

Consensus Community Support Limited

Valley House

Inspection report

Valley House
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Bedford
Bedfordshire
MK43 0PP

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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

This inspection of Valley House took place on 6 November 2018 and was unannounced. This was the first inspection since the service registered with the Care Quality Commission (CQC) in November 2017.

Valley House provides care and support to people living in a supported living setting so that they can live in their own home as independently as possible. Valley house supports people living with a learning disability/ Autistic Spectrum Disorder/ Physical Disability/ Mental Health. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. People using the service lived in their own flat located in a large property on the outskirts of Bedford in Bedfordshire.

Valley House had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

There were six people receiving care and support on the day we inspected. There was a registered manager employed at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team and staff took the safety of people using the service seriously and there were systems and processes in place to protect people from harm or abuse. People had risk assessments in place to minimise risks whilst still ensuring people were able to do what they wanted and have freedom of choice. Incidents were thoroughly investigated and actions were taken to support people if things changed.

There were appropriate arrangements in place to support people to take medication if they required this support.

There were systems and processes in place to support people to keep their living environment clean and free from infection.

People were supported by a dedicated and passionate staff team. We saw that there were enough staff on duty to support people safely and to enable people to take part in activities that they wished to take part in. There were enough staff to provide a flexible service and staff were trained and supported to meet people's individual needs.

People were supported to maintain their health and well-being. If there were concerns about a person's health then appropriate action was taken. The service worked with and referred people to other health and social care professionals to support people's well-being. People were supported with their dietary needs.

where appropriate.

People were supported to decorate and maintain their own flats. Appropriate measures had been taken to ensure that the environment met the specific needs of people using the service.

Consent to care and treatment was obtained from people at all times. Where appropriate, capacity assessments and best interest decisions were carried out with people to ensure that they were supported in line with the principles of the Mental Capacity Act (2005) at all times.

There were systems in place to ensure that people's privacy and dignity were respected. People had the opportunity to remain as independent as possible and make choices about their care and support.

People were supported with kindness and respect. Staff members knew people well so that they could deliver support tailored and specific to that person. People's support plans contained detailed information about how to support the person including how they communicated and their ability to make decisions. People and those important to them had been involved in making decisions about their support as much as possible.

Staff and management at the service were passionate about caring for people and had person centred care as a key value of the support they gave to people. People received personalised care which focused on their likes and dislikes. People were supported to try new things and identify what they would like to do in the future.

People's concerns and complaints were listened to and responded to appropriately.

The registered manager and the management team had created a positive, open and transparent culture. People, those important to them and staff were supported and encouraged to express their views. The management team provided a good support network for staff and encouraged them to develop in their job roles and increase their levels of responsibility.

The registered manager was well supported by the operations and senior management team and worked well with other services of the provider.

Regular feedback was collected from people, those important to them and staff. This was used to produce action plans to improve the service.

Effective links with professionals had been established by the service to help deliver support to people focusing on their specific needs.

Quality audits were carried out by the management team and were effective in monitoring and improving the quality of the support given to people.

People, those important to them and staff gave consistently good feedback about the management team and working at the service.

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.

Systems were in place to protect people from the risks of harm and abuse.

People had risk assessments in place to help reduce the risk of harm and abuse happening. Effective action was taken and the appropriate people informed if incidents did happen.

People were supported to take medication in a safe manner.

There were enough staff to help ensure that people received a reliable and consistent service and were able to take part in activities which they chose.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge, skills and training to understand people's needs and support them effectively at the service.

Appropriate support from health and social care professionals had been accessed for people when they needed it and this information had been shared with the person and people supporting them.

Staff were working to and had a good understanding of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

The management team and staff had a strong value of giving person centred care to the people who used the service and supporting them to achieve what they wanted to achieve in their lives.

People were involved in the development of their care and support. Support plans were tailored to individuals likes, dislikes and strengths.

People's privacy and dignity were respected and people were supported to be as independent as possible in their lives.

Is the service responsive?

Good ●

The service was responsive.

Staff recognised peoples changing support needs and worked closely with other professionals in order to achieve good outcomes for people.

People were supported to take part in activities they enjoyed and were meaningful.

People were supported to try many different activities to discover new things which they would like to take part in.

People, and those important to them, felt able to raise concerns. The service had an effective complaints and compliments procedure in place.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post who supported people and staff to be open and honest.

Audits were completed by the management team which produced effective action plans to both monitor and improve the quality of the service.

People, those important to them and staff felt supported by the registered manager and the senior management team.

The registered manager and the staff team were passionate about their jobs and supporting people to achieve the best outcomes that they could.

Valley House

Detailed findings

Background to this inspection

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

This inspection took place on 6 November 2018 and was unannounced. This inspection was carried out by two adult social care inspectors.

Before this inspection we reviewed the information we held about the service such as notifications we had received from the registered provider. Notifications are when registered providers send us information about changes events or incidents that occur at the service. The registered manager also submitted a provider information return (PIR) prior to the inspection. We requested this document which the registered manager used to record information to evidence how they are meeting the five key questions which we inspect against and how they are supporting people who use the service.

On the day of the inspection we spoke to three people who used the service, the operations manager, the team co-ordinator, a senior support worker and a support worker.

We also spent some time reviewing records at the service. We looked at two support plans of people who used the service, staff files for four members of staff and staff rotas and policies and procedures at the service around safeguarding, medication, fire and health and safety. We looked at quality monitoring audits, minutes from team meetings and meetings with other professionals and documents which supported the training which staff members had received.

As the registered manager was not present on the day of the inspection we spoke with them for some feedback on 9 November 2018. We also spoke to two relatives of people who used the service on 8 November 2018.

Is the service safe?

Our findings

The service was safe. We observed that people were comfortable being supported in their home environment and that staff supported people to be safe. We saw one staff member ask a person to use their walking frame when they tried to walk without it. We also saw staff following peoples risk assessments. For example, supporting a person to dress appropriately for the cold weather. One person said, "I feel safe here."

We saw that the service had robust systems and policies in place to safeguard people from abuse. There were notices about what constituted a safeguarding concern and how to report them displayed around the service. The provider also had their own anonymous call line for people and staff to report any concerns. Incidents were reported in timely fashion to the correct people to investigate.

Staff had a good understanding of how to keep people safe. One staff member told "It is our duty to protect people from abuse, be that physical, financial, sexual or otherwise." One staff member told us, "I would respond promptly and escalate to my manager or the operations manager. There are also posters on the wall and a number on the intranet." Another staff member told us, "I would report to my manager or whoever was in charge at the time. If not I would go to the next person using policy and procedure."

Risks to people had been assessed. Risk assessments were detailed and very specific to people's needs. Risk assessments contained information explaining to staff how to mitigate or reduce risks before they happened. We saw risk assessments covered shopping, personal care, finances, what to do in a fire, medication and supporting people with behaviours that may challenge. Risk assessments ensured that people were still able to take part in activities that they wanted to do whilst being protected from harm. Staff had a good understanding of how many staff were needed to support people in different activities. We observed that people received different levels of staff support depending on what they chose to do.

As well as risk assessments for people we also saw risk assessments for the building and emergency contingency plans if anything were to go wrong. In the event of fire every person had a personal emergency evacuation plan (PEEP) in place detailing how to support the person if this happened. We also saw that the service had a 'grab bag' in place for emergency situations. We saw that staff had received fire safety training. The PEEPS for people were discussed regularly in team meetings and we saw the minutes of these. Fire safety equipment was checked on a regular basis; this included fire alarms, exits, extinguishers and call points. There was a landlord's gas safety certificate in place.

There were robust recruitment processes in place. We reviewed staff files and saw that safe recruitment practices had been followed. References had been obtained and all staff had a Disclosure and Barring Service (DBS) check in place. The DBS checks a staff members suitability to work in health and social care based on their background and criminal convictions. Checks were completed at the interview stage to ensure that staff were fit and proper persons to complete all aspects of their job roles.

There were enough staff on shift to meet people's needs. Rotas confirmed that staff were deployed effectively so that people were supported to take part in activities and be supported with daily living skills. There was a clear staff structure in place. We saw that staffing allocation for the day included two staff as 'floats'. Their roles included medication administration, covering staff breaks and driving people to their activities or appointments as required. The operations manager explained to us that the service always recruited 10% over allocated staffing limits to avoid disruption for people when staff were absent from the service.

People's medicines were managed safely. Each person had their own detailed medications file which included a recent photograph, guidelines to support people with medicines, a medication administration record (MAR) chart and a flow chart to guide staff as to when to administer as and when required medicines. Staff members completed daily stock checks of medicines as they administered this to people and medication was always administered by two staff members. We checked the stock of medicine for one person and saw that this was correct with the records held. Temperatures for medicine storage was recorded and action was taken by the service should these fall outside of safe limits. Staff received training in safe medicine management and had a good understanding of what to do if things go wrong. Staff's competency to give medicines was reviewed regular We saw that errors and incidents were recorded and action was taken to address them. One staff member told us, "If there is an error I would escalate this to my manager and ring 111 or the doctor to get some advice."

Infection control was promoted. We saw that premises were kept clean. People were responsible for cleaning their own flats, with assistance from staff if required. Staff cleaned the communal areas. Personal Protective Equipment (PPE) was available for use by staff and we observed this being used. We saw that cleaning equipment was stored appropriately. Staff received training in infection control and we saw staff putting this in to place when supporting people to use cleaning products.

Accidents and incidents were documented and responded to appropriately. We saw that where an incident did occur these were reviewed and actions were taken by the management team. We saw that accidents and incidents were reviewed by the management team. These was analysis to identify trends and we saw that peoples support plans and other documentation was updated as a result. One staff member said "There are always reviews of care plans and as incidents happen key workers look at them and adapt care plans if necessary."

Is the service effective?

Our findings

People were supported in line with current best practice and guidance. People had a large amount of pre-assessment paperwork in their files, including transition work. These clearly detailed what support a person would need before coming to the service. The operations manager told us, "It is essential that we get the assessment correct especially around supporting people with behaviours that may challenge." We saw a policy in place called 'developing and maintaining good practice' which signposted staff to the most recent legislation and best practice when supporting people.

We saw that the management team and staff understood the principles behind 'registering the right support' for people living in supported living services. The service was located a fair distance away from the community with limited access to public transport. The registered manager and staff had ensured that people had access to their own vehicles and that staff were able to drive to support people to activities and appointments.

Staff had the skills and knowledge to support people. We reviewed a training spreadsheet and certificates which showed that staff had received a variety of training. The registered manager had also sourced further training specific to people's needs such as Autism, epilepsy, mental health and de-escalation techniques for people whose behaviour may challenge. One staff member said, "The training here is good. We have a place where we do face to face training and we do online. Training like de-escalation we do face to face because it is practical." We observed staff putting this training to use throughout our inspection.

Staff files showed that they had received a full and thorough induction in to the service which included shadowing experienced staff members in all aspects of supporting people. One staff member told us, "Induction was good. I worked with experienced staff." Staff were supported to progress within the company which had incentives and offered additional training to facilitate this. The team co-ordinator told us, "I have progressed from support worker to team co-ordinator. This has given me a good understanding of service users and responsibilities and helps me relate more."

The staff team had champions in various areas such as person-centred planning (PCP), Positive Behaviour Support (PBS), Dignity and Health and Safety. These champions were given time away from the rota to research their areas of expertise. We saw that this was then fed back to the staff team to put in to practice. For example, people now had 'activity scrap books' to help them remember what they had done over the week.

People were supported to eat and drink appropriately. People were supported to make choices and to be involved in managing their own diet. We observed one staff member respecting a person's wish to take their time with regards to when they ate their lunch. Staff had worked hard with another person to enable them to understand what food shopping they needed and to go to the supermarket. They used pictures of food items to help them decide what they needed, made a shopping list with these to use. If the person was unfamiliar with a certain food they would throw it away so staff kept it in the staff fridge.

The service worked with other organisations to provide support for people. People had access to a number of organisations and professionals such as GP's , psychiatrist's, advocates and specialist doctors in fields such as autism. Contact details for all of these professionals were available in people's support plans and on notice boards so people could contact them if they needed to. One person relative told us, "The psychologist is a wonderful lady- she has helped my relative understand boundaries and consequences."

On the day of the inspection the operations manager and the team co-coordinator had a meeting with the intensive support team (IST) and social services. This was to discuss a person's changing support needs and how the service should respond to them.

People had health care action plans in place. These recorded all health appointments that people attended and follow up details from the appointments. We saw that people had access to doctors, dentists, nurses and dietitians. There were also meeting minutes from appointments, again with clear follow up and action plans in place. We saw that information on various health conditions which impacted on people's lives such were readily available for staff members both in support plans and on staff notice boards.

One person had required support from a district nurse to deal with a pressure ulcer and we saw evidence that this support had been sourced for the person. The district nurse had worked with the staff team to ensure that the person received the right care and support. Another person had information around breathing techniques when they felt unwell or anxious.

We observed that consent was obtained before supporting people. We observed staff knocking on people's doors and waiting for a response before entering. Where people were able to we saw that they had signed and consented that information in support plans could be shared in their best interests.

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. We checked whether the service was working within the principles of the MCA and found that they were.

Mental capacity assessments and best interest decisions were in place where necessary for people if they lacked capacity. People had court of protection (COP) orders in place, or being applied for, if their liberty was being restricted in any way. Staff understood the principles of the MCA. One staff member told us, "The MCA is legislation that governs the way we support people. We never assume that they cannot understand so we explore avenues to help people understand and make choices." There was evidence that people were able to make unwise decisions in their lives and staff had a full understanding that this was correct under the MCA. Staff had challenged a professional who was concerned around a person using their money to purchase items and had successfully allowed the person to remain in control of their finances.

Is the service caring?

Our findings

People were treated with kindness and compassion. When asked one person said, "Yes they (the staff) are very nice and kind." Another person said, "I like the staff, they are very nice." Another person who was non-verbal visibly smiled at a staff member when spoken to and gave the staff member a 'high five' which was this person's way of saying they were happy. Staff spoke with people appropriately making sure they understood what was being said, and they were given the time to digest the information and then respond. We observed one staff member talking to a person about their relative passing away and they did this with respect and compassion making sure that the person understood what had happened.

Staff were very enthusiastic about their jobs and the people they supported. They knew about each individual and told us about their background. They told us how they had worked with them to progress and become more independent. One staff member said, "(Person) didn't used to go out at all where they used to live but now they go out a lot more." We saw a record of this in the person's support plan.

People had detailed support plans in place including sections around their personality, life history, strengths, likes and dislikes and choices and preferences. We saw that a person's life history had been used to create the support plan so that staff knew what a person's interests were. We observed that people were then supported to follow these interests. For example, we saw one person being given a choice of being supported with wearing some make up or doing some artwork. Another person was being supported to eat their meal when they chose to.

People were involved in development and updating of their support plans. Key documents such as tenancy agreements were available in 'easy-read' formats for people to help them understand their support plans. People had a 'decision making profile' as part of their support plans detailing clearly how best to support people to be involved in choices about their lives. We saw that where appropriate other people who were important to the person were also involved in their support plans. One staff member told us, "We tap in to ideas for individuals from their parents and speak to them about working in peoples best interests."

Some people had behaviours that challenge. There was clear guidance for staff to support people at these times and a 'crisis plan flowchart' for people detailing what support works well for people at different stages of crisis management. We saw this being used for one person and saw that it successfully maintained the persons dignity and reduced the person's anxiety. One staff member told us, "When person is showing behaviour it might be frustration due to communication. I try and find out what is wrong, understand it and put in place things to reduce their anxiety."

People were supported to maintain their privacy, dignity and independence. We observed staff giving people space when they made it clear that they did not want support. People living at Valley House had complex support needs and were supported on a 1:1 basis throughout the day. Staff had a good understanding of how to ensure that people still had time to themselves. One staff member told us, "They have their ways of letting us know if they do not want support and we respect that." Another staff member told us "We promote independence here." We saw that independence was promoted. One person was

supported to get their own mobility aid when they were going to mobilise. We also saw another person enabled to apply their own make up by themselves and staff members then supported the person after this.

People's rights and choices were respected. One person wanted to follow a specific religion and there was clear and detailed documentation in their support plan so that staff could understand this. We saw that people had a choice with regards to how they were supported in areas such as personal care. One staff member told us, "We have a system in place where some people only have a certain gender supporting them if that is their choice." We saw that this was then put in place on the rota.

People support plans also included a 'decision making tree' which detailed how to support people to be at the heart of any decisions that were made even if they needed support to make them.

People's relatives were very positive about the care and support which people received. One relative told us, "(Person) has made more progress in Valley House than in any other place. They treat each person as an individual." Another relative told us, "The staff are very good- they know (person) through and through. The staff have been excellent and made (person) very comfortable- I have no complaints." This relative also commented on how much more independent their relative had become and told us, "We used to get so many phone calls when we were away but not anymore. (Person) deals so much better with changes to their routines. It is such good progress."

Is the service responsive?

Our findings

People were supported to follow their interests. These included activities such as meals out, shopping, having hair and nails done, bowling and swimming. One person had been supported to apply for a job. People had an activities scrap book. Staff had taken photos of them enjoying activities and together they had cut them out and put them in the scrap book with comments to enable people and their families to look back at what they had done. This also allowed people to look at pictures of past activities and choose to do that activity again.

Each person had a staff member who was their key worker. The service operated a key worker matching tool that matched staff members to people based on sharing common interests. For example one staff member liked the same movies as a person and became their key worker because of this. We saw evidence that people had been involved in choosing who their key worker would be.

There were detailed key worker meetings completed for people which showed what a person had achieved. They also showed that people were able to give feedback about their support and this was then actioned by staff members. For example, we saw that one person had wanted to be more independent when going shopping. Staff had supported the person by separating their shopping trips in to two days so that they could manage this better. This was then added to people's support plans and risk assessments.

People had a grab sheet and communication profile available through all of their support plans enabling staff to know what was important to them and how to respond to their support needs. Regular reviews of people's support were held with the local authority to ensure that their needs were still being met.

There were examples of people's support being very personalised. From speaking with staff it was clear they had worked hard to encourage people to take part in numerous activities and work out what they liked. One person had been supported to use a mobile application to support them with their interests. One person was being supported to follow a specific religion and we saw that the persons support plan reflected this. The PCP champion told us "Person centred planning is like glue, it's not the outcome, it's the steps that are taken to get there."

One person had been identified as having specific communication needs. A staff member told us "One person has sensory needs so we got some sensory equipment from the occupational therapist to use." The registered manager told us that professionals who supported people took the time to teach the staff how to support people rather than give recommendations. We saw that this person had benefitted from using this equipment to communicate and make their choices clearer when working with staff.

From 31 July 2016, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that this standard was followed in peoples support plans and there was clear information about how people communicated and how to involve them in making decisions. Information was available to people in 'easy-read' formats where appropriate and if people communicated

using colours or pictures these were included in the support plan. Staff had a good understanding of who people communicated and how to involve them in decisions and we saw this throughout the inspection.

A relative of a person told us, "I used to feel sad because person was a recluse but now person goes out all the time and asks to go out. They're assessed their benefits and got a mobility car which has helped a lot." We saw that staff had supported people to become more independent with their personal care and their daily living skills. One person had been supported to access the community having not done so for a long time in the previous place they lived. Staff were proud to have supported this person to do this and spoke passionately about the small steps that they had taken to achieve this outcome for the person.

There was a complaints policy in place. There had only been one complaint and we found that this had been responded to appropriately. A large number of compliments had been received from people who used the service, their relatives and professionals. There was also an easy read version of the complaints procedure in place for people. One relative told us, "We haven't had to make a complaint but whenever we haven't been happy with something it has been resolved straight away."

The service planned to support people to plan for the end of their lives. We saw that one person had an end of life care plan in place. Staff informed us that people would be supported to plan for this in the future.

Is the service well-led?

Our findings

There was a registered manager in post who was aware of the regulatory requirements. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the day of the inspection so we spoke to them on a later date.

There was a clear vision and culture at the service which put people at the centre of everything that staff and the management team did. The registered manager and the staff operated an open and transparent environment for people, their family and professionals. The operations manager told us, "The goal here is for people to be as independent as possible, have an increased presence in the community and have a great quality of life." Through our discussions with staff and the operations manager it was clear that they were very passionate about their jobs and that their primary goal was to support people to achieve what they wanted and to live life to its fullest. The registered manager told us, "I want the staff here to want to come to work and contribute to people's well-being." The registered manager told us that they worked with other registered managers across the organisation to share best practice.

The operations manager told us that they had monthly meetings with other operational managers. The operations manager was supported by the director and felt happy to raise concerns to him or the manager above him. The operations manager told us, "The director knocks at the door and people know who they are. I have never worked in a company where the high level people are as involved as this. They know all of the people." The operations manager was in regular contact with the registered manager to support them. The registered manager told us, "It is a really complex service so I am lucky to have really supportive managers."

Full staff and separate senior staff meetings had been held. Minutes of these were seen. The standard agenda included discussing one of the providers policies and one of the five domains CQC inspect. The registered manager had introduced a policy of the month to team meetings to ensure that staff were always aware of changes and maintaining good practice. One staff member told us "We have staff meetings, they are good opportunities to reach out and discuss ideas. It is nice that support workers to come up with solutions, not just the manager."

People's key workers kept relatives up to date with what was happening at Valley house on a weekly basis. One relative told us, "Communication is very good. They let me know if (person) has been doing something and what is going on". We saw that regular surveys were taken with people, staff and relatives. The operations manager told us that if any area of the survey fell below less than 80% satisfaction then an action plan was put in place. We saw these action plans and saw that there were clear goals set for improvement if people had demonstrated that they were not satisfied. We also saw that the service had recently had a contract monitoring visit from the local authority and were waiting the results of this.

Staff were supported and encouraged to progress in their job roles if they chose to do so. The provider operated a system which identified staff members skills and then supported them to use these skills to progress. The operations manager explained to us that they were supporting the registered manager to develop. They had asked a manager from another service which was rated 'Outstanding' to spend time with the registered manager to support them.

The registered manager and the team co-ordinator completed a number of audits of the service around areas such as health and safety, support plans, risk assessments, medication and what people were being supported to do. We saw that these audits were effective in identifying where action needed to be taken and that action plans were put in place where appropriate. The provider ran an expert by experience quality audits schedule which involved people who use the services checking the quality of the services.

The operations manager showed that they were currently working towards moving all support plans on to a new format which was worded in a more person centred way and encouraged individuals to be as involved as possible in the development of their support plans. We saw that these support plans were an improvement over the current support plans as they added more information to support people to understand the information. For example, we saw colours and photographs being used which were peoples preferred methods of understanding.

The operations manager showed us the electronic system (CMT) which they used to record information such as incidents and accidents and survey results. We saw that this system was used to monitor trends and put action plans in place to improve the service where necessary. For example, we saw that one persons risk assessment had been updated following an increase in the number of incident reports about the person.

The registered manager told us that they had introduced a lot of changes in the short time that they had been there. The registered manager told us that they had worked hard to ensure continuity of care for people and we saw evidence that people were supported by a core set of people from the staff team. The registered manager explained that when they had joined the service the staff team had needed support to build their confidence as there had been several managers in a short space of time. The registered manager had sourced training, implemented handovers and spent 1:1 time with staff members to ensure that they knew their responsibilities and were confident to complete their job roles.

The registered manager told us, "I go around the service every morning to catch up with people and the staff. It is important to be involved." Staff were positive about the impact the registered manager was having for both people and staff. Staff told us, "If I have a concern then I would report it to my manager. She is very approachable." and "The manager is very professional and confident.". Relatives of people were also very positive. One relative told us "(Registered Manager) is approachable and easy to talk to".

Peoples information was kept securely and confidentially.

The service worked well with other manager's employed by the provider to share best practice and develop service. Staff and the management team contacted other organisations for support when people needed it. We saw posters in peoples bedrooms evidencing that the service was working with an organisation to collect feedback from people about what it was like living at Valley House.