

New Directions (Rugby) Limited

Vicarage 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:

Vicarage Road is a residential care home, providing personal care and accommodation for up to six people. There were six people living at the home at the time of the inspection. The home was divided into two separate floors with shared kitchen, lounge, gardens and dining room areas.

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.

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

The service was very effective, designed and developed in a way that supported people to achieve skills and live their lives as they wished. 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 provider continuously improved the home and their services, to ensure people were able to continue to live in their home as their needs changed.

Staff were offered support and development opportunities which improved the outcome of people who lived at Vicarage Road. People's diversity was recognised and respected, and people were treated as individuals.

People and their relatives were placed at the heart of the service and were involved in choosing their care and support, from pre-admission to living in the home. Partnership working enabled people to maintain their wellbeing.

Innovative checking procedures, led by staff, people and stakeholders ensured people received safe, effective care that met their changing needs.

The staff team worked hard to promote people's dignity and prevent people from becoming socially isolated within the home. People received kind, responsive person-centred care from staff who were well trained, motivated and supported by a registered manager who led the staff team to provide the best care they could.

People felt safe and secure at Vicarage Road. Staff understood how to keep people safe and embraced team working to reduce potential risks to people.

Rating at last inspection

The last comprehensive inspection report for Vicarage Road (published August 2017) we gave a rating of Good overall, with a rating of Outstanding in Well Led. At this inspection we found the service continued to be Good and have rated the service as Good in all areas.

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

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

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.

Vicarage 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 as part of our regulatory functions. This inspection checked 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.

Inspection Team

The inspection team consisted of one inspector.

Service and service type

Vicarage Road is a care home. People in care homes receive accommodation and personal care. 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 (CQC). 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

The inspection took place on 11 February 2020 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider about deaths, accidents and incidents and safeguarding alerts which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During our inspection

We spoke with one person living at the home. Some people, due to their complex care needs and disabilities were unable to give us detailed feedback about the home. We spent time with people to see how staff supported them. We also spoke with a deputy manager and the registered manager.

We reviewed a range of records, including two people's care records and medication records. We also looked at records relating to the management of the service, including audits and systems for managing any complaints. We reviewed the registered manager's records of their visits to the service; and records of when checks were made on the quality of care provided.

After the inspection

We spoke with one person on the telephone and received feedback via email from one relative and an additional three members of care staff.

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 Good. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they enjoyed living and Vicarage Road and they felt safe there.
- Risks to people's health and wellbeing were assessed and mitigation plans were in place to reduce risks. For example, where people were at risk of developing anxiety staff took this into account when supporting them, monitoring their levels of anxiety and using personalised techniques of distraction and intervention to keep people content and safe.
- Equipment around the home was maintained, and the fire alarm system was fit for purpose.
- People at the home were mobile and were able to move around the home independently. However, there were no radiator covers at the home to mitigate the risk of people being burnt on exposed radiators. The registered manager explained they had identified this as a requirement on their development plans for the home and radiator covers were being fitted to protect people.
- People had Personal Emergency Evacuation Plans (PEEPS) which detailed information about the level of support or special evacuation equipment they may require in the event of an emergency.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, to drive forward best practice.
- Staff who administered medicines reported any errors they made, and these were investigated, so that further training and learning reduced the risks of future errors.

Staffing and recruitment

- People, relatives and staff told us they felt there were sufficient staff to safely meet people's needs, as staffing levels were based around people's assessed health and care needs. Some people had designated staff support throughout the day and staffing levels were changed when people's needs changed.
- Throughout our inspection visit we saw people's needs were met in a timely way. Staff were not rushed and had time to spend with people.
- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate.

- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. Notifications about specific events had been sent as required.

Preventing and controlling infection

- The service was very well presented, clean and tidy throughout and there were no odours.
- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff understood the importance of using gloves and aprons to reduce risks of cross contamination.

Using medicines safely

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine Administration Records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.

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 the effectiveness of people's care, treatment and support achieved good outcomes for people and was consistent.

Staff support: induction, training, skills and experience

- The provider had sustained their development and support to staff, so staff continued to feel valued and well trained. Everyone told us staff had the skills they needed to effectively support them and their relatives. Comments included; "As staff we all feel valued and able to voice our ideas and opinions, I think the most important aspect is we are valued."
- There was a strong culture of team work at the home. Staff comments included; "We have great support and the team I work with are lovely. Everyone supports each other", "Staff are happy to change shifts if an event is on (like a show, trip) that requires more staff. There are more staff available on weekends..that way there are more opportunities to go out."
- There was a proactive support and review system, where staff skills and learning needs were regularly reviewed. Staff told us they used meetings to share their knowledge and skills. A recent staff suggestion had led to staff briefing meetings, where staff shared their knowledge of behaviour management protocols, so staff were consistent in the way they used different techniques.
- The registered manager operated an 'open door' policy and held regular individual meetings with staff. A staff member told us they spent time reviewing care records and audits in their supervision meetings, to monitor their practice and understanding of records and the care people received.
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff, coaching and mentoring. The 'Care Certificate' was awarded after the induction process, which included classroom training and assessments of staff competency. The provider was also reviewing their current induction programme to ensure staff training was effective.
- Staff were also offered specialised training that was based around the needs of people who lived at Vicarage Road. For example, where people had specific health conditions such as epilepsy, diabetes, or a catheter. This involved the person in 'hands on' training where new staff shadowed experienced staff.
- The provider invested in the development of their staff, to improve the quality of care people received. For example, the provider had introduced a new training programme in 2019, which included a quiz to ensure staff understood new information and procedures. Several topics of training had been reviewed and updated, so staff learned about changes in best practice guidance.
- The provider encourage staff to gain experience across their organisation to widen their development. A relative commented, "At New Directions the staff are able to move around the organisation in order to gain wider experience and training and progress their careers within the organisation. As a result, many of them have known [Name] over a number of years and understand her needs and wishes very well."
- Staff told us they received recognition for good practice. The provider operated a 'star of the month' award where one staff member was nominated for doing something outstanding and this was shared with

people in the provider's newsletter.

- Staff were encouraged to develop their leadership skills including leadership training, being involved in auditing and checking procedures, and the development of policies and procedures. Team Leaders were part of the emergency on-call rota to empower them to advise staff and make decisions.

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

- The provider had developed and maintained their values which were person centred, recognising people's diversity, respecting people and their views and empowering people to be involved in the development of services. The provider used a range of techniques to engage people. People had regular meetings, which were called 'voices and choices' encouraging people to speak out about their wishes and preferences. People were encouraged to be in charge of the meeting. People and staff discussed ideas and innovations that might benefit them. For example, how their home could be adapted for their personal choice, such as decoration or new appliances that were more accessible.
- The provider encouraged people to provide feedback. People were asked to complete surveys which contained pictures to help people's understanding. In addition, people were offered the opportunity to meet trustees from New Directions, to share their views of their home at social events.
- Each home was designed specifically to meet people's needs. The provider encouraged people to develop their room. Communal spaces were decorated and updated according to the changing needs of people. A relative told us, "[Name] has a very pleasant bedroom where they can go at any time when they wish. Also, when I visit, I am able to have a quiet time alone with them if I wish."
- The provider continuously developed the home to ensure people's future needs could be met. For example, developing a downstairs bedroom with an accessible bathroom. The room had been developed in case people's needs changed. The provider's philosophy was Vicarage Road was a home for life, and so was adapted in readiness for any changes in people's mobility.

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

- Prior to people moving into the service, the registered manager undertook a comprehensive needs assessment. This was done in consultation with people, advocates and family members. The assessment determined if the service could meet the person's needs and their desired outcomes. People were invited to visit the home, they met others who lived there to see whether they would fit in.
- The provider supported people to develop their skills, so that they could live their life as they wished and build their confidence. This improved people's feelings of independence and helped them maximise their life experiences. For example, in regular meetings people discussed how they should protect themselves when opening the front door to the home, making sure they understood the risk involved, and encouraging them to develop their confidence to perform everyday tasks themselves. A staff member commented, "The people we support are lovely, I enjoy supporting them and seeing them achieve and experience things."
- Each person discussed what they wanted to achieve through regular reviews with keyworkers (allocated personal support staff). For example, some people wanted to learn how to knit, others wanted to achieve additional life skills. The provider was pro-active in making sure people's outcomes could be achieved, were regularly monitored and met. For example, one person was now knitting a blanket for their room with their new skill.
- An example of a recent change at the home, made to benefit people, was a new rota devised to ensure an extra member of staff was available each morning, when one person usually got up, as their level of support requirements had changed. This meant the person could be supported with their morning routine. This change had improved the quality of care provided to the person, and night staff felt more supported.
- People were empowered and involved in making decisions about the staff who provided their care and support. During staff recruitment, people were asked if they would like to help interview prospective new members of staff. In a recent meeting we saw people had been consulted about how they would feel if a

new member of staff was male, and their preferences if a male member of staff was recruited. This helped to ensure people found staff they felt comfortable with.

- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs, their social needs and relationship aspirations. Staff encouraged people with coaching techniques, and discussion forums, about how people could develop their independence and daily living skills. The provider had developed a range of policies which they felt it was important for people to understand, and produced them in easy to read formats, using pictures and diagrams to explain how the policy supported them to make their own decisions. For example, the provider had developed a policy in understanding sexuality for people with learning disabilities.

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

- People chose what they ate and drank every day, either at set mealtimes or when they wished to eat. Menus were based around people's likes and dislikes, however, people could choose individual options at every mealtime. One person told us, "Everyone is a good cook, and I like the food here. On Friday we have fish and chips from the chip shop which are lovely." One person at lunchtime chose what they wanted by looking through the food items in the pantry and fridge. Staff supported them to prepare what they liked.
- People's dietary preferences were met and respected by staff. For example, where people required a soft diet, pureed diet, or were vegetarian, different food options were available.
- The registered manager had recently developed picture versions of menu options so that people found it easier to choose their shopping list.
- No one was on a specialist diet at the time we visited Vicarage Road, however, staff encouraged people to celebrate different cultural and religious events throughout the year to encourage people to try new things. For example, special foods were prepared for Shrove Tuesday, Easter, Chinese New Year, Birthdays and Anniversaries.

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 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 some 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.

- The management team and staff were working within the Act. People's capacity to make decisions had been assessed and 'best interests' decisions had been made with the involvement of relatives, staff and health care professionals. The staff were skilled in how they included people in making their own decisions, wherever possible. This was through discussions with people, and the development of communication tools to ensure people understood when decisions needed to be made in their 'best interests'.
- Where people had restrictions placed on their care, appropriate DoLS applications were made to the local authority. Staff knew who had a DoLS restriction in place. Where people didn't have restrictions placed on their movement, staff encouraged people to choose how they lived their lives.
- Care staff understood the importance of gaining people's consent and explaining what was happening, before supporting them with personal care. The provider had developed new training materials for staff in how they should support people to have maximum control and choice, whilst working within the MCA.

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

- Staff communicated effectively with each other. There were systems in place, such as daily care records, handover meetings and a communication book to share information. This meant that staff knew when changes occurred that might affect people's health. A staff member commented, "We have a small staff team that have worked with service users for a number of years and are familiar with their changing needs."
- One staff member described why staff communication was important saying, "We have handovers every day. We all talk in the office and share ideas. We all have a range of different experiences, so we think of different ideas and solutions to problems."
- Staff regularly checked if people were okay. Staff checked if people felt well or needed help with their daily tasks or plans. Where people showed signs of deterioration in their health, these changes were recorded and reviewed daily. Where people required their food or fluid intake monitoring, staff kept daily records which were reviewed at handover meetings, and by a manager. This was to ensure if people became unwell, staff could act promptly to gain advice and support from health professionals.
- People had planned 'check-ups' with a range of health professionals, according to their individual needs. For example, with specialist consultants for health conditions. People saw their doctor, dentist and other health professionals regularly to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people and their representatives to ensure they understood how this might impact on their health. One staff member said, "We are encouraged to complete updates (care records) as soon as possible. For example, when a professional appointment has been attended, we update records on the same day."
- Where people may need to be transferred to other services, such as hospitals or health care facilities, the provider developed 'Hospital Passports' which provided information for hospital staff about the person, at a glance. The passports encompassed information such as communication needs, how people used sign language, and what was important to them. In addition, where people needed to visit hospital, staff accompanied them. This was to offer them the care they needed and prevent them becoming anxious and concerned by new environments and different care staff.

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 continued to be rated as 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

- People and relatives described the care provided as being 'very good'. One person indicated to us they enjoyed living at the home with nods and gestures. Comments included; "The staff are nice here. I like it at Vicarage Road."
- Staff communicated with people in a warm and friendly manner. People's responses, body language and actions indicated they were well treated and enjoyed the company of staff. Staff comments included, "Anyone that visits the home always comments on what a lovely and happy home it is", "I enjoy working here", "I am supporting people to meet their goals and to enjoy life."
- The provider and staff respected people's equality and diversity, and protected people against discrimination. Staff were recruited based on their values and abilities.

People and staff were treated equally according to the guidance on protected characteristics.

- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, respecting people's spiritual needs or choices and the gender of the staff member providing their personal care.
- People were supported to live their lives in the way they chose. Staff supported people to make new relationships with people through social events. People were supported to maintain important relationships with each other. One person at the home told us about their friendship with another person at the home. Staff supported them to eat together, go out together and spend time together.
- People had communication plans in place, which instructed staff on how each person communicated and the best ways to involve people in decision making. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- People had regular reviews to discuss their health and support needs with their representatives, to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- Care staff respected people's individual privacy in the home by knocking on doors before entering their room, and by providing people with space to be alone when they needed it.
- Friends and families could visit people when they wished, and people regularly stayed with their family on home visits.
- One person showed us how they maintained their independence, making drinks in the kitchen when they wished for themselves and visitors. They also showed us other tasks, such as brushing their own teeth, using an electric toothbrush, which meant they could do this without assistance.

- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

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 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

- Each person had detailed care plans and records to show their health and support needs. Care plans covered topics such as people's physical and health needs, their life history, activity engagement, hobbies, daily routines, preferences and risk assessments.
- Care records were written with the person, their family members and professionals. Records were comprehensively reviewed and updated regularly. This meant care records were relevant and based around each person's individual needs and staff knew how to support them in the best way possible.
- Staff members told us care records were always kept up to date. One staff member said, "We are encouraged to complete them as soon as possible."

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

- Activities took place with individuals, based on their personal preferences, each day. Staff consistently looked for opportunities to engage with people during our inspection visit.
- People chose whether they went out each day, spent time alone, or spent time with staff in the communal areas of the home and the garden.
- When people engaged in activities and hobbies they enjoyed, staff kept records of these to base future activities on, and to help reminisce about things people had enjoyed through images and pictures. We saw some events people had enjoyed included birthday parties, trips to the theatre and holidays. A relative told us, "The wide range and quality of organised activities at New Directions is very good. The one that our family find outstanding is the arrangement for [Name] to visit us for a few days in the summer."
- The provider developed pictorial documents to inform people about upcoming events and remind people of when events and activities had been planned.
- Some people attended weekly visits to a local community centre to increase their access to activities and to meet socially with friends.
- People had allocated individual time where they were supported on a one to one basis by staff, to pursue personal interests and hobbies. A relative told us, "Staff take a great deal of time and effort to accommodate [Name] and help them join in the activities that they enjoy. For example, arranging for her to visit places that she knew when she was a young child and that she remembers well."

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 carer.

- Staff demonstrated they knew people well and what support each person required to make decisions about their everyday lives. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people such as large print, braille and pictures.
- Easy read documents, documents in picture format, and information in different languages was available where required to help people be involved in planning and agreeing to their care.
- The provider helped some people to understand information on their website in a more meaningful way, by using an electronic system to allow people to hear a verbal version of the text.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns or complaints with staff and the management team if they needed to.
- The provider had a complaints policy and procedure that staff were aware of and these had been provided to people in an easy read format and large print. The easy read and different format information informed people how to keep themselves safe and how to report any issues of concern or raise a complaint.
- The service had a complaints log where all complaints were recorded. The registered manager responded to complaints according to the provider's policy. However, there had been no complaints at the home in the previous 12 months prior to our visit.

A relative told us how, if they raised any concerns, these were dealt with proactively saying, "In a recent case when I raised a point, it was dealt with quickly and professionally."

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. No-one at the home at the time of our visit was receiving palliative care.
- Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

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 Outstanding. At this inspection this key question has changed to Good. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

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

- The provider had developed and maintained their values which were person centred, recognising people's diversity, respecting people and their views and empowering people to be involved in the development of services. Each home was designed specifically to meet people's needs. People took part in consultations about how they wanted their home decorated, developed and used.
- The provider supported people to develop their skills, so that they could live their life as they wished and build their confidence. This improved people's feelings of independence and helped them maximise their life experiences. For example, in regular meetings people discussed how they should protect themselves when opening the front door to the home, making sure they understood the risk involved, and encouraging them to develop their confidence to perform everyday tasks themselves. A staff member commented, "The people we support are lovely, I enjoy supporting them and seeing them achieve and experience things."
- To encourage the development of skills people's care plans were outcome based. Each person discussed what they wanted to achieve through regular reviews with keyworkers (allocated personal support staff). Outcomes included knitting a blanket for their room, devising a memory book with their keyworker, which included pictures of childhood and images of important times in their lives to help them reminisce.
- Care champions, who were volunteers and included people with learning disabilities, visited the home to assess how well people's needs were being met. In February 2019 Care Champions noted the home was excellent in the way they supported people to live their lives in the way they chose.

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

- The provider used a range of techniques to engage people in how the home and their environment should be developed. People had regular meetings, which were called 'voices and choices' encouraging people to speak out about their preferences. People were encouraged to be in charge of the meeting. Minutes of meetings were produced in easy to read format, so that people could remember what was agreed, and for anyone who did not attend the meeting.
- The provider encouraged people to provide feedback on how things were managed and to share their experiences of the service in creative ways which suited their needs. People were asked to complete surveys which contained pictures to help people's understanding. Recent surveys from people, relatives, stakeholders and visitors all consistently showed the service was well led and met people's needs. In addition, people were offered the opportunity to meet trustees from New Directions, to share their views of their home at social events.

- The provider actively sought feedback from all visitors to the home, by requesting they fill in a feedback form each time they visited. In addition, the provider had introduced exit interview in order to gather further feedback from staff at the point they leave the company and to identify areas for improvement
- People were empowered and involved in making decisions about the staff who provided their care and support. For example, during staff recruitment, people were asked if they would like to help interview prospective new members of staff.
- The provider had a culture of listening and engaging with people when they received feedback, to improve their services. For example, following meetings with people who lived at the home the registered manager had purchased new kitchen appliances and introduced braille colouring books.

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

- The service was led by a registered manager and deputy manager, who with the provider's support strived to deliver the best person-centred care possible. People and staff told us the home was well led, managers were always available, had an 'open door' policy, and were approachable. Comments included; "New Directions were very supportive and were flexible to fit my family circumstances".
- The provider had sustained their development and support to staff. Staff told us they received recognition for good practice and feedback to help them improve.
- The provider invested in the development of their staff, to improve staff knowledge, and to improve the quality of care people received. Staff were encouraged to develop their leadership skills.
- All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their manager's leadership. Staff told us the provider encouraged them to share information about the service so they could continually identify ways to improve.

Continuous learning and improving care

- The provider had innovative systems and processes to monitor the quality of the services provided. Staff and stakeholders were involved in checking the quality of care people received. One staff member explained, "It's my job to audit care plans and check they are being completed. I will sit with a manager and go through a care record checklist to see if areas are up to date. It's also my job to support the team to complete care records. I spend time with the key worker and go through outstanding jobs.."
- Handover notes were reviewed daily to keep managers up to date with daily changes at the service. This enabled managers to keep up to date with events when they were away from the service and to inform them of any changes to peoples' needs so these could be monitored.
- Regular daily, weekly and monthly audits included checks of the quality of people's care plans and financial records. The results of these checks were shared with staff and people's keyworkers were asked to take any action required.
- Additional monthly checks were carried out by managers from the provider's other services. This helped to ensure checks were completed objectively because they were done by someone who did not work at the service. They looked at areas such as quality of care plans, medication and household issues. We saw action plans were shared with the provider and actions were completed in a timely way.
- Regular meetings were held with the provider and senior managers, which considered important information such as safeguarding incidents and any concerns which may affect people's care. Since our previous inspection the provider had introduced new analysis systems after each incident, which involved staff, to ensure they learnt from each incident, and shared this learning across their services.
- The provider's trustees completed additional unannounced quality assurance checks, to ensure the home was meeting required standards and people who used the service were well cared for. Their findings were fed back to the provider and the registered manager, who ensured any required improvements were made. People's care was improved because the quality assurance system was effective and was strengthened by

the provider's checks. The provider was registered with the International Organisation of Standards (ISO) 9001. This meant their quality management systems had been independently reviewed and met a high standard.

- All actions from audits were added to an action plan the registered manager and provider oversaw. The audits and action plan helped the provider to monitor and improve care for the people using the service.
- The provider facilitated 'registered manager' and management team meetings which ensured opportunities were offered to managers to share their practices and learn from one another.
- Since our previous inspection the provider had implemented electronic care records and was expanding their systems electronically, to make records more easily accessible, quicker to update, and also to prevent waste. Electronic care records were accessible for staff, managers and people who used services.

Working in partnership with others

- The provider worked in partnership with other organisations to make sure they followed current practice and provided a high-quality service. The service had links with external services, such as government links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. For example, the provider had signed up to the social care commitment. This meant they had made a commitment to focus on raising the standards in social care. We saw the provider had honoured the commitment and incorporated the standards into their staff supervision procedure.
- The registered manager joined registered manager networks to share best practice and attended conferences and discussion forums, such as skills for care meetings for registered managers. They cascaded their learning to the management team through regular meetings and updates, that kept managers updated with changes within the care sector. For example, at a recent conference the registered manager discussed how services for people with learning disabilities were being developed in family based settings to improve people's everyday lives.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local community centres and charities to increase people's opportunities for social interaction.

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 registered manager understood their responsibility to keep people and their representatives informed about incidents and accidents that may occur.
- The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed and, there were systems in place to notify CQC of incidents at the home.