

Voyage 1 Limited

Wellington House

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on the 22 August 2017 and was unannounced.

Wellington House is registered to provide accommodation and personal care for up to 10 people. People living at the service had a range of learning disabilities and mental health needs. Some people required support with behaviours which challenged. There were 9 people living at the service at the time of the inspection.

Downstairs there was a kitchen, dining room, lounge and several bedrooms. There was also a toilet and washroom. There were other bedrooms split over the remaining two floors. At the time of the inspection there were nine people living at the service.

The registered manager left the service on 31 March 2017 but had not been managing the service for some time. An acting manager had been running the day to day service for over a year. A new manager had been appointed and was in the process of applying to become the registered manager of the service. They were due to start at the service in September 2017. 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.

At the last inspection a requirement notice was given as staff had not responded to people's health care needs in a timely manner. Recommendations were also made to improve the storage and administration of medicines, to give people the opportunity to share their views with staff and regular staff team meetings were not being held.

At this inspection improvements had been made and the requirement notice was complied with, the recommendations implemented and areas of improvement made.

Staff were monitoring people's health care needs in a timely manner and sought the necessary health care advice when people needed further medical attention. All appointments were clearly recorded and followed up with the outcome of the visit.

Medicines were administered safely, with improvements to the storage and the way staff transported the medicines. Staff supported people to be involved with their medicines and take them as independently as they could.

Team meetings had been held on a regular basis and people had individual opportunity to feedback with the support of their key worker to ensure they had the opportunity to formally share their views.

Improvements had been made in the system to ensure that staff were aware of people's changing needs. They signed and dated the information in the communications book to show they had read about the changes.

People told us that staff were around when they needed them. Staff told us they were flexible when it came to cover for absent colleagues and the shifts were covered by permanent staff. There was sufficient staff to enable people to access the activities they wanted to do or attend health care appointments.

Staff were recruited safely and checked to ensure they were suitable to work at the service. Ongoing training ensured that staff had the skills and competencies to perform their roles. Each staff member had an annual appraisal to assess their performance and identify any further training needs. Staff told us they were supported by the management team and had regular supervision to discuss the service and any concerns they may have.

Risks associated with people's care had been assessed and measures were in place to reduce the risks to enable people to lead their lives in a way they wanted.

Accidents and incidents were recorded and analysed to look for patterns or trends and adjust people's care and support to ensure they were as safe as they could be.

Checks were made on the premises to ensure it was safe. Regular health and safety checks were made on equipment and the environment to ensure it was safe. The systems in place to reduce the risk of fire were checked and regular fire drills were carried out.

Staff were able to tell us how they would recognise and protect people from harm or abuse. They were aware of the safeguarding procedures and who to report to if they had any concerns. They were clear about whistle blowing procedures and were confident they would use them if they needed to.

Staff understood the importance of people being supported to make their own decisions. They had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. There were no DoLS in place and people were able to come and go as they pleased.

People told us they enjoyed the food and how staff supported them with their meals. People were encouraged and supported to prepare their meals and were involved in the menu planning. When people had special dietary requirements such as vegan or conditions like diabetes they were supported by staff to manage their diet effectively.

Staff were kind and caring. They took time to listen people and what they wanted. They spoke to people discreetly and confidentially when people indicated they wanted to speak with them privately. People were treated with dignity and respect and staff closed doors if they needed to speak with them confidentially.

People received personalised care which was regularly updated to reflect their changing needs. Before people moved into the service they were provided with appropriate information about the service. Where appropriate their relatives had been involved in planning their care.

People had a range of activities to choose from in line with their wishes. They were supported to change the activity if they changed their minds and encouraged to do something of their choice. People regularly attended social clubs, went shopping and ate out in restaurants and cafes in the local area.

There was a complaints procedure in place in a format that people could understand. There had been no complaints since the previous inspection.

Staff told us they thought the service was well led. They said the management team listened and acted on what they said. There was a homely, open and inclusive atmosphere in the service where people, staff and management were relaxed in each other's company.

The Care Quality Commission (CQC) had been informed of any important events that occurred at the service, in line with current legislation.

The checks and audits of the service were robust and any shortfalls were identified and action. This ensured the service provided consistent, high quality, personalised care.

People, their relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service and continually improve the service. These results were summarised and any areas of improvement were identified and actioned.

There was an out of hours on call system in operation that ensured management support and guidance was always available when required.

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 stored and managed safely.

Risks to people's safety and welfare were assessed and clear guidance was in place to protect people from avoidable harm.

Regular checks were carried out on the service to ensure it was safe.

Staff had received training on how to keep people safe and protect them from abuse.

There was enough staff to meet people's needs. Staffing levels were flexible to ensure people received the care they needed. Staff were recruited safely.

Is the service effective?

Good ●

The service was effective

People's health was monitored and staff worked closely with health and social care professionals to make sure people's needs were met.

People received effective care from staff who had the training, experience, knowledge and skills to carry out their roles.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People were involved in planning their meals and supported to prepare and eat healthy food.

Is the service caring?

Good ●

The service was caring

Staff used a communication book to share important information between themselves. Staff signed and dated the records to ensure they were up to date with people's current care

needs.

People had an opportunity to formally share their views with staff, as regular one to one meetings were carried out.

Staff were kind and caring. They were patient and kind and listened and acted on what people said

Staff knew people well and how they preferred to be supported. They encouraged people's independence and promoted their dignity.

Is the service responsive?

Good ●

The service was responsive

People received personalised care and support. Care plans detailed people's needs, their preferences and choices. The plans were regularly reviewed and updated to reflect people's current needs.

People took part in daily activities, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

The complaints procedure was available in an easy read format so that it would be meaningful to people. There had been no complaints since the last inspection.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in post at the time of the inspection although a new manager was starting at the service in September 2017.

The acting manager who was in day to day charge of the service demonstrated good leadership skills and monitored the quality of care being provided.

The management team undertook regular audits to ensure consistent, high quality, personalised care.

People, their relatives and other stakeholders were regularly surveyed to gain feedback about the service.

The Care Quality Commission (CQC) was informed of important events within the service, in line with current legislation.

Wellington House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August 2017 and was unannounced. It was carried out by two inspectors.

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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the acting manager, senior staff, and three support staff and briefly to the area manager. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits. We spoke with five people who lived at the service. We observed how people were supported and the activities they were engaged in.

We last inspected Wellington House on 26 July 2016 when one breach in the regulations was identified.

Is the service safe?

Our findings

People told us they felt safe living at Wellington House. One person said, "Yes I feel safe here".

At the last inspection recommendations were made to ensure that medicines were stored securely and transported to people safely. At this inspection improvements had been made as medicines could no longer be viewed from the outside of the premises. Two medicines pots were used when medicines were dispensed and transported to reduce the risk of the medicines being dropped. Night procedures for when people wanted medicines now and again (or PRN) had been implemented and the guidelines were on display in the office for staff to follow.

People were able to tell us about their medicines and where possible were involved in taking their medicine with the support of the staff. People were given the option to store their medicines in their rooms or in other lockable cabinets. All medicines were managed safely and people received their medicines as prescribed by their GP. The medicine records were accurate and up to date, showing that all medicines had been administered and signed for. Records confirmed that all medicines ordered had been checked in on delivery and any unwanted medicines had been returned to the pharmacy.

There was clear information in people's support plans about their medicines and when they had been reviewed. This included when people may need medicine if they became anxious or needed pain relief. There was guidance on when staff should give this medicine including when and how much. At night time, the guidance to call a senior member of staff on call before administering PRN was now in place and staff were aware of the procedures.

All staff had received medicine training and their competency was observed before they were signed off to give people their medicines safely. Policies and procedures had been updated since the last inspection with specific guidelines for people's individual medicine regimes. These guidelines included instruction when 'hand' written entries may appear on the medicine records and how to administer 'over the counter' medicines. Systems were in place to ensure that the staff checked if 'over the counter' medicines would have an effect on the person's prescribed medicine. When staff went out for the day, staff followed guidelines to ensure that people's medicine were transported and given to them safely.

Staff knew the possible signs of abuse and what action to take if they had any safeguarding concerns. Staff told us they would not hesitate to report any issues to their manager, senior manager or the local authority safeguarding team. One staff member said, "There are different types of abuse. Such as physical, sexual, neglect and financial. I'd notice a change in the guys more than anything."

Staff had access to and followed a safeguarding policy and procedure, including information in a small handbook which gave information and guidance on the action that should be taken.

Staff were aware of how to whistle blow if they had concerns. One staff member said, I would not hesitate to whistle blow. I could go to the manager and then keep going higher." There was a 'see something, say

something' poster on display in the staff office and in the entrance hall giving information for staff on how to contact the provider's head office confidentially if they needed to. Staff were confident that the acting manager would take immediate action to safeguard people at the service if any concerns were raised. Senior staff knew the procedures if the manager was not on duty and referrals had been made to the local safeguarding team when required.

People were supported to be involved in their finances and most people were able to sign for the monies they received. Detailed clear records showed that people received the money they wanted to access the local shops, community and go out for the day. Each person had an individual record which detailed all transactions and receipt numbers. The records were clear and regularly checked for accuracy. Staff had access to petty cash if they needed to buy anything for the service or in case of an emergency

People were protected from potential risks and avoidable harm. They were supported with their everyday lives and were not restricted or prevented to do what they wanted to do. Individual risks had been identified, assessed and recorded with clear guidelines to follow to manage the risks. The risk assessments included actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. Some people were living with diabetes and needed their blood sugar monitoring to make sure it was within normal limits. Guidelines in place detailed what staff should do if the person's blood sugar levels became unstable, what signs and symptoms to look for and when to call for medical assistance.

There were risk assessments for a range of different situations such as people going into the local community, using transport, and their behaviour. Staff knew people well and the support plans clearly detailed when they may become anxious or present behaviour that could be challenging. Staff had been trained to support people with their behaviour and the actions to take to protect people and how to reduce their anxieties. Guidelines included how to speak with people, what to say to reassure them and how to distract them to become calm and settled.

Accidents and incidents were recorded with action taken to reduce the risk of reoccurrence. The forms were then sent to the health and safety section of the provider's head office for analysis so that lessons could be learned to prevent further incidents.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There was enough staff on each shift to meet people's needs. Some people were allocated one to one support during the day or when they went out, and these hours were always covered. Staff were flexible and covered each other in the event of sickness or other absence. Agency staff had not been used for over a year. The acting manager told us, "Staff cover for each other because consistency is important." Another member of staff said, "It is because of the guys. They don't know agency staff so they could get distressed and this is their home. None of us want that for them."

Throughout the inspection staff spent time with people. They were not rushed, and people were able to come and go with support, as they wished. One person told us, "Staff are always here. I can go to them

whenever I need."

At the previous inspection an improvement was noted to ensure that staff disclosure and barring checks were checked in a timely manner. At this inspection this had been carried out and recruitment procedures were thorough to make sure that staff were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. A full employment history was gained from staff.

Is the service effective?

Our findings

Staff ensured that people received the support they needed. Staff knew people well and had detailed guidance of how to ensure they received the care they wanted. Staff were knowledgeable about each person and how they liked to have things done.

At the last inspection a requirement notice was given as the service had not responded to a person's deteriorating health in a timely manner. At this inspection improvements had been made. When people's health deteriorated and they needed medical assistance they had seen their GP and the outcomes were recorded. People were supported to see consultants about their care and involved and prepared for the treatment they may needed when attending hospital appointments. When one person needed a medical procedure this was clearly explained using pictures to show what they should expect. Records showed that this person had been seen by their GP and their consultant in a timely manner and received the medical attention they needed. They were detailed records of each visit and the outcome together with dated for further appointments.

Each person had an individual health action plan which detailed their medical conditions and health care needs. The records showed that people regularly had access to other health care professionals such as specialist nurses, dieticians and speech and language therapists. The service worked closely with the community matron and mental health team and people regularly saw chiropodists, dentists and opticians. The records were pictorial with large print to make them more meaningful to people.

Some people were diagnosed with epilepsy. There was clear information for staff about what people's seizures may look like and what action staff should take. One person had not had a seizure for some time, and their epilepsy was well controlled by medicine. Staff told us they still knew what to do if the person had a seizure and how to support them in the best way possible.

Staff supported people to check their weight regularly. When people's weight changed advice was sought from appropriate medical professionals, such as a dietician.

The acting manager arranged training for all staff through the provider's training department. Staff completed essential training in topics such as safeguarding and mental capacity. They also completed training in subjects related to people's needs, including behaviour management and MAPA. MAPA is a formal training programme where staff learnt how to deal with behaviours that could be challenging in a calm way that kept people safe. When people displayed behaviours that challenged staff told us they used the skills they learnt in MAPA training to keep people safe and calm. One member of staff said, "The best skills I have learnt are re-direction and reassurance. That works for everyone here."

All staff had completed training in respect and dignity. Staff's training was all up to date and the acting manager had booked staff onto refresher courses, in line with the provider's policy. Staff put the training they had learnt into practice and spoke to us with confidence about people's needs. We observed staff treating people with respect throughout the inspection. People were encouraged to do things for

themselves.

Staff received support during formal one to one meetings with their line manager.

Appraisals were completed annually and gave staff the opportunity to reflect on their performance and set goals for improvement for the coming year. Staff were given feedback from their manager and where training and support needs were identified, plans were put in place with detailed information about how this would be achieved, such as additional training or shadowing other staff.

New staff worked through induction training during their probation period, which included working alongside established staff. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff understood the importance of people being supported to make decisions and had received MCA training. One staff member said, "It comes down to talking to them. They all understand, so we just encourage them to make decisions for themselves."

There was no one who was subject to a DoLS authorisation as nobody needed one. The acting manager was aware of the application process for DoLS and had a good understanding of the MCA. People's capacity had been assessed and when people needed to make important decisions, such as having medical treatment, information about the choices were presented in ways that people could understand. If people were unable to decide, meetings would be held with their relatives and health professionals to decide if the treatment was necessary and in the person's best interest. Some people had decided not to have certain treatment, including recommended screening by their GP, these decisions were respected, recorded with clear evidence as to why they had refused.

The kitchen was open and people were able to help themselves to food and drink. One person approached staff and said, "There are tons of eggs out there, can I have one." Staff asked the person what they wanted to eat, and they replied, "A fried egg sandwich." Staff offered the person gentle encouragement and they went into the kitchen and prepared the sandwich independently. Afterwards they told us, "I do it myself."

Staff were supporting one person to look through a cook book to decide what they wanted to eat for dinner. They discussed with the person the different options, before they settled on making a pasta bake. The person showed us the book and pointed at the picture of what they had chosen. They told us, "This looks lovely, like a lasagne, I am going to cook it tonight."

One person told us, "It is beef stew and dumplings for dinner tonight." We asked how they knew and they told us that it was displayed on the menu in the kitchen. They pointed to the kitchen and said, "I always look at the menu in there." The menu had pictures of the meals for the week and showed a picture of beef stew

and dumplings for dinner on the day of the inspection.

People choose when and where to eat and went into the kitchen to make tea and get snacks throughout the inspection. One person said they were hungry and staff supported them to make scrambled egg on toast.

Special diets were respected as one person preferred a vegan diet and others living with diabetes were supported with their dietary needs

Is the service caring?

Our findings

People were well cared for, they were comfortable in the company of each other and staff. They said "They [the staff] are brilliant." "They are friendly. I get on well with some of them." "I am happy. Sometimes I feel unhappy, then they [staff] ask me what is wrong."

At the last inspection an area of improvement was noted to ensure that the communication book was dated. At this inspection the improvement had been made as staff had signed and dated the communication book. This ensured that important messages were handed over at each shift to ensure staff were aware of people's current care needs. Staff also completed a shift planner so that staff were aware of their responsibilities during their shift and were aware of any information they needed to know.

People were moving around the service and choose where they wanted to be. Some people were watching music on the television and singing along to a video. Others sat at the table had snacks and tea, or went into the garden for a cigarette. Some people went to the local shops while others went out for the day. The atmosphere in the service was calm, homely and friendly.

Staff spoke about the relationships they had developed with people. Staff spoke with people, and each other, with mutual respect and kindness. Each person had key a member of staff who took a particular interest in their preferences and needs. Staff communicated with people in a way they could understand and were patient, giving people time to respond.

Support plans had details of what was important to people and staff spent time listening and talking with people to ensure that had what they wanted. People were supported to maintain contact with members of their family and friends. One person had the house phone and was talking to their relative.

Other people told us about their family and how they visited the service. One person told us that they had sent away for a package to support a charity by holding a coffee morning. Staff were supporting them to do this and to make a success of the event. People told us that they were going to another Voyage 1 service to have a party and were looking forward to the event.

People were treated equally with dignity and respect. Staff listened to people patiently and waited for them to say what they needed or wanted. Staff closed doors if they needed to speak with them privately.

Staff were discreet when people asked for personal things and went down to their level to speak with them quietly. Staff sat with people talking through their daily activities, letting them choose what they wanted and writing lists to go shopping. They continued with the conversation until they were confident the person clearly understood and was ready to leave. Each person had a key to their bedroom and was able to lock it when they were not there.

People told us they had lots of choices, what to eat, when to eat, what time they got up and went to bed. They said that staff always asked them what they wanted.

People's independence was promoted. Staff encouraged them to get things for themselves, such as drinks and snacks. People made tea and had biscuits, cleared the cups away and wiped the table. They told us that they cleaned their room and did their laundry. Details of when they did these chores were in people's support plans and clearly detailed of what people could do for themselves.

People bedrooms were personalised to their choice. One person told us that they had picked their paint and their room was now pink. They told us how they had put posters of their favourite things on the wall.

People's religious, ethnic and cultural needs were taken into account. People were involved in the local and wider community and were supported to attend churches of their choice.

If people needed support to make decisions they were encouraged by staff to use an advocacy service. There was information on the board in the hallway of how to contact such organisations.

An advocate is someone who supports a person to make sure their views are heard and their rights upheld. Information was displayed about advocacy in communal areas of the service to explain what support it offered to people.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially.

Since the last inspection the service had introduced monthly one to one meetings with people and their key worker. These gave people more time to air their views about the service.

Is the service responsive?

Our findings

People received consistent person centred care and support that was responsive to their needs. They were involved in planning their care and their reviews. People were supported to lead their lives in the way they wanted. Staff were flexible about what people wanted to do and how they wished to be cared for. Staff told us that they would change the day if people preferred not to do what was planned such as going out or taking part in a planned activity.

At the last inspection there was an area of improvement to ensure that a process was in place to analyse complaints to identify whether themes and trends were emerging. The acting manager told us that when a complaint is reviewed it is logged on to an online system and the provider's quality monitoring team ensure the investigation is carried out and the complaint is resolved satisfactorily. Themes and trends would then be identified and any identified action would be taken to improve the service.

People were encouraged to raise any issues at the monthly meetings with their key worker. There was a pictorial complaints policy so that it was easier for people to understand. There were policy and procedures in place to ensure that people were able to complain. The complaints log showed that they service had not received any complaints since the last inspection. The manager was aware of the procedures and what should be followed to ensure complaints were logged, investigated and resolved.

Before a new person moved into the service a detailed assessment of their wishes and needs was carried out, however they had been no admission since the last inspection. One person had returned to the service as they had asked if they could move back from another Voyage 1 service. Additional support had been arranged by staff so that the person could move back to Wellington House in their own time to ensure there was a smooth transition of service.

Information gathered at the initial assessment was used to write a care and support plan. People knew about their care plans which centred around their individual needs, preferences and wishes. One person showed their plan to us inspector and chatted about the content.

The plans were very detailed with clear information on all aspects of people's care, including a hospital passport and a health action plan covering medical conditions, and health care professional appointments and outcomes. There were details about people's daily routines, behaviours, communication and eating and drinking.

People who needed support to express themselves had communication plans showing how they might communicate or behave if they were anxious or worried about something. There was clear guidance for staff to ensure that they could support each individual to reduce their anxieties. The service was calm and people confidently approached staff if they wanted anything and staff responded to their needs.

Staff had received Positive Behaviour Support (PBS) training to support people who had complex needs and sometimes presented behaviours that challenged. The aim of a PBS plan was to give support in a way that is

less likely to cause challenging behaviour, increasing the time where alternative skills can be taught to the person to get their needs met. The support described was aimed at providing alternative strategies to reduce any negative behaviour. Staff told us that the number of incidents had reduced as people were settled with the support they were receiving.

Staff ensured that the support plans were kept up to date and reviewed on a regular basis. People were involved in these reviews together with family and health care professionals. Documents were in an easy read format so that this was more meaningful to each person.

People had weekly, individual activity planners that they completed with staff. These were displayed in the entrance hall of the service and people had their own individual copies too. Staff told us that these were flexible to people's choices and preferences. People told us they attended various clubs and went to the local pub. They said they went out for days such as the local bird park or to the shops in Canterbury. People talked about how they liked going to the local cafes, burger bars and walking along the seafront at Deal. People said, "We are going to the bird park for lunch." "That is what it says on my daily planner. I go to [my social club] on a Tuesday, so I am going this afternoon." "I like going out in the sun, going out down the sea front."

People had pamper days such as having their nails manicured. People were involved in the day to day running of the service and helped with daily chores, such as washing up and cleaning away.

One member of staff sat with a person making a list with person about what they were going to do that day and what they need to take for their day out. The person told the staff member the things they needed and wanted to bring with them and the staff member wrote them all down. The person then went round the service collecting the things they needed. When they returned from their trip they told us, "I had a great day out. We had lunch, it was so good."

People met regularly with their keyworkers to review what had happened each month. Staff told us that people did not like to participate in formal meetings, so instead they ensured that conversations held when they were out with people or working on a one to one basis were recorded. People were asked how they were feeling and if they were happy with the care they received. They also identified goals to work towards and progress made towards them. People all had individual goals that they were working towards. One person had become vegan and had decided that they wanted to attend a vegan food festival in the local area. Staff supported them to make the arrangements and then attend. The person told us, "I eat better now I am vegan."

Is the service well-led?

Our findings

The registered manager left the service on 31 March 2017, but had not been managing the service for some time. An acting manager had been running the day to day service for over a year. A new manager had been appointed and was in the process of applying to become the registered manager of the service. They were due to start at the service in September 2017. During this time the day to day running of the service was being managed by an acting manager.

The acting manager had ensured that the requirement notice, the recommendation and the areas for improvement had been carried out since the last inspection. It was clear they had the leadership skills to ensure people received person centred care and a quality service. They had oversight and scrutiny of the service and understood relevant legislation.

During the inspection people engaged well with the manager who then supported them to do what they wanted to do. The acting manager worked with the staff to promote an open and inclusive service. Staff knew their roles and responsibilities and approached the acting manager if they needed further guidance or advice.

Staff told us that the acting manager was approachable and supportive. They said, "I can go to [the acting manager] or [the operations manager] if you have any problems." "I am supported by the management here."

Comments from the staff survey indicated that the service was well led. Staff had commented, "The care is very good, all staff members are working well to give the best support to the persons we support. Good training and support for all staff in the house and the house runs well. All the people we support are happy living here."

Staff meetings now occurred monthly at the service. Staff had an opportunity to raise any issues and discuss any improvements they felt were needed. Minutes showed that any issues raised were followed up and staff and people's successes were celebrated during these meetings also. Staff told us that the service was better than it had ever been and staff morale was high.

The acting manager carried out monthly checks on the service. Quarterly audits were then carried out by the provider. These checked if the service was safe, effective, caring, responsive and well-led, in line with the checks completed by the Care Quality Commission. The acting manager had completed observations on how staff interacted with people, and checked whether people's health needs were monitored and acted on, whether relevant health and safety checks were carried out and whether the appropriate monitoring was in place. Any areas of improvement identified were recorded and then rectified. A recent audit had identified that some service users used paraffin based creams and this could increase the risk of fire. A comprehensive risk assessment had then been written to help manage this risk.

Questionnaires titled 'Annual service reviews' were sent out annually to people who used the service,

relatives, support staff and other stakeholders. Easy read surveys were given to people so they were able to understand them. The responses were used to formulate a quality development plan and included suggestions about indoor activities for people to participate in when the weather bad and improvements to the environment. Positive comments were received such as 'There is a friendly and welcoming atmosphere and I am never made to feel a nuisance when visiting [my loved one] or phoning staff.' And, 'Very caring and very supportive at all times. Staff see [our relative] as a person, not just a client with tick boxes. We see real empathy and understanding and a positive attitude at all times.'

Staff told us there was of a culture of openness and transparency, they said, "We have a good strong staff team that pull together. It is just about ensuring we provide the best care possible."

"I really enjoy it. I want them to be able to do what we can all do." "The staff team have bonded more and become more of a family and everyone feels confident to ask for help when needed." Staff understood the visions and values of the service based on treating people equally and with respect.

All of the records we requested were produced promptly. People's records were clear, accurate and stored securely. These were up to date, reviewed and checked by the senior staff to ensure they were in good order.

The organisation had an ethos of continuous improvement and striving to provide good quality care. They are members of Investors in People, Skills for care, Care England and BILD(British Institute for Learning Disabilities) and winners of Health Investors Award 2016 and Specialist Care Provider of the year winners 2016 Lang Buisson Specialist Care Awards.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall.