout the day. Nobody was anxious about approaching her and people were relaxed in her presence. People's care was provided by staff who received clear and supportive leadership from the registered manager.

The registered manager and the operations manager understood the challenges facing the service. They knew it was important to employ the right staff for people who could work as part of the team and ensure consistency in people's care. The registered manager understood the service could be a stressful environment for staff to work in and told us "I encourage staff to vent their stress and express it by seeking help from me or colleagues." The registered manager was supported in their role by the operations manager who visited the service and supported them. People and staff were supported by management who understood the service.

The registered manager told us they had just sent out the annual survey of the quality of the service to people, their relatives, staff and stakeholders and were waiting for them all to be returned before analysing the results. We saw from the forms returned so far there was a high level of satisfaction with the service. The registered manager also completed a weekly service report for the provider which identified any incidents or accidents for the week. These, and any safeguarding issues, were then collated into a monthly analysis. Records showed the registered manager had taken appropriate action and requested support for a person following an incident in February 2014. The registered manager also completed a quarterly audit for the provider based on whether the service was safe, effective, caring, responsive and well-led. The operations manager then visited the service and reviewed the results of the audit and associated action plan. Records

Is the service well-led?

demonstrated actions identified in the audit, such as the introduction of a planner for each shift and a request in relation to flooring had been completed. Processes were in place to regularly review the quality of the service people received, and actions had been taken where required.