

# Voyage 1 Limited

# Oak House

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 18 June 2015 and was unannounced.

Oak House is registered to accommodate up to four people. It is an all-female service that provides support to women with a learning disability and or other complex needs who need support with personal care. There were four women living at the service at the time of our inspection. The property is a modern, detached house situated on the outskirts of Crawley town centre. It has a rear garden, communal dining area, sitting room and

kitchen. All bedrooms have either en-suite facilities or a bathroom next door. All areas are easily accessible to people living at the service. There is a local bus service into town and people can also receive lifts in the home's vehicle which has been adapted to accommodate a wheelchair.

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

# Summary of findings

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

People were supported to be as independent as possible and live the lifestyle of their choice. They took an active role in the running of the home by completing their own domestic tasks, and choosing, buying and preparing their own food. They decided for themselves what to wear, when to get up and when to eat their meals and make themselves drinks. A relative said "Staff support X (relative's name) to make all her own meals and to cook for the others sometimes. They support everyone to do everything for themselves".

People led active lives and supported to try new things like using public transport and to attend classes such as cookery and circuit training. People were supported and encouraged to maintain relationships with people that mattered to them. Relatives told us they could visit at any time and were made welcome by management and staff. One relative said "We can visit any time and are always offered a cup of tea."

Staff knew the people well and were aware of their personal preferences, likes and dislikes. Person centred plans were in place detailing how people wished to be supported and people and/or their representatives were involved in making decisions about their care. Where people lacked the capacity to make specific decisions they were being supported to make decisions in their best interests. They were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

Relatives and staff spoke highly of the registered manager and staff. One relative said "Since X (registered manager) has been there things have been really fantastic, she's made a real difference." Feedback on the annual service review from June 2015 included the following comments 'The staff are warm friendly and caring', 'A warm friendly atmosphere', 'Staff are always kind and approachable'. Two staff members referred to the registered manager as

being "Brilliant", one went on to say "Really helpful to me and to everyone, really supportive". They described an 'open door' management approach, where the registered manager was available to discuss suggestions and address problems or concerns.

Staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to the registered manager or the person on call. Relatives felt their loved ones were safe and were confident their loved ones would speak out if something was wrong. When concerns had been raised the registered manager had responded appropriately and the relevant people had been informed. Systems for recruiting new staff made sure they were suitable to work at the home. They included security and identity checks and references from previous employers.

Staff felt supported and received regular training. They had obtained or were working towards obtaining a nationally recognised qualification in care. They were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed and emergency procedures were in place in the event of fire. Staff had completed training in safeguarding adults and knew what action to take if they suspected abuse was taking place.

The provider had robust quality assurance systems in place to measure and monitor the standard of the service and drive improvement. People, their visitors, health care professionals and staff were all encouraged to express their views and complete satisfaction surveys. Feedback received showed a high level of satisfaction overall. Any areas identified as in need of improvement had been addressed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient numbers of staff on duty to keep people safe. Staff knew what action to take if they suspected abuse was taking place and the provider had responded appropriately when concerns had been raised.

People received their medicines safely.

Good



### Is the service effective?

The service was effective.

People were encouraged to prepare their own meals, with the support of staff.

Staff supported people with their health care needs and associated services and liaised with healthcare professionals as required.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people.

Staff understood the requirements under the Mental Capacity Act (MCA) 2005 and their responsibilities with regard to Deprivation of Liberties (DoLS).

Good



### Is the service caring?

The service was caring.

People were supported to be as independent as possible by kind and caring staff. They were treated with dignity and respect.

They were encouraged to express their views and to be involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People were supported to live the lifestyle of their choice and were encouraged to stay in contact with their families and those that mattered to them.

Personal centred support plans provided staff with information about how to support people in a person-centred way. Staff were knowledgeable about people's support needs, interests and preferences and supported them to participate in activities that they enjoyed.

There were systems in place to respond to complaints.

Good



### Is the service well-led?

The service was well led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising concerns.

Good



## Summary of findings

The registered manager monitored the quality of the service provided and regularly checked people were happy with the service they were receiving. Feedback from people was used to drive improvement in the home.

# Oak House

## Detailed findings

### Background to this inspection

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

The inspection took place on 18 June 2015 by the lead inspector for the service and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the

service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection, we met and spoke with all four people using the service. Due to the nature of people's learning disability, we were not always able to ask direct questions, but we were able to observe how they were supported by staff. We spoke with the provider's area manager, the registered manager, a senior support worker, a support worker and a visiting healthcare professional. Following our visit we spoke with the relatives of two people.

We looked at a range of documents including; two people's support plans, daily records, records relating to the management of medicines, quality assurance documents, health and safety records, accident and incident records, fire evacuation plans, two staff recruitment and personnel files, staff duty rota, staff training records,

The service was taken over by a new provider in April 2014. This is the first inspection since the change of legal entity.

# Is the service safe?

## Our findings

Relatives said they felt their loved ones were safe and would speak to them or to staff if something was wrong. Comments from relatives included “It’s a huge weight of my mind to know she is safe and well looked after” and “I’ve no qualms on this level at all she is looked after and safe”. Staff explained they knew people well and felt confident people would let it be known if there was something wrong.

The positive benefits of individuals taking risks associated with specific activities such as using public transport, formed part of the risk assessment process. This included the benefits of a person’s happiness through their enjoyment, sense of achievement or increased independence being factored into the assessments. Risks were rated and identified the best possible outcome for people such as ‘high risk / low happiness – don’t do this’ and ‘high risk / high happiness – always try to find a safe way’.

The registered manager told us they had recently been to assess whether one person who uses a wheelchair would be able to safely access the premises where cookery classes were held. They told us “Access to the toilets will be tight but we’ve discussed it (they and the person) and they are keen to go to a taster class there so have decided to give it a go”.

Relatives and staff told us and we saw there were enough staff on duty to meet people’s needs. The registered manager told us staffing levels were assessed based on people’s care and support needs. They explained some people needed 1:1 support at certain times and we saw records confirming this. They showed us staff rotas they had prepared for the coming weeks and explained they prepared them in advance to make sure there were enough staff on duty to support people with planned activities and appointments. They said permanent staff provide cover by working additional hours for short notice staff absences or for when staff support is required for ad hoc activities and appointments. There was also a formal on line system for monitoring and reviewing staffing levels and staff skill mix which the provider required the registered manager to use.

The registered manager told us they worked two days a week on the floor and had the flexibility to help out and provide cover on other days if need be including working in the evening and at weekends. There was also a rota and

contact details for who was on duty out of office hours for staff to contact if they needed advice. Staff confirmed this and told us the registered manager was “Always on the end of the phone” if they needed any support.

Environmental assessments identified hazards that may cause harm to people who lived, worked and visited the home and steps to reduce these risks had been taken. For example fire safety and firefighting equipment was in place and had been tested and serviced. There was a plan for what to do in case of emergency and evacuation drills took place at different times of day and on different days of the week. The registered manager stated on the PIR this was ‘To make sure everyone knew exactly what to do in an emergency’. The hot water, fridge and freezers were monitored to make sure they were within the recommended temperature ranges. Team meetings minutes documented health and safety issues what was working and what was not working and action plans had been completed.

The registered manager stated in the PIR the service ‘continuously strives to learn from near misses and review and update risk assessments and support guidelines accordingly.’ Records we saw confirmed this. Accidents and incidents were recorded and detailed of the event, the outcome, the action taken by and lessons learned. This information was shared with all staff at meetings and when appropriate with the funding authority. All incidents and accidents were recorded on a weekly service report which was monitored by senior management including a behavioural therapist. The registered manager explained having the input of others and “getting everyone around the table” helped to identify situations that may have triggered events and how to prevent reoccurrence.

People’s relatives and staff told us they had no concerns about the administration of people’s medicines. We heard staff explaining to one person at lunch time that it was time for their medicine and asking them if they were ready to take it. We saw they completed the relevant records after they administered the medicines and that medicines were stored securely. There was detailed guidance for staff to follow for when to administer PRN (‘as needed’) medicines to individuals. The PIR stated ‘All staff administering medication have completed the Safe Administering of Medication e-learning and have had a medication competency assessment.’ Records we saw and staff we spoke with confirmed this. Weekly checks and monthly

## Is the service safe?

audits of medicines took place and a recent medicines audit had been completed by the local pharmacy. Any shortfalls identified as part of these audits had been rectified.

Identity and security checks were completed for all prospective staff as part of the recruitment practices. Application forms had been completed by prospective staff and detailed their work history, relevant qualifications and experience. Any gaps in work history had been discussed at interview and records of these discussions and explanations had been maintained. Staff confirmed this process.

All the staff and the registered manager had completed training in what constitutes abuse and safeguarding adults and knew what action to take if they suspected abuse had taken place. The local authority safeguarding team had been informed when there had been a concern about a person's safety and appropriate action taken in response by the registered manager. Staff showed us that they looked after people's spending money which was stored securely. Records were maintained and receipts obtained for all money spent and regularly checked.

# Is the service effective?

## Our findings

People received effective care and support. Relative's told us and we saw people got the help they needed and were looked after well by the staff. One relative said, "The whole staff team are very good in fact they are brilliant". Another relative said "I'm extremely happy with the service". They told us they thought the staff were capable and were able to meet their needs of their family members and said "Staff keep me up to date and are helpful in everything, always willing to discuss and sort things out."

People were supported to eat a balanced diet and drink enough fluids. We saw people chose for themselves what to eat, and when to eat, their lunch. They each prepared their own food with the relevant level of staff support and there was lots of interaction and friendly chat with staff whilst they were doing this. We were told the main meal of the day was usually prepared in the evening as people often went out during the day. A relative told us "The staff support X (relative's name) to make all her own meals, she cooks for the others sometimes. They support everyone to do everything for themselves".

People's views on the food provided were sought on an on-going basis through general discussion and at weekly meetings when the menu for the following week was set. At these meetings each person chose at least one main meal for the week which they would cook for everyone, but they could change their minds on the day if they wanted to. Staff explained people were encouraged to buy the ingredients they needed for the meal they were going to cook. The registered manager stated in the PIR 'All meals and snacks are recorded in the menu book and an "eat well plate weekly analysis" is completed weekly to ensure a well-balanced diet and adequate hydration.' Records we saw confirmed this.

Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's behaviour therapists, a community psychiatric nurse (CPN) and a speech and language therapist (SALT). We saw daily records detailed how people were feeling and any changes to their health were noted and acted on. Relatives told us they were kept

informed of any changes in their loved one's health. One relative said "If she's not well or not right in any way they take her to the doctors straight away and ring me to let me know. They always keep me informed of everything".

The registered manager stated in the PIR 'We respond to any health needs and changes in behaviour as soon as possible, we have requested a dementia assessment for one person we support in response to a change in her behaviour.' Records confirmed this and training records detailed that all staff had completed training in supporting people living with dementia. Records also detailed visits made to and from health care professionals such as chiropodist, optician and CPN. The date of the visit, the reason for the visit, the outcomes and actions needed were all recorded.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty they are authorised by the local authority as being required to protect the person from harm. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty unlawfully. We saw authorisations to deprive people of their liberty had been applied for appropriately.

Staff understood the importance of gaining consent from people before delivering care and respecting people's decisions if they refused, declined or made decisions that may place them at risk. The registered manager told us one of the people the SALT had identified as at risk of choking had chosen not to follow the advice they had been given to sit up right when eating. Staff knew about this person's decision and of the risk this posed to the person. They explained because of this they always supervised this person when they ate and we saw they did this at lunch time.

Staff received the support they needed to carry out their role. They told us they had monthly supervision meetings with their line manager where they had the opportunity to talk in private about any issues they had and discuss their personal development and training needs. They also had an annual performance appraisal to review their performance and development. Team meetings were held



## Is the service effective?

and minutes taken of the issues they discussed. Staff handover meetings took place between shifts so staff could share information about what had happened on the previous shift and what needed to happen on the next shift. Records of the handover meetings were maintained.

The registered manager told us any updates or changes to peoples support plans, policies and procedures or other documentation were passed on to the staff team by way of staff meetings or staff handover. We saw these updates were kept in a folder for staff to read and then sign to indicate they had understood what they had read. This helped staff keep up to date with agreed ways of working with people and helped them to deliver a consistent approach.

Staff went through an effective induction programme which allowed new members of staff to be introduced to the people living there whilst working alongside experienced staff. The registered manager said new members of staff didn't work unsupervised until they were competent and felt confident to do so. Staff confirmed this when we spoke with them. They told us the training was useful and relevant to their role. They had completed mandatory training such as health and safety, first aid, moving and handling, safeguarding adults at risk and the administration of medicines as well as training to meet people's specific needs safely and effectively. Two members of staff have started working towards gaining a level 2 diploma in Health and Social Care all the other staff had already obtained a level 2 or 3 diploma.

# Is the service caring?

## Our findings

It was clear from our observations and feedback from relatives and staff that caring relationships had been developed between people and staff. Relatives told us staff were kind and caring and knew their loved ones very well. One relative told us staff knew how to communicate with their loved one and did so in a way their family member understood and responded positively to. Feedback on the annual service review from June 2015 included the following comments 'The staff are warm friendly and caring', 'A warm friendly atmosphere', 'Staff are always kind and approachable' and 'Very clean environment staff are very friendly and make you feel welcome.'

Staff cared about people's emotional wellbeing and were considerate in their approach with people. The registered manager told us, and we saw, staff knew what made people anxious and how to support them to manage negative feelings and emotions. We saw staff supporting people throughout the day by offering reassurance to people and being clear about what was going to happen when and making sure things happened as had been agreed and planned with them. When preparing to go out staff explained it was important not to ask one person if they wanted to go out until the last minute otherwise they would become anxious and would seek reassurance by repeatedly asking if they were going out until they left the building. We saw staff using this approach and that by doing so, minimised the length of time the person was in an anxious state.

People were treated with dignity and respect. Staff responded to people when spoken to and listened to what people had to say. We heard staff reminding people they may like to attend to their appearance for example by brushing their hair before going out. We noted staff showed patience and understanding when communicating with and supporting people. People were not rushed and were given the time they needed to complete tasks themselves without being put under pressure. Each person had expressed a preference to be supported by female staff and the provider respected this by only employing female staff to work there.

Staff knew what was important to people and took steps to make sure this happened. For example for one person it was very important for them to be able to do their laundry themselves and that no one touched their clothes. Staff

had worked with this person to draw up a plan for them to do their own laundry every other day and we saw this being carried out. All staff were aware that this person did not like staff to touch their clothes and respected this.

Feedback from relatives and staff along with our observations confirmed the registered manager's statement in the PIR; 'We encourage people we support to be as independent as possible in doing things for themselves and developing their skills.' One staff member told us "We encourage people to do as much as possible for themselves, to be independent". We saw that people were supported and encouraged to do things for themselves and to make their own decisions. We heard staff asking people throughout the day what they would like to do and when they would like to do things for example did they want to eat their lunch before or after going out shopping.

People were encouraged to stay in contact with people who mattered to them. Relatives told us they were welcomed into the home and there were no restrictions on when they could visit. They also said they could speak to their loved one over the phone whenever they wanted. We saw the contact details for important people were available and that staff knew who these people were. Staff told us they had a list of the birthdays of the relatives of one person and supported this person to write and their family send birthday cards.

Explanations and information were given to people in a way they could understand and communication with people was effective. The registered manager took time to explain to people, who we were and why we were at the home. They let people know we would be there for most of the day and they could speak with us if they wanted but didn't have to.

The registered manager and staff described in detail to us how people communicated and what individuals meant when they said certain things or used particular phrases. For example they told us one person always speaks in the third person and another refers to everyone, including their relatives, as their 'friends'. Another person had days when they would speak a lot and days when they wouldn't say much at all. We observed the area manager, registered manager and staff communicated well with people and had a good rapport with them. It was clear from the conversations and laughter that people were relaxed in the company of staff and each other.

# Is the service responsive?

## Our findings

People received personalised care that was responsive to their needs. It was clear from feedback from relatives and staff, the records we saw and our observations that people took part in their preferred recreational and lifestyle activities on a daily basis. One relative said “They (the staff) support X (relative’s name) to do all the usual things for herself; cleaning, shopping, cooking.” Another relative said “Staff support X to do most things for herself. She decides what she wants to do and then they plan it with her.”

People were supported to participate in day to day activities of living in the home and complete their own domestic tasks such as laundry, cleaning and loading the dishwasher. They chose for themselves what time to get up, what to wear and how to spend their time. They were supported to go out to do things such as shopping for food and clothing and going to cookery classes, yoga, circuit training, visit the cinema, café or local pub.

The registered manager stated on the PIR ‘One person told staff she was bored with her arts and crafts and would like to look for a cookery class with people of similar ability. She was supported with researching local cookery classes on the internet and now attends a cookery class on a Monday.’ Staff we spoke with and records we saw confirmed this. A relative told us “They take X (relative’s name) circuit training and she likes to go shopping, particularly with Y (staff member’s name)”. People were also supported and encouraged to spend time doing things they enjoyed at home such as watching the TV or for one person, playing the piano. A professional musician visited the home to provide a music session once a week and a therapist visited two people to give them a massage.

The registered manager stated in the PIR ‘One person who recently moved into the home had not accessed the community for a significant length of time and had lost confidence. With lots of support and encouragement her confidence has grown and she now enjoys regular shopping trips, café’s and restaurant visits, has joined the local library and attends 3 classes at a local centre. Her family have commented on her increased confidence. ‘A conversation with the person and staff, our observations and the records we looked at confirmed this.

People were involved in compiling their own person centred support plans. Records we looked at and staff we

spoke with confirmed assessments and reviews of people’s needs had been completed and included input from the person. Relatives we spoke to told us they were always invited to the review of their loved one’s care and kept informed of any changes. One relative said “They keep me up to date with everything and always invite me along to the review”. Relatives told us they and their loved ones were happy with the service provided and felt their loved one’s needs were met. Feedback on the annual service review from June 2015 included the following comments from people ‘I like choosing my food in Tesco’s and eating out in the café and my classes’, ‘I like going to the club and making (person’s name) a coffee’ and ‘it’s nice here’.

Person centred plans detailed people’s preferences in relation to how they would like their care to be delivered and contained the guidance staff needed in order to support them safely and effectively. One person had expressed a preference for not writing down in her personal care support plan how she wanted to be supported. We were told this person preferred to tell new members of staff herself how she liked to be supported and then feedback to the registered manager whether or not she was happy with the staff member’s support. The registered manager said this approach worked and so far the person had shown their approval for each new member of staff by giving them a ‘gold star’.

Person centred plans included details about things that were important to an individual such as what a good day looked like for them and described to staff what they needed to do to achieve this with the person. There were emotional and behaviour support guidelines in place for people which identified behaviours of concern and things that could trigger this. Staff demonstrated a good understanding of people’s plans and the information they contained. They told us each person had a key worker that worked with them to make sure the plans were up to date and accurately reflected their needs and preferences. They told us they had read each person’s plan and signed them to indicate they had understood and agreed with the content.

The registered manager told us there had been no formal complaints over the last year. The relatives we spoke with told us they had no complaints but if they did have, they had every confidence the registered manager would respond appropriately to them. When asked if they had any complaints over the last year one relative said “To be quite

## Is the service responsive?

honest I've not had any complaints, they are brilliant".  
Another relative said "I've no complaints and I know any

queries or problems would be immediately acted on by X (the registered manager)". There was a complaints policy and procedure in place for staff to follow should a complaint be received.

# Is the service well-led?

## Our findings

There was a registered manager in post and although Oak House was taken over by the provider in April 2014, the registered manager had been working at the home in the capacity as the registered manager since January 2012. The registered manager was aware of their responsibilities and took them seriously. They had kept us informed of events and incidents that they are required to inform us of without delay and completed the PIR when we asked.

Without exception the feedback from relatives and staff about the registered manager and their leadership was positive. One relative said "Since X (registered manager) has been there things have been really fantastic, she's made a real difference." Another relative said "X (registered manager) made tremendous improvements, really pulled the home up. She is thoroughly involved in everything, really knows what is going on and sees what's happening". Staff referred to her as being "Brilliant, really helpful to me and to everyone, really supportive" and "Brilliant, I can always talk to her about anything, I don't have to wait until supervision" and "She's always willing to help people out."

The provider had a clear leadership structure that staff understood. The registered manager and staff told us there was an on call system in place which meant there was always someone to contact in the event of an emergency or if they needed advice. One staff said "The manager is at the end of the phone if we need her and there is always someone else to contact if they are not available".

There was an open and inclusive culture that encouraged people and staff to work in collaboration with each other and to give their views. We saw that the whole staff team were involved in agreeing ways of working and staff were encouraged to make suggestions for improving the way they worked. Staff told us they had no reservations about raising concerns under the whistle blowing policy if they learnt of, witnessed or suspected bad practice. One staff member said, "If I had any concerns I would tell the manager". Another member of staff told us they had raised concerns in the past and they had been dealt with immediately.

It was clear from our observations, the conversation we had with management, staff and people's relatives that the service operated in a person centred way. The staff and management all spoke about the importance of putting

people at the centre of everything they did. When asked what the ethos of the service was, staff said putting people first was the most important thing. One staff member said "We are here for them, to help them that is why we are here, to make sure they are happy and well cared for".

The registered manager explained the quality assurance systems in place and how they used them to identify what was working well and areas for improvement. For example the system would flag if staff training was overdue and indicate what training new members of staff needed to complete. Accidents and incidents were recorded on-line and patterns or trends were identified and analysed to take any action needed with regard to the future planning of people's care. The registered manager completed a weekly service report which they sent to the provider for analysis. This included providing information about all aspects of the management of the home such as number of staff hours, whether there were staff any vacancies, the number of visitors, the number of and nature of any accidents and incidents and any issues relating to people's health safety and welfare.

Quality monitoring visits were completed by the area manager and these visits included, speaking to people and staff, observing care and checking records. Any shortfalls were highlighted to the registered manager who then put together an action plan to address the shortfalls with timescales for completion. These were monitored by the area manager to check they were completed on time.

The registered manager told us she worked hard to make sure any shortfalls identified as part of the quality assurance and quality monitoring processes were rectified as soon as possible. The area manager confirmed this and stated that compliance with the provider's standards were usually high at Oak House and that the registered manager was "Always on top of things". The registered manager said "We strive to do the best we can in everything we do."

Relatives told us they were regularly asked for their views on the service provided and that they had recently completed a questionnaire. The registered manager confirmed that questionnaires had been sent and feedback sought from people, their relatives, others who were involved in people's care and staff as part of the annual service review survey which has taken place in June 2015. Overall the feedback from the questionnaires was positive and included the following comments 'Excellent

## Is the service well-led?

management and care team', 'Good teamwork at all levels', 'I am sure that the staff and manager are always looking at where changes can be made if appropriate.' and 'we are grateful for the change in vehicle'.

The registered manager had drawn up a development plan in response to the survey for how to maintain what was working well which were; team work, care and support, choice and rapport with staff, and for how to address what was not working so well which were staff hourly pay rate, the need for an office and a comment made by a person living at the home that would be addressed under the MCA. This demonstrates that people's views were listened to and action taken to improve the service.

The registered manager stated on the PIR 'I hope to get agreement from property support to add a conservatory to

the home to use as an office. This would help keep people safe by ensuring confidentiality during conversations and meetings with individuals'. They explained they had an office space which included a desk and filing cabinet at one end of the dining room. They said maintaining people's confidentiality in this environment was a challenge because this was a communal area of the home where people come and go as they wish. They said "It would make a huge difference to everyone if we had an office". The area manager confirmed this had been identified as a shortfall and they were waiting to hear from property support whether a conservatory could be added. In the mean time they used the office in another home owned by the same provider for meetings and used a lockable filing cabinet to store confidential records.