

Voyage 1 Limited

Mountain Ash

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

Mountain Ash is a residential care home providing personal care for up to ten people. It is housed in an adapted building providing residential care on one floor for people who have complex learning disabilities and care needs, including diabetes and epilepsy. All areas of the home have wheelchair access. Mountain Ash is located in a residential area.

The service has been adapted 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 to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was larger than most domestic style properties. It was registered for the support of up to ten people and ten people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the converted building fitted well into the residential area and was surrounded by other residential single story buildings.

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

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Risks to people's health and safety had been identified and actions were in place to ensure risk was minimised. Staff were aware of the actions to take if they thought anyone was at risk of harm or discrimination. Concerns identified had been reported to appropriate external professionals. A complaints procedure was in place and although there were no current complaints staff were aware of the process to follow if any issues were raised.

Incidents and accidents were well managed and recorded, with actions in place to prevent issues reoccurring. Learning from events had been used to improve ongoing care provision. Medicine procedures and systems were robust with staff receiving specialised medicines training to enable them to meet people's needs safely. Suitable systems were in place to prevent and control infection.

Staffing numbers were assessed dependant on people's needs. Staff told us staffing numbers were appropriate to meet people's needs. Care and support were delivered in line with current legislation and evidence based guidance. Regular reviews were completed and people were encouraged to make choices and decisions regarding all aspects of their care and daily lives.

Staff had access to appropriate training and support to ensure they could meet people's complex needs. New staff completed a full induction which including shadowing experienced staff and observing care. All staff had access to regular one to one support by senior staff and development plans for future learning.

People's needs and choices were well documented and understood by staff. It was evident that there was a close relationship between people and staff. People and their relatives were involved in the planning of care and any changes to the way care and support was delivered. People's care was tailored to the individual considering their personal preferences. People's communication needs were identified and recorded in care plans with specific communication aids made available for people.

Care and support was delivered in line with current legislation and evidence-based guidance with regular reviews being completed. A consistent staffing group meant staff knew people well and understood their needs and preferences. People were encouraged to continue hobbies and interests that were important to them and supported to maintain relationships with friends and family. Peoples end of life wishes had been discussed and documented, this included religious, cultural and spiritual preferences.

People were supported to have a varied and nutritious diet. Wesaw people being offered a variety of food and drink choices. People were able to be involved with meal and drink preparation. People's health was monitored, and referrals made to other agencies if any issues were noted. Specific guidance in place regarding people's nutritional needs were being followed.

The building had been adapted to ensure people using wheelchairs had access to the home and gardens. People's rooms were decorated in a style of their choice. There was a sensory room and hydro therapy pool which people used on a regular basis. We were told both had a positive impact on their health and wellbeing.

The registered manager and staff placed emphasis on person centred high quality care. There was an open culture which was inclusive and valued people and their individuality. Staff were aware of their roles and responsibilities. The emphasis at Mountain Ash was that it was people's home first and foremost. The registered manager worked with staff each day to provide people with a good quality of care. Regular checks and audits were carried out to ensure the quality and safety of care being provided was maintained.

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

Rating at last inspection

The last rating for this service was Good (published 15 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Good ●

The service was well-led.

Mountain Ash

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Mountain Ash is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This was an unannounced, comprehensive inspection. The inspection was carried out on 11 June 2019.

What we did before the inspection

We used information the registered manager sent us in the Provider Information Return (PIR). This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection

People were not able to tell us their views of living at Mountain Ash, so we observed support being delivered

in communal areas. This enabled us to see interactions between staff and people and observe support being provided.

We spoke to six staff including the registered manager, care staff, property manager and the operations manager and looked at a range of documentation. This included two peoples care and support folders in full and one further care plan to look at specific areas of care. We reviewed documentation relating to the day to day running of the service, including staff recruitment records for a new member of staff and one current staff member, training and supervision records, meeting records and feedback. We also looked at medicines documentation, quality assurance and maintenance.

After the inspection

We continued to seek clarification from the provider regarding maintenance of the hydrotherapy pool and washing machine and received confirmation that both had been fixed. We received feedback from three relatives.

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 as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm or abuse as staff had received training and were aware of their responsibility to safeguard people. Staff told us they would report any concerns without hesitation to the registered manager or directly to senior management within the organisation.
- The registered manager had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and associated risk assessments completed. For example, one person was at risk of seizures. Clear guidance was in place for staff to follow in the event a seizure occurred, this included how to support the person during and after the seizure.
- Some people were at risk due to specific health conditions, relatives told us, "Reassuringly for us wherever he is, he is supervised 24 hours a day." Consideration had been given to ensure that any actions identified to reduce risk placed minimal restriction on the persons day to day life.
- Risk assessments were reviewed regularly and updated when changes occurred. Staff told us any changes to people's care needs were handed over to them at the beginning of their shift or discussed at meetings. Staff felt they had the information they needed to be able to meet people's needs safely.
- Regular fire safety checks took place and staff discussed various scenarios as part of their fire training to allow them opportunity to consider how best to respond in the event of a fire. People had personal emergency evacuation plans which included details on how to support them in the event of an emergency.
- Risk assessments associated with the environment had been carried out by external professionals, including gas safety, legionella for water safety and personal appliance testing for all electrical equipment.

Staffing and recruitment

- There was a core group of staff, many of whom had worked at Mountain Ash for some time. Staffing levels were appropriate to meet people's needs. Staff were seen to respond to people promptly when they needed support or assistance.
- Staffing numbers were reviewed and assessed dependant on people's needs. Some people required one to one or two to one support at specific times, for example, when receiving assistance with personal care, using the sensory room, when in communal areas of the home, going out or attending activities.
- The registered manager confirmed recruitment was in progress, one new staff member had started work and two more were at the early stages of the recruitment process.
- Agency staff were being used to cover some shifts. The registered manager told us regular agency staff were used for continuity whenever possible. New agency staff were required to complete an induction and

work alongside an experienced member of staff

- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.

Using medicines safely

- Medicines were provided safely in line with national guidelines. There were systems in place for ordering, storing, administration and disposal of medicines safely.
- Each person had a medicine administration record (MAR) chart. MAR charts were colour coded to assist in administration and included 'as required' (PRN) medicines. PRN medicines are those taken when they are needed, for example when a person is in pain. There were detailed protocols that clearly informed staff when to give PRN medicines and how people liked to take them.
- Staff received medicines training to ensure they could safely administer specific medicines prescribed to people, for example, medicines for the treatment of diabetes and epilepsy. Competencies were assessed by the registered manager or senior care staff to ensure medicine practices continued to be safe and accurate.

Preventing and controlling infection

- Suitable measures were in place to prevent and control the risk of infection. Staff were responsible for the cooking in the home. Guidance was in place and they had received training in relation to safe food hygiene when preparing and storing food.
- Staff had access to protective personal equipment, such as gloves and aprons, if needed and there were adequate hand washing facilities throughout the home.
- Red bags were in use for soiled laundry items. At the time of the inspection the washing machine was out of order. Contingency plans were in place to manage laundry and parts had been ordered to fix the problem. We were reassured by the registered manager that this would be rectified promptly.
- All areas of the home were clean. A relative told us "The home is always clean and tidy" another said, "The bedroom is immaculate, clean and well organised." There were designated domestic staff and people living at Mountain Ash participated in daily household chores when they chose. For example, one person asked to help with the dusting and another liked to tidy their room and sort their clothes.

Learning lessons when things go wrong

- Accidents and incidents were recorded by the person who witnessed them. Forms were then given to the registered manager for review and action.
- All accidents and incidents or near misses were responded to appropriately to ensure people's safety was maintained. Including referrals to other agencies and notifications to CQC when required.
- Information regarding accident/incident investigations and outcomes, was shared with staff. Staff told us that any improvements or actions taken forward after an incident would be discussed in meetings. One told us, "If something goes wrong or if I made a mistake then feedback is so useful as you can share your experience and learn from it."

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 as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was delivered in line with current legislation and evidence-based guidance. Regular reviews were being completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence.
- Many people had lived at Mountain Ash for a number of years. A consistent staffing group meant staff knew people well and understood their needs and preferences. When new people had moved into the home, staff had taken the time to build a close relationship with them and their family to ensure the transition took place with minimum disruption and anxiety.
- People's needs and choices were well documented and understood by staff. It was evident that there was a close relationship between people and staff. For example, people were seen to respond positively when staff spoke to them or offered them support.

Staff support: induction, training, skills and experience

- Staff had access to appropriate training and support. This included updates and refreshers when needed. Training included fire safety, infection prevention, medicines, Mental Capacity Act (MCA), safeguarding, active support awareness and communication. Some training, including moving and assisting, diabetes and epilepsy included face to face practical sessions.
- Further specialist training was also provided. Some medicines had to be given in a specific way. Staff had received training to give these appropriately.
- New staff completed an induction. This included spending time shadowing other care staff, observing and getting to know people's needs and reading their care documentation. New staff also read policies and procedures before they provided care.
- All staff new to care completed the Care Certificate. The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.
- Staff received regular supervision and annual appraisals. Senior staff carried out competency checks and observations to ensure that best practice was being implemented. Staff felt supported in their roles, telling us "We get all the training and support needed and you can speak to the manager or deputy confidentially they are all approachable."

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

- People were supported by staff to have a healthy balanced diet and told us they enjoyed the food.
- People were involved in decisions regarding what they had to eat and drink. At lunchtime one person decided they were not enjoying the meal. They were asked what they would like and their choice was

provided.

- Menus were planned and people were involved in the choices. A relative told us, "The food is freshly cooked with a good variety of dishes."
- When people needed assistance, this was provided. Staff sat with people at the dining table at mealtimes providing support and encouragement.
- When appropriate, people had been referred to Speech and Language Therapy (SALT). Specialist guidance was in place regarding their nutritional needs. Staff were able to tell us about people's nutritional needs and we saw this guidance being followed by staff during the inspection. Examples of this were people identified as at risk of choking being observed by staff to ensure they were able to eat independently but safely and thickener being added to fluids to ensure they were a custard consistency.

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

- Staff worked with other agencies to provide consistent, effective, timely care. Each person had a health action plan that provided detailed information regarding their specific health needs and any planned appointments.
- Hospital passports were completed, these contained relevant information should a person be admitted to hospital or another health setting. This ensured continuity of care which was up to date and person centred.
- Staff were prompt to respond when people became unwell and supported people to attend appointments. Relatives told us they were kept informed of any health issues or upcoming appointments. Documentation confirmed referrals had been made for specialist advice and support when appropriate. This included contacting GPs when people became unwell and referrals to other health professionals including SALT, occupational therapists, dentists and chiropodists.
- People were monitored for signs of ill health. For example, staff were trained to carry out regular blood sugar level monitoring for people with diabetes. Clear guidance was in place to ensure any concerns were referred to the persons GP and follow up actions implemented if needed.

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

- Mountain Ash was an adapted building with accommodation provided over one floor. There was open access to all areas of the home and garden area to enable people including those using wheelchairs full access. Relatives spoke highly about the overall environment and the positive impact this had on the people living there.
- Communal areas including bathrooms were spacious. Many areas of the home had overhead hoists to assist with lifting and moving. The kitchen area was not large enough for more than one person in a wheelchair to access at a time. The provider had plans in progress for the refurbishment of the kitchen to provide a much bigger room. This would include lower worktops and more space so that people could actively use the kitchen and be more involved with meal and drink preparation. Current timescales for completion of the new kitchen was March 2020.
- Mountain Ash had a new sensory room which was used by people throughout the day. It was clear to see that people enjoyed using the sensory room. Staff spoke positively about the relaxing atmosphere and positive impact the sensory environment had on people. There was also a hydrotherapy pool, however, this was currently out of action. It was clear from care documentation that access to the pool was a favourite activity for many people and was also used for occupational therapy. We spoke to the property manager regarding the repair and this was followed up by them during the inspection. We have since been advised repairs on the hydro therapy pool have been completed.
- Peoples rooms were decorated in the style of their choice, personalised and reflected their personality.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been sent and it was clear in peoples records when the authorisation was awaiting a decision.
- Decisions were made in the persons best interest and involved relatives and health professionals when appropriate. All best interest assessments demonstrated how the decision had been made including discussions and meetings with relevant persons. Relatives told us it was reassuring that they were kept informed and involved in all decision making.
- Staff had received training to ensure they understood the principles of MCA and DoLS and were clear that people should be involved in decisions as much as possible about their care and how they spent their day.
- People were asked for their consent and were involved in day to day choices and decisions. Staff interaction with people clearly demonstrated that people's choice and involvement was paramount to how care was provided. One person had a new communication aid. This had been set up to include names of staff, so they could choose who assisted them with day to day tasks and activities. Their favourite food and drinks so they could choose what they had to eat and drink and general words to enable them to communicate their wishes. This was a new tool and the person was clearly enjoying using this to speak to people and portray their sense of humour and personality.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- Staff demonstrated a clear understanding around equality and diversity. They were able to support people to do individual tasks and activities of their choice.
- It was clear that staff knew people's preferences and needs very well and were able to provide support in the appropriate way. For example, although they were unable to tell staff what they wanted, staff recognised when a person became tired and wished to return to their room. When another person seemed slightly anxious staff recognised that they may wish to go out for a walk.
- People were supported to maintain relationships that were important to them. Relatives told us "The care they receive is not only highly professional but also extremely loving and it is as though they have moved from our family to their family, we honestly could not praise them all enough."
- People reacted positively when staff engaged with them. Staff communicated well with people and there was obvious fondness. The atmosphere throughout the home was relaxed and cheerful. A relative told us "Letting our child go into care was the hardest thing we had to do, as we thought no-one would care, love and understand them as much as we do. However, Mountain Ash ticks all the boxes and more."
- Staff were able to tell us about people's health and emotional support needs and how specific behaviours may present themselves. On staff member told us, "People here are special to us. It's their home we are the guests. We really care I can hand on heart say we all give the care people deserve. We go above and beyond to make sure these guys have the best of the best."

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

- People were involved in decisions throughout the day and offered choices including what they ate, drank, how they spent their time, and who supported them with their care.
- Staff communicated well with people and communication was tailored to the individual. Care plans included specific information regarding how the person will make their wishes known. For example, if they go to the kitchen this means they are hungry or thirsty or if they go to their bedroom ask them if they are tired. The registered manager was particularly proud of the new communication tool purchased to enable a person to communicate and be more involved in their care and decisions. We asked this person if they liked the new tool and they responded with laughter, staff told us they were all enjoying learning to use it.
- It was clear from observations that staff knew people really well, and care was provided with warmth. People were given appropriate levels of emotional support tailored to their individual needs at the time.
- People, relatives, key workers and appropriate health professionals were involved in the development and review of care plans. One relative told us "The manager always ensures that we are informed if they are unwell or have any appointments at the clinics they attend."

Respecting and promoting people's privacy, dignity and independence

- We observed that respecting people's privacy and dignity was of paramount importance to how care was provided at Mountain Ash. For example, when people needed support with personal care, or if an item of clothing needed to be changed they were politely asked if they would like to 'freshen up'.
- Doors were always closed before personal care was provided and conversations regarding people's care and support needs took place discreetly.
- Everyone was encouraged to participate in activities, however, staff understood that some people also liked to spend time quietly on their own watching television or resting in an armchair.
- People's independence was supported and encouraged, for example staff always included people in tasks and activities to enable them to do as much for themselves as was possible. This included making decisions about how they spent their time and having time to pursue their own activities of choice.
- People's personal preferences were respected including how they dressed and how they liked their rooms to be. Relatives told us, "They are always well groomed, well dressed and content. Their room is immaculate, clean and well organised. The atmosphere is always friendly, jovial and loving."
- We were told that to continually improve people's independence refurbishing the kitchen was a priority. Staff were excited at the prospect of a much bigger kitchen where more people could be involved in cooking and meal preparation as this was an activity many enjoyed.

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 as 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; 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

- Care planning was personalised and discussed with people and their relatives when appropriate. Although people were not always able to communicate their wishes verbally, staff used communication tools to try and involve them as much as possible. Relatives, healthcare professionals and care staff were also involved when appropriate and kept updated of any changes. Relatives told us they were kept well informed of any changes and discussions about changing needs, upcoming appointments or activities.
- Each person was treated as an individual. Staff adapted their approach from person to person. For example, offering clear choices which could be indicated by pointing, or asking people to take them where they wanted to go.
- Each care plan contained clear guidance to inform staff how people communicated their needs and how staff should engage with them and we saw this in practice throughout the inspection. There were detailed descriptions about each person's likes and dislikes, including, 'what people like about me'. One person's care plan said 'people like my giggles, my smile and my stubbornness', this showed staff appreciated and understood people's personalities.
- Care plans included detail which enabled all staff to provide consistent person centred care. Staff told us they discussed consistency during staff meetings to ensure that care was given in the same way by all staff. One told us, "It's important to get things right". Daily handovers were used to share any relevant information. This ensured staff coming on duty were aware of any changes to care needs, things people wanted to do that day and people's chosen activities.
- Staff and management enabled and supported people to maintain regular contact with people who were important to them. One person went to stay with family on a regular basis, and another was supported to go out with family at weekends.
- People had opportunity to access the wider community as hobbies and activity choices were supported. We were told staff offered to give up their evenings if someone wanted to go somewhere specific like a music event or concert. One person loved a specific pop musician and they were being supported to see a tribute band in concert.
- New activities were offered and varied from person to person. Group activities were inclusive and people were encouraged to participate to prevent social isolation and encourage new skills. All planned activities were flexible and people could choose what they wanted to participate in. These included visiting entertainers, group arts and crafts, gardening, swimming, walks, day trips, visits to the theatre. A group holiday was also in the process of being arranged. The sensory room and hydro therapy pool were used by many people on a daily basis and staff were clear about the positive benefits of both. People had access to the outside garden area and there were two vehicles to take people out if they wished.

Meeting people's communication needs

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

- Staff understood the AIS and the service identified people's information and communication needs by assessing them, and these were recorded in care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, care documentation informed staff how to speak to people calmly and slowly to enable them to understand information they were being given and we saw this in practice during the inspection.
- Staff told us they were able to pick up non verbal indicators when a person may be unwell, for example if the person became quieter than normal or did not want to join in with activities they normally enjoyed. This knowledge and understanding of people's needs meant if people needed to access other healthcare agencies, staff could share relevant information to ensure they received coordinated, person centred care.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. The registered manager told us if any issues were shared with them, these would be reported and investigated immediately.
- There were no complaints at the time of the inspection, we saw when an anonymous concern had been raised, this had been discussed with CQC and issues raised had been investigated. The registered manager told us if complaints were received, these would be escalated as appropriate. Senior management had oversight including any outcomes and actions needed.

End of life care and support

- People living at Mountain Ash were not always able to express their wishes in relation to end of life. Where appropriate discussions had taken place with relatives and next of kin and this had been recorded in end of life care plans.
- Details included religious, cultural and spiritual preferences, who to contact, funeral choices and who had been involved in the decision.
- Whenever possible people were to continue to be cared for in their home if this was in accordance with their wishes.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and staff placed emphasis on person centred high quality care. There was an open culture which was inclusive and valued people and their individuality. The emphasis at Mountain Ash was that it was people's home first and foremost. The registered manager worked with staff each day to provide people with a good quality of care.
- Information in peoples care documentation was written sensitively and supported ongoing involvement in decision making for people and their relatives if appropriate.
- Staff spoke about people with genuine affection and their desire to ensure people received the best care was obvious. Staff told us, "They come first not us" and, "Everyone says it's more like a home than a service, I'm very happy with the level of support given." Relatives confirmed they were very happy with the openness and positivity, telling us "The atmosphere is always friendly, jovial and loving."
- The PIR completed by the registered manager detailed plans for the next twelve months. These included staff being invited to chair the staff meetings and add items to the agenda with an aim to 'create a more positive culture and more open communication. To continue to encourage staff to be open and to give them opportunities to fulfil their potential.'
- The provider was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Information provided in the PIR included how the provider responded to incidents and concerns in line with their legal obligations. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded.

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

- Staff demonstrated a clear understanding of their roles and responsibilities. Staff felt part of the team and told us "I'm very happy with the level of support given, you can talk to anyone if you have anything you need, really friendly place to work" and, "Great team, we work together, people comment on the great atmosphere. It's a really lovely place to work and that's down to the staff."
- There was a comprehensive system of quality checks and internal audits to monitor care, documentation, safety and quality of the service at Mountain Ash. Action plans were produced from the findings and actions completed by the registered manager.
- The registered manager and senior care staff carried out competency observations on staff and these were discussed with staff and constructive feedback given.

- A weekly update report was produced by the provider. Staff were required to read and sign the updates to demonstrate they had read the information provided. This included any new policy releases and reviews. We saw signatures were in place on recent reports.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission (CQC) in line with guidelines. Reportable incidents had been referred appropriately to the local authority. Action was taken to prevent similar occurrences, and outcomes were shared with staff.

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

- Annual service review questionnaires are sent out to people, relatives and professionals and any comments acted upon. For example, a staff member had fed back about the sensory room needing updating and this had since been completed. There were a number of positive responses and compliments received in recent months from relatives regarding the care their loved ones had received.
- Regular staff meetings took place and staff told us they were encouraged to share their views and felt any suggestions they made would be considered and listened too. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- Family members were liaised with as appropriate and feedback on the service being provided was encouraged. Relatives told us they had regular opportunity to feedback but had no current concerns.
- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood what was important to people as an individual and people were encouraged to express their individuality, personality and needs.
- Staff used a communication book to share key information and all relevant details were discussed in handover at the start of each shift. This included any changes in a person's health, for example one person was recovering from a cold and another had a sore area on their foot which staff were observing. This enabled the next supporting staff to continue to monitor people in a consistent manner.
- People were encouraged to be part of the local community attending local events, going for walks, shopping and going out with friends and family.

Continuous learning and improving care

- The registered and deputy manager had recently completed 'Active Support Training'. The manager told us this was a way of providing active support to ensure people are involved as much as possible taking into account their profound learning disabilities. This training was to be cascaded out to staff and included in care planning in the future.
- Staff had personal development plans which were reviewed by the registered manager and discussed during supervision to ensure all staff were receiving the appropriate training to enable them to carry out their duties appropriately. Some staff were working to complete care diplomas, supported by the registered and deputy manager.
- The registered manager read CQC updates and passed relevant information onto staff to ensure continued best practice.

Working in partnership with others

- Staff had a good working relationship with the local community disability team and worked closely with them and other agencies such as occupational therapists, physiotherapists, SALT and GPs to access help and support. Any advice by health professionals was used to ensure the safety and wellbeing of people was maintained.
- The registered manager included in the PIR how the provider Voyage Care are members of a number of

networks and organisations related to care provision and meeting the needs for people with a learning disability.