Voyage 1 Limited

26 St Barnabas Road

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

Summary of findings

Overall summary

About the service
26 St Barnabas Road is a residential care home providing personal care to six people with a diagnosis of learning disabilities and associated health needs at the time of the inspection. The service can support a maximum of six people. It offers bedrooms and communal space over two floors. The ground floor homes three bedrooms, a purpose built wet room, a smoke room, communal dining room and lounge with fully accessible gardens and kitchen. The second floor accommodates a further three bedrooms, a staff sleep in room and a communal bathroom.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was designed so to ensure there were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
People received safe care and treatment. Risks were appropriately recorded and assessed highlighting when the risk was most likely to occur, and what action to take to prevent the risk from occurring. Details were also written on what action to take should the risk occur. These were reviewed on a regular basis. People were kept at the forefront of each risk assessment, ensuring their desire to complete activities or tasks was not minimised as a result of an identified risk. Staff received training and had a comprehensive understanding of their duty of care to keep people safe from risk of harm and abuse. Staff were able to identify what action they would take including blowing the whistle.

The provider reinforced the importance of retaining people's safety by creating a dedicated hotline for whistle-blowing. We found that medicines were administered safely, with records demonstrating people received their medicines in line with their prescription and best practice guidelines. Staff medication training and competencies were up to date. Required learning was identified from accidents and near misses, with a trigger analysis being completed as required by the provider. Staff files although noted some items missing, including gaps in employment and full working history, these were rectified to meet the legal requirements.

People were encouraged to be involved in the writing and reviewing of their health and social care needs. Staff were trained and supported to ensure they had the necessary knowledge and support to safely and effectively care for people using the service. Where required specialist external input was sought, and people's needs were met.

The staff and people had a positive relationship which was built on trust and compassion. People were treated with respect and dignity. Their abilities were celebrated and everyone was treated as equal. Activities were designed around people's preferences and encouraged integration in the community.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Care plans were reflective of this and key worker sessions clearly documented the drive to achieve choice and independence for all people using the service.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection
The last rating for this service was good (report published on 21 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

26 St Barnabas Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The service was inspected by one inspector. The site visit occurred on 13 September 2019 with subsequent telephone interviews being completed on 19 September 2019.

Service and service type
26 St Barnabas Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including in addition to the registered manager. We observed interaction throughout the day.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have association with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives reported feeling safe at the service. One relative said, "I know [name] is safe here, the staff are looking out for what is best for [name]."
- Staff had received training in safeguarding and were able to identify what course of action they would take if they suspected abuse. A safeguarding flow chart was located in the office that highlighted in an easy to read diagram what action was needed to be taken.
- The Commission had been correctly informed of all safeguarding concerns as had the local safeguarding team. Feedback from the local authority was positive and reiterated that the service correctly reported all notifiable incidents.
- The provider had set up a confidential whistle-blowing line that staff were encouraged to call should they feel their concerns were not appropriately responded to. Staff unanimously confirmed they would not hesitate to blow the whistle citing duty of care as one of the main reasons for doing so.

Assessing risk, safety monitoring and management

- Risks to people were effectively identified and managed through comprehensive risk assessments. These were reviewed regularly and updated if changes were noted. For example, a person who had recently become unwell but wished to maintain their independence when accessing the community, had a very detailed assessment written that enabled them to retain their independence whilst putting mitigating actions in place.
- People had an individual emergency evacuation plans, that reflected their specific needs, related to mobility, support and communication.
- The provider used an electronic system to investigate all accidents and incidents. A report was sent to the registered manager who used this information in tandem with the existing risk assessments, focusing and analysing how to prevent similar occurrences.
- People were protected from environmental risks within the home. Risk assessments were completed on the environment and required checks completed on weekly, monthly, quarterly and annual basis. The provider's property management team worked with the service, managing any concerns and taking action as required.
- Daily handovers, were completed that recorded any outstanding concerns related to people and the environment, ensuring staff remained up to date with all important information related to safety.

Staffing and recruitment

- We received evidence from the registered manager following the inspection that all staff files met the

requirements of Schedule 3. The provider's recruitment process was identified during the inspection to have gaps. This meant that not all HR files were appropriately checked and areas where there was non compliance identified. We found issues included ensuring dates of employment were cross referenced with character checks, as well as ensuring a comprehensive employment history with gaps was obtained and explained as necessary prior to commencing employment. This was rectified by the registered manager. Furthermore, a policy was introduced that clearly outlined the correct documentation that was needed to be obtained prior to staff commencing employment, that the registered manager would cross reference with the provider's HR department.

● We found that people were supported by sufficient staff. There were three staff present in the morning, and three staff present for the evening shift. In addition to this the registered manager and a floating staff were available should the need for additional support be required. One relative we spoke with reported that, "there are always enough staff milling around".
● The service did not use agency staff. Staff picked up any additional shifts that required covering. The registered manager acknowledged that the service was currently recruiting for care staff as the staff team number had depreciated, however the recruitment drive had been successful in securing new staff, who were hoped to commence work soon. The provider further employed bank staff or requested staff from sister homes to cover any shifts.
● All new staff members were required to complete a comprehensive induction course, in addition to the care certificate.

Using medicines safely
● People had their medicines managed safely.
● Staff were trained to administer medicines, with competency assessments completed frequently, including observations, to ensure people were supported safely.
● Medicines Administration Records (MARs) demonstrated that people had received their medicines as prescribed and in line with their medicine plans. These were completed accurately and were audited to ensure no errors in medicine management had occurred.
● Staff supported people to take their medicines in a respectful way. Staff ensured that people's dignity was maintained when administering medication. People were asked if they were ready for their medicines, and were told what they were being given with sufficient time offered to take them.
● Medicines were stored and disposed of safely, as required in accordance with legislation.
● Where people had medicines PRN 'as required', for example for pain. There were clear protocols in place to advise staff of their use, and when these needed to be administered.

Preventing and controlling infection
● We found the home was clean and fresh. There were no malodours in the bathrooms or the home generally, and the home generally looked well kept.
● Staff records indicated staff were trained in the prevention and control of infections.
● Personal protective equipment was available for staff, such as disposable gloves and aprons to prevent the spread of infection.
● The kitchen had been rated 5 out of 5 (good) from the FSA (Food Standards Agency). The agency's primary role is to ensure that services that serve or sell food, do so in line with hygiene standards. The rating of 'good' therefore illustrates the highest rating for cleanliness.

Learning lessons when things go wrong
● All accidents and incidents were recorded and reviewed by the registered manager and the provider's management team.

● The registered manager and management team took the necessary action to implement the required learning identified from accidents and near misses. There had been no noted accidents or incidents in the last 12 months.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive pre-admission assessments were completed to ensure the service could meet people's health, care and medical needs. Most people had been a resident at the service for a number of years, therefore these documents were archived. The most recent admission was over two years ago, at the time of the last inspection.
- Care plans were written using the information from the pre-admission assessment, and through consultation with people and / or their representatives. Care plans were person-centred and considered all aspects of people's lives. Information was very well presented, and provided clear direction to staff.
- A relative and professionals told us staff had the necessary skills and expertise to meet people's specific needs. For example, staff training was sought specifically around people's needs. This meant that staff were able to understand health complexities and know how to support people better.
- People's care plans were regularly reviewed and updated as required. These were comprehensively detailed and promoted people's independence. For example, one person who enjoyed accessing the community, however their health was noticeably declining, was offered additional support. This included increased mobilising aids in the first instance, as well as consideration being given to staff supervision and assistance on a 1:1 basis.
- Relatives and professionals told us the staff delivered care in accordance with people's assessed needs and guidance within the care plans. We also observed this during the inspection.

Staff support: induction, training, skills and experience

- People were supported by a well trained staff team. The training matrix illustrated staff had been provided training in the provider's mandatory training and additional courses to help staff work with people. This included, but was not limited to: Dementia Awareness; Epilepsy; Autism and pressure ulcer prevention.
- Staff who were new to working in care completed the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve.
- All staff reported they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively. A rolling training programme meant that staff were continually refreshed with new training and updated with changes in best practice.
- Staff told us that they felt the registered manager supported them with their training needs. We were provided examples by different staff who approached the registered manager stating they needed additional training in an area, and this was requested by the provider.
- Staff reported receiving regular supervisions and annual appraisals. This was reportedly a positive experience that enabled both the registered manager and the staff to discuss areas of improvement and identify where people excelled.

Supporting people to eat and drink enough to maintain a balanced diet

● People selected menus for the coming week every Sunday. Picture cards were used to help people decide which cooked meal they wished to have incorporated in the menu. If a person did not wish to eat what was on the menu on the day, staff offered an alternative, for example an omelette, or jacket potato. One member of staff said, "Our freezer is always stocked up on foods, in case people don't want to eat a cooked meal, it's their choice ultimately."

● We observed one person return to the service for lunch. They entered the kitchen and wanted to assist staff in preparing a hot drink as well as a quick lunch. We observed staff speaking with the person, providing them with clear directions on how to independently complete some of the tasks. The person appeared confident, and smiled showing us what they had prepared.

● Staff encouraged people to remain hydrated by offering a selection of drinks throughout the day. People were offered healthy snacks as well as foods they enjoyed. A selection of fruits were available for people in the kitchen, as well as alternative snacks.

● We saw where people required assistance with meals, for example foods and liquids to be prepared at a specific consistency, details were maintained confidentially but accessible to staff supporting people. Staff were trained and knew how drinks and meals required being prepared to minimise the risk of choking. Foods that people were discouraged from eating were well documented and alternatives offered, to ensure people did not feel as though they "missed out".

Staff working with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

● The service worked closely in partnership with GPs, dietitians, speech and language therapists, specialist teams and specialist nurses to make sure care and treatment met people's specific needs. We saw evidence of professionals being consulted with and liaised with to ensure people's changing health needs were met promptly.

● Relatives stated, "[name] has very good care from [registered manager] who makes sure the correct professionals are consulted with."

● We saw evidence of advice being given by professionals that was followed by staff. This included introducing specialist equipment to help people maintain independence, changes in diet, changes in footwear, changes in routine.

● Professionals advised, "The registered manager is very good at making certain the correct support is sought in a timely fashion." Another professional stated, "Staff follow advice and learn quickly."

Adapting service, design, decoration to meet people's needs

● The home had been adapted to accommodate people's changing health needs. Ramps, hand rails, wide corridors and doorways enabled mobility equipment to be used freely within the home. Furthermore a purpose built wet room had been created for one person whose health was notably declining. The person reported not wanting to move from the service stating they had been living there for over 25 years, and this was "their home". Specialist equipment was being fitted to enable the person to remain in their home, for as long as possible.

● People were involved in decisions about the décor of their rooms, which met their personal and cultural needs and preferences. People brought furnishings from their last accommodation that allowed personalisation of their rooms and communal areas.

● There was an accessible, enclosed garden which people appreciated and had access to. One person enjoyed their time in the garden. This was made more pleasurable for them with the garden being broken into areas, including, the vegetable patch, the summer house, a patio area, lawn etc.

Ensuring consent to care and treatment in line with law and guidance
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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We found the service was working within the principles of the MCA. Restrictions on people's liberty had been authorised.

- People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance. Staff knowledge was very good with clear examples being provided of how liberty may be deprived. The training matrix identified that each area was individually studied and covered as topics by the provider.
- We observed staff seeking consent from people using simple language and waiting for a response prior to assisting. If a person declined, this was respected, with staff approaching the person again after a while. Staff supported people to make as many decisions as possible. We observed and read in daily records, how people wished to be supported.
- Records showed that there was a clear process in situ to ensure mental capacity assessments and best interest decisions were in place and reviewed on a regular basis. We saw evidence of the local authority being consulted and requested to complete assessments. Where required these were appropriately followed up on by the registered manager.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
- We observed staff supporting people in a caring and compassionate manner.
- People and their relatives reported positive relationships with staff. One relative said, "The staff are wonderful. I cannot commend them enough".
- The service ensured that people's cultural, religious and sexual needs were met with dignity and equality. All people were treated equally regardless of any differences or choices.
- Residents meetings and key worker sessions took place regularly to allow people to provide feedback on the support they were receiving and if they wished for changes to the operations of the home. We saw written evidence of meetings and actions.
- In addition, relatives were invited to meetings, seeking their feedback on how the service was run.

Supporting people to express their views and be involved in making decisions about their care
- People and their relatives, where appropriate, were actively involved in decisions related to care and support. Where people were unable to make important decisions related to their care, the service ensured evidence was retained of any best interest decisions made.
- Care plans and risk assessments were reviewed regularly, which allowed people and their representatives, to make sure they accurately reflected their current needs and preferences.
- People's views on how the service was run and the support they received was regularly sought. This was encouraged through residents' meetings, keyworker sessions and annual quality assurance feedback.

Respecting and promoting people's privacy, dignity and independence
- Staff consistently treated people with dignity and respect and maintained their privacy. When people were supported with personal care doors were closed and curtains drawn. However, it was acknowledged that bathroom doors were not locked, or signage used to illustrate personal care was being delivered. This meant that other people or staff could enter the bathroom without knowing that someone was being supported. We spoke with the registered manager regarding this. Signage was created within a few hours and introduced clearly stating "do not enter, personal care being delivered."
- During our inspection, we saw that all staff spoke in a respectful manner. They allowed people to process information and used pauses in conversation effectively. Where a person did not fully understand what was said, staff introduced symbols, Makaton (a language programme where visual hand signs are used) or pictures to help aid communication.
- The provider had appropriate systems in place to protect staff's confidential information. Paper copies of HR files were locked in a filing cabinet. However, people's records were retained in an office that although

was lockable, their files were accessible on a bookshelf. We spoke with the registered manager regarding our concerns, specifically when an electrical engineer requested access to the office and the room was vacated. People's confidential information was left on the bookshelf. Whilst this was not accessed by the engineer, the potential for this to happen was very much present. Following our inspection the registered manager sent us an invoice evidencing purchase of a secure bookshelf, where all confidential files would be secured.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● The registered manager ensured that people's care was person centred and individual to meet their specific needs and preferences. Care plans detailed people's interests, likes and dislikes, and how they wished to be supported. A one page profile provided concise information about the person and was retained as easy access and "get to know me" record.

●Relatives informed us that people were supported how they wanted to be, and were cared for in a responsive manner. One person we saw had requested assistance with personal care in the early morning, choosing to have breakfast and then return to their room for a sleep prior to waking and partaking in the activities for the day.

● People and their families, where appropriate, were involved in the planning of care and support needs. Where lasting power of attorney for health and welfare was held by others, the service ensured they retained evidence to support why they were involved in decision making. Nevertheless, people retained choice for all elements of their care where possible. This was reinforced in each care plan, detailing the importance to never assume a person does not have capacity to make a decision or choice. We also observed this during interactions with people. They were encouraged to make decisions about foods, what they wished to wear and whether to partake in an activity.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service had ensured that people received information related to the service, their support in a format that they could understand, this included written, use of picture symbols, and bold fonts. This was documented within the care plans so to ensure all staff were aware of how to share information. The registered manager acknowledged that not all meeting minutes were retained in people's preferred communication method. We discussed this point, with the registered manager. It was established that meetings are discussed in key worker sessions also, it was agreed that it would be easier for information to be retained in people's preferred style in the key worker session, as opposed to in one document.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had access to individualised and group activities and received the necessary support to follow their interests.

● We noted that people were encouraged to partake in activities that met their specific interests. One person enjoyed cycling and painting. The service ensured the person had sufficient art materials available to enable them to continue painting. They were encouraged to retain their independence and cycle. All activities were appropriately risk assessed and enabled people to maintain both physical and mental wellbeing.
● Families were encouraged to spend time with people. Where required, the service facilitated meetings at the service, or arranged visits home.
● One relative reported, "There always seem to be activities going on. We have to call ahead of a visit to make sure [name] is in."

Improving care quality in response to complaints or concerns
● Complaints were managed robustly and in a timely way by the registered manager. The management ensured they learnt from concerns and complaints and used this as an opportunity to improve. We noted there had been no significant complaints made.
● Relatives told us they would feel confident raising a concern or complaint with the management team and were confident issues would be resolved appropriately. Professionals we spoke with reinforced this point, highlighted where concerns had historically been raised with the registered manager, these had been dealt with most promptly.
● Staff were able to explain the complaints procedure and were confident that any issues that had been identified and brought to management attention, had been resolved.

End of life care and support
● Whilst the service was not supporting anyone receiving end of life care at the time of inspection; the registered manager acknowledged that the service required insight into how people may wish to be supported at this stage. The service had developed a specific care plan around this.
● People and their relatives were asked to provide information and where necessary appropriate action was taken by the service to ensure they could support people's decisions. For example, where people did not want to be resuscitated, the service had consulted medical practitioners and a do not resuscitate order was facilitated. Where people wanted specific service type, information had been gathered and incorporated within the care plan to ensure people's wishes were followed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff worked hard to ensure the culture within the home was person centred. Staff worked hard to treat everyone as an individual ensuring their needs were met in their chosen way.
- Staff and people were included in decisions related to care and operations of the home. This empowered them to be able to make choices and have ownership of both their care and of the service.
- One member of staff stated, "The manager talks to us about the home and how we should work. We work together."
- People and their relatives, reported they received a high quality of care from staff who were dedicated to meet their needs. Relatives reiterated this point, "[name] is looked after well."
- Staff reported there was an open and transparent culture within the home. Physically the office door was always open therefore allowing staff to speak and engage with the registered manager. The location of the office (next to the kitchen) meant people could liaise with the registered manager at all times.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.
- The registered manager and management team were able to reflect on when this policy may be required, providing clear examples of the protocol that would be followed, as well as examples of when this was used, for example when a person had an unwitnessed fall.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a defined management structure in place, that people and staff understood. If the registered manager was unavailable, staff and people were confident they could speak with the deputy manager, or the area manager.
- The registered manager reported that all staff including the deputy manager understood their individual roles and responsibilities, and the importance of working together to achieve the best possible outcomes for people. Staff we spoke with reinforced their responsibilities and working collaboratively.
- The quality of the service was monitored through robust governance processes. The registered manager completed comprehensive monthly audits on the operations, care files, hr files, environment, risks,

accidents and incidents and medicine management. The findings were often cross checked with audits that were the responsibility of different people within the home as well as teams put in place by the provider – for example, house maintenance. Quarterly audits were completed by the provider to ensure that the service met their legal obligations and care was delivered most successfully. In addition peer audits were completed by registered manager's from sister homes. This allowed reflective practice and a culture of openness and learning across all the provider's homes.

● We observed good staff communication, that was both effective and responsive to people's needs. This was both verbally and with the use of aids.

● The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications, had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

● Staff spoke very highly of the registered manager. One member of staff reported, "she is very good, she knows what she is doing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The registered manager were visible in the home throughout the inspection. The location of the office, enables people and staff to continually see the registered manager, and access her as and when needed.

● People's and relative's views were listened to and acted upon. Residents and relative's meetings were held frequently, and feedback was provided on any concerns or issues identified. The registered manager reinforced the need for transparency and ensured this was practiced.

● Staff were confident that the registered manager listened to and responded to any queries promptly.

● A relative told us, "The service is very good, and considers all aspects of [name] needs."

Continuous learning and improving care

● The service continually assessed all accidents, incidents and falls to ensure they could implement measures to mitigate the potential of a similar occurrence. Where it was recognised that this may prevent a person's independence, consideration was given on how to manage this most effectively. For example, if increasing staffing ratios enabled people to continue on outings when at risk of falls, this was introduced.

● The provider and registered manager used quality assurance audits, to seek feedback on how the service could be improved from stakeholders, people, staff and families. This was developed into an action plan that was then met within a timescale. We saw evidence of changes to menus, increased activities, and changes to the home being actioned as part of the quality assurance process.

● The registered manager was supported by a regional manager who ensured the service had all the necessary skills to facilitate and improve care delivery.

● The service sought feedback from and engaged in many external meetings with the local authority and care associations to ensure they were continually learning and improving care in line with changes in legislation. The provider further held monthly managers meetings where changes to legislation, best practice and operational matters were discussed to ensure the service continued to learn and improve.

● The registered manager effectively assessed and monitored action plans, identifying improvements to people's care was implemented as needed.

Working in partnership with others

● The service worked well with external professionals. Advice was sought as and when required ensuring people's changing needs were met as soon as possible. For example, seeking input from a dietitian, speech and language therapy as well as the community support team, when people were noted to have deteriorating health.

● The service encouraged integration within the community. People were supported to partake in activities

that were community based, as well as activities within the home. People were reassured that they were an integral part of the community and were encouraged to go out as much as possible.

- One person worked and enjoyed the opportunity to have a "normal life as others."