

Voyage 1 Limited Melbreck

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Melbreck is a nursing home providing personal and nursing care to up to 26 people with learning disabilities and complex needs in one adapted building. At the time of our inspection there were 23 people living at the service. The service was a large home, bigger than most domestic style properties and situated in a rural location.

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. 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.

People's experience of using this service and what we found

Risk to people's safety and well-being were managed although records of healthcare concerns were not always clearly recorded to ensure action taken could be fully monitored. This monitoring was made more difficult by the high use of agency nurses. Although records of people's care were updated they were not always clearly organised to ensure staff could access information easily. We have made recommendations regarding these concerns.

Staff were aware of their responsibilities in relation to keeping people safe and robust recruitment systems were in place. Contingency plans ensured that people would continue to receive a safe service in the event of an emergency. People lived in a safe and homely environment which was suited to their needs.

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. Choices of foods were available to people and staff were knowledgeable about people's dietary requirements. People were supported to see healthcare professionals when required. Staff received training, induction and on-going supervision to support them in their roles.

Staff supported people with kindness and respected their privacy. Staff understood the need to maintain and develop people's independence wherever possible. People and their relatives were fully involved in their care and staff were knowledgeable about people preferences and communication styles. A range of activities were provided to people with an emphasis placed on community activities.

There was an open and positive culture developing within the service. Staff shared the same values and wanted to provide a positive experience for people. People, relatives and staff had the opportunity to contribute to the service and felt their ideas were listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update) The last rating for this service was Requires Improvement with the Well-Led domain rated as Inadequate (18 January 2019).

Following the last inspection we issued warning notices in respect of people's safe care and treatment and the governance of the service. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made. The requirements of the warning notices had been met and the provider was no longer in breach of regulations.

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.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Melbreck

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 inspection team consisted of two inspectors and a specialist nurse with experience of this type of care setting.

Service and service type

Melbreck 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 the inspection

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us 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

As part of our inspection we observed the care provided to people living at Melbreck. We spoke with the registered manager, clinical operations manager, seven staff members and a visiting health care professional. We reviewed a range of documents about people's care and how the home was managed. We looked at seven care plans, three staff files, medication administration records, risk assessments, policies and procedures and internal audits that had been completed.

After the inspection

Following the inspection, we spoke to three relatives regarding the care their family members received. We also reviewed additional information requested from the provider including staff training records and further audit information.

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

At our last inspection we found the provider had failed to ensure risks to people's safety were robustly monitored. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we have made a recommendation regarding the monitoring of people's healthcare needs.

- People received the healthcare support required to minimise risks to their safe care. However, records did not always clearly reflect the support people had received. This meant there was a risk that information may not be appropriately shared with relevant health care professionals and appointments may not be followed up
- One person had required a hospital stay due to a potentially serious condition. Follow-up tests and monitoring were required and had been fully actioned by the staff team. These interventions had not been recorded in a clear manner which may have presented risks to the person should emergency medical assistance have been required.
- The registered manager and clinical operations manager acknowledged this had been a difficult area to monitor due to the high use of agency nurses.
- Following the inspection, the registered manager informed us they had changed the recording format used. The new format provided details of all healthcare interventions in order, making them more accessible to staff. We will review the effectiveness of this change during our next inspection.

We recommend the provider continues to monitor how records regarding people's healthcare are maintained to ensure their safety and holistic treatment.

- In other areas we found improvements had been made which had reduced the risks to people's safety and well-being.
- People had received assessments regarding how their epilepsy should be monitored and the most effective equipment for people purchased. This was accurately reflected in people's risk management plans.
- Where people were at risk of dehydration this was now recorded and monitored effectively.
- People lived in a safe environment. Regular health and safety checks were completed and equipment was serviced in line with requirements. The provider had a contingency plan in place which ensured people

would continue to receive their care in the event of an unplanned event.

- Accidents and incidents were recorded by staff and assessed by the management team. The provider had an electronic monitoring system which enabled all accidents and incidents to be reviewed by senior managers to ensure appropriate action was taken.
- The system allowed accidents and incidents to be analysed in order to identify any themes or trends.

Staffing and recruitment

- There were sufficient care staff deployed to meet people's needs safely. One relative told us, "The staffing is okay now. We don't see as many agency staff. It's regular staff who know him."
- The registered manager told us they had found the recruitment of nurses challenging and were continuing to use agency nurses. They acknowledged this had made ensuring continuous improvements to the monitoring of people's healthcare needs difficult. However, they told us they had recently recruited a number of nurses with the required experience and were looking forward to them starting.
- Staff told us that on occasions the high use of agency nursing staff had an effect on the continuity of care people received. One staff member told us, "Things can get missed such as messages being recorded in the wrong place. When we are looking for something we have to search. We don't always know if regular checks have been done."

We recommend the provider continues to prioritise the recruitment of nurses in order to ensure people's continuity of care.

- Staff were available to be with people in communal lounges and ensured people were not left alone unless safe to do so. Staff supported nurses to monitor people's health needs which minimised the risks to their safety.
- Staff responded to people's need for support promptly and had time to spend with them. One staff member told us, "We never struggle to make the time to listen to people."
- Robust recruitment checks were completed prior to staff starting work at Melbreck to ensure as far as possible they were safe to provide people's care.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure people were protected from the risk of abuse. Information was displayed which gave guidance to people, relatives and staff how any concerns could be reported.
- Staff received training in safeguarding and were able to describe the potential types of abuse, signs which would alert them to concerns and reporting procedures. One staff member told us, "I personally would tell the manager straight away. There are the whistle-blowing procedures if you don't think it is being dealt with properly."
- Records showed that any concerns had been appropriately reported to the local authority safeguarding team and where required, to the CQC.

Using medicines safely

- People received their medicines safely. Medicines were obtained, stored, administered and disposed of safely by staff.
- Guidance was available detailing how people preferred to take their medicines and the support they required. This included protocols detailing when and how 'as and when' required medicines should be administered.
- People's medicines were regularly reviewed by their GP and other relevant healthcare professionals.

Preventing and controlling infection

- Safe procedures were in place to minimise the risk of the spread of infection. Cleaning schedules were in place and followed. Regular infection control audits were completed.
- Staff told us they always had access to personal protective equipment. One staff member said, "Whenever we enter bathroom wear protective clothes, aprons and gloves. Domestic staff are always here and we just make them aware if anything is running out and then they sort straight away."
- The laundry area was well organised which soiled, dirty and clean items separated to minimise the risk of cross contamination.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

At our last inspection we found the provider had failed to ensure people had consistent access to healthcare professionals in line with their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were supported to access healthcare professionals when required. Although concerns were identified regarding the recording of healthcare involvement we found people's healthcare needs were monitored and referrals made for specialist advice where required.
- A range of healthcare professionals were involved in supporting people including GP's, specialist consultants, dieticians, occupational therapy, speech and language therapy, opticians and physiotherapy. Staff were aware of people's healthcare needs and understood the need to monitor people's well-being closely. One staff member told us, "Any changes in how they are, we report them straight away. It doesn't matter if it's just a small thing."
- Each person had a health action plan in place which recorded the professionals involved in their care and the frequency of their visits.
- Relatives told us staff were responsive to changes in people's health. One relative told us, "He had a chest infection recently and they were good at calling out the doctor and letting us know. He needed to go to hospital and they spent a lot of time with him. He needs extra physio for his chest and they're very good at doing that."

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff had the skills to provide care in line with people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Clinical staff received support in their role. The provider told us they had recognised the need for the registered manager to be clinically trained. A new registered manager was in post who was a registered nurse. They were able to provide additional support and supervision to clinical staff, including agency nurses. One staff member told us, "It's good the new manager is a nurse. She has sorted a lot of things out and helped. There is still work to do but with regular staff (nurses) coming in this will help the process."
- Staff received an induction when they started working at the service. A senior staff member had been given specific duties in relation to this to ensure staff felt supported. They told us, "It's nice to see staff do well. It can be scary for everyone coming into a new service. It gives them confidence and it's really helping with staff retention."
- Staff received the training they required to support them in their role. One staff member told us, "I enjoy the training and enjoy the results of bringing my best performance to my job." New staff completed the care certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives. Observational supervisions were completed as part of this process and on an on-going basis to ensure staff performance was continually monitored. One staff member told us, "It's good to receive feedback and make sure standards don't slip."
- Staff received one to one supervision to discuss their performance and professional development. One staff member told us, "We have supervision, I just had one recently. I find it really helpful to bring up any of my own ideas and training I want to complete." Nursing staff were now receiving supervision and clinical risk meetings were taking place on a regular basis

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had systems in place to assess people's needs prior to them moving into the service to ensure they could be met. No one had moved to Melbreck since our last inspection.
- Updates to guidance and best practice were shared within the service through team meetings and handovers. One staff member told us, "The management always make us aware, whether it is through the team meetings or emails or texts, depending on how urgent it is that we know the new information or need a reminder of best practice that is already in place."
- Evidence of working in line with best practice guidance included oral healthcare plans being designed in accordance with NICE guidance and assessments of skin integrity and nutrition being completed in line with recognised guidance tools.
- The registered manager attended meetings with the local CCG to ensure they received updates regarding the latest guidance relating to people's health care.

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

- People were provided with a choice of food in line with their preferences. The majority of people living at Melbreck required their food to be of a modified consistency such as pureed. Catering staff prepared meals in advance to enable people to see and smell the options available prior to their food being prepared to the consistency they required.
- People's dietary needs were known to staff in addition to their likes and dislikes. Catering staff told us they received regular updates from staff regarding people's needs to ensure they were kept up to date. People's weight was monitored and any significant variances investigated.
- Some people received their nutrition through percutaneous endoscopic gastrostomies (PEG), a tube placed directly into the person's stomach through the abdominal wall. Training in PEG was provided to staff and detailed guidance was in place for them to follow.

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

- People lived in an environment which was suited to their needs. People were able to access all areas of

the service by using the lift.

- Adapted bathrooms were available which were fitted with overhead hoists to make transferring between seating and bathing equipment more comfortable for people.
- The service was decorated in a homely manner with access to comfortable seating for people such as beanbags and mats to allow people to stretch out. Sensory equipment was used throughout the service and people had access to an area specifically used for physiotherapy.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been completed for people in relation to specific decisions. These covered areas including continuous supervision, being supported to use wheelchair straps to ensure safety, staff opening people's post and how people received their medicines.
- Where it was determined people lacked capacity to make the assessed decision, best interest decisions were fully recorded. This showed that people's views had been considered in addition to the views of those who knew the person best such as their family members and staff. Guidance from healthcare professionals was also sought when required.
- DoLS applications had been submitted to the local authority as required. Applications gave a detailed overview of people's care needs to ensure applications could be prioritised. Where DoLS had been granted by the local authority, conditions regarding timescales for re-applying had been met.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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; respecting equality and diversity

- Staff supported people in an understanding and kind way. People appeared comfortable in the company of staff and responded positively when staff spoke to them by smiling and vocalising.
- Relatives told us that staff supported their loved ones in a caring way. One relative told us, "They are very diligent, caring and conscientious. They all seem to like him and he likes them. He will recognise their voices and smile." Another relative told us, "They are caring with him. It's the way they are with him and how they talk to him."
- Staff knew people well and responded to their needs quickly to ensure they were comfortable. Staff frequently used touch as a way of communicating and reassuring people. One staff member told us, "I love being here. I love being able to make their lives in some way better by making them feel comfortable, keeping them safe and just generally as happy as they can be."

Supporting people to express their views and be involved in making decisions about their care

- Relatives told staff took people's views into account when planning their care. One relative told us, "They think of him and make suggestions of things they think he might like."
- Staff supported people in line with their preferences. Staff were able to describe people's likes and dislikes and how they preferred to be supported. For example, they were aware if people were sensitive to noise and ensured they were able to spend their time in a quieter environment. People's preferences were recorded in the care plans and staff were aware of how to access this information.
- Relatives told us they were kept informed of any changes to their family members care. One relative told us, "I signed up to be kept fully informed and they do that. We've always felt he gets good care."
- Visitors were made welcome at the service and there were no restrictions on the times people could receive visitors. One relative told us, "They (staff) always make me a drink and I feel welcome. They have a chat about things. The communication has definitely got better."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed staff knocking on people's doors and announcing themselves before entering. Personal care was carried out with doors closed and staff were discreet when approaching people about their care in communal areas. One staff member told us, "It is very important to make sure everyone keeps their dignity and privacy. It must be respected that everyone living here is just like any person and deserves to be treated like that."
- Adapted cutlery and crockery were available to support people to be as independent as possible during mealtimes. Staff were observed to provide as much support as required and did so at the person's own pace.

Where people were able to mobilise themselves using electric wheelchairs this was encouraged by staff.

- Staff understood the need to promote people's independence where possible. One staff member told us, "Our role is to respect people's choices and where we can, help their independence. I enjoy helping people and trying to make their lives better in some way."

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 Requires Improvement. At this inspection this key question has now improved to Good. 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; End of life care and support

At our last inspection we found the provider had failed to ensure people's family members were involved in people's care and that care records contained up to date information. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans had been reviewed and contained guidance regarding the support people required to meet their needs.
- Family members told us they were now able to see their family members' care plans and contribute to their care. They were able to give us examples of how staff listening to their ideas had been positive for their relative who now appeared calmer and happier.
- Staff were able to describe people, their interests and personalities in detail. They told us they had time to spend with people getting to know them and reading their care plans. One staff member said, "Through their care plans and through interacting with them, you learn their individual ways of what they want and how they chose. You can't just think they want the same thing as the day before."
- People received support from staff who knew them well when at the end of their life. One relative told us staff had supported their loved one with great care and compassion, "They really supported us both. They held him and kissed him. They really were fantastic. You could see they all loved him."
- Care plans contained basic details regarding the care people wanted at the end of their life. The management team agreed plans would benefit from being more personalised. They planned to gain support on how to approach this sensitive area with families, particularly due to the young age of many of those living at Melbreck.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider had failed to record and act on complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 16.

- Relatives told us they would feel comfortable in raising any concerns with the registered manager and felt these would be responded to. One relative told us, "I've never had to complain but if I had anything to worry about I would just say so. I always keep in touch so I know them all. It would all be sorted out."
- Records showed that where complaints had been raised action had been taken to minimise the risk of them happening again. A complaint regarding the positioning and safety of one person when seated in their wheelchair had been raised. As a result, staff had received additional training in how the person should be supported.
- Staff were aware of how to respond to any concerns raised. One staff member told us, "I would reassure them that it will be dealt with properly and then take it straight to the management as is the procedure here."

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.

- Communication care plans were in place for each person which were in line with AIS standards. Plans highlighted how each person communicated and how staff should respond to different expressions, movement or vocal sounds.
- Staff were aware of people's individual communication needs. One staff member told us, "People living here all have different ways of communicating a yes or no or choice. Some people use pictorial aid, others blink, others have individual facial expressions that will mean a yes or no."
- We observed staff demonstrated consideration and patience when listening to people. We observed staff sit next to one person and speak to them in a particular rhythmic way they enjoyed. This helped to reassure the person and showed them staff were listening to them.

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 a range of activities in line with their preferences and interests. One relative told us, "(Name) loves music and they organise trips for him to musical shows. Swimming is very important to him too and he still does that."
- There was strong emphasis on people taking part in community activities. One staff member told us, "It's important for them to have that variety. We try to get out of the house as much as possible so they are able to see the world and meet new people." On the day of the inspection two groups were going for a trip on an adapted sailing boat. Other activities within the community included weekly visits to an outdoor pursuits centre, day trips and visits to the cinema, theatre, shopping and restaurants.
- In addition, people were able to access an activity centre managed by the provider where they were able to join various activities including swimming, crafts and cookery.
- Activities for people when spending time at home had a strong focus on people's sensory needs including massage, music and relaxation.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. The improvements made meant the service was more consistently managed and the culture promoted person-centred care. However, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found improvements had been made in all areas of the service provided to people. However, as highlighted within the Safe section of this report the organisation of care records required continued improvement to ensure people's health was monitored.
- We observed guidance was not always easily accessible for staff in other areas of people's care. For example, one person's nutritional guidance had changed three times over a short period. Guidance had been developed at each stage and staff were clear on the support the person required. However, it was not clear from the persons records which guidance was current which may have caused confusion if staff needed to access the information quickly.

We recommend the provider continues to review care records to ensure the most up to date and relevant information is easily accessible.

- Staff were clear about their roles and how they worked together as a team to provide people's care. Additional senior staff had been appointed and duties such as training, induction and health and safety had been delegated. This had led to a greater understanding of the needs and responsibilities in managing the service.
- As a result of a more robust induction process staff were clear on their responsibilities and worked alongside nursing staff in order to provide people's care in a holistic manner. One staff member told us, "Communication is better and we work as a team together now. We will help each other out and we know what's going on with everyone."
- The provider's quality team had supported the service to develop an action plan and continually review the service provided. Audits were completed by the registered manager, clinical operations manager and quality assurance team. Any concerns were reviewed alongside the action plan to ensure a process of continuous improvement.
- Notifications of significant events were submitted to the CQC in line with requirements.

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

- Relatives told us they felt person-centred care was now the focus of the service. One relative told us, "I can't fault them. I would definitely say they are all in the right job." Another relative said, "Things have definitely improved. Whenever there is a problem they let me know straight away and seem to know what's happening when I ask now. They're straight with me and I don't feel as though they're trying to hide anything."
- Staff described their role as supporting people to have as full a life as possible. One staff member told us, "We are all open with each other so we can make suggestions for people. There are keyworkers but over time we all get to know everyone well and how they respond. I like knowing I'm making a difference to their life."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff made efforts to ensure the service felt like people's home. People's rooms were personalised with pictures, photos and things they enjoyed. Communal areas were decorated with canvas photographs of people.
- Relatives were involved in decisions regarding people's care and annual audits were distributed to gain their views of the service. Survey's had not been due for completion since our last inspection.
- Staff meetings were held where staff and staff told us they felt able to contribute their ideas. One staff member said, "There are staff meetings, once a month. Everyone is always putting ideas forward, it's always a comfortable atmosphere."
- Staff told us they felt supported and the registered manager spent time with people and gave regular feedback to staff. One staff member said, "The manager sees our work when she's with us. The manager is always really good at giving us regular informal feedback."
- The service worked in partnership with others to ensure people's needs and preferences were met. Closer links had been developed with the local CCG and community team supporting people with learning disabilities. The service continued to receive support from the learning disability liaison nurse to ensure any hospital admissions went smoothly and people received the care they required.