

Voyage 1 Limited

West Villas

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection visit took place on 29 April 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 26 May 2014 and found the service was not in breach of any regulations at that time.

West Villas consists of two inter-connecting bungalows, which provides accommodation and personal care and support for up to six people with complex needs such as learning and physical disabilities. There are three lounges, two dining rooms and six bedrooms. Each bedroom is individually decorated.

There is a registered manager in post. 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.

Three people we spoke with told us they felt safe at West Villas and we observed the care and support other people received who could not communicate directly with us. We discussed safeguarding with staff and all were

Summary of findings

knowledgeable about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse including the actions to take to raise this with external agencies.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. Staff had also had training and support and those we spoke with clearly understood the five principles of the Mental Capacity Act. This meant people were safeguarded.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people with epilepsy and providing person centred support. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that three staff routinely provided support to six people during the day with two staff being available if needed throughout the night.

There was a regular programme of staff supervision in place and records of these were extremely detailed and showed the service worked with staff to identify their personal and professional development. We noted the excellent practice of staff receiving 360 degree feedback from colleagues, people using the service and relatives or other healthcare professionals as to their conduct, behaviour and team working on a regular basis. We also saw a regular programme of staff meetings where issues were shared and raised.

The service encouraged people to lead a safe and active lifestyle. People were supported to be involved in the local community as much as possible. People were supported to access facilities such as the local G.P, shops, social clubs and leisure facilities as well as to use the facilities in the service such as the kitchens for cooking meals.

There was a system in place for dealing with people's concerns and complaints. Three people told us they

would talk to staff if they were unhappy with anything. The staff we spoke with all told us they could recognise if people they supported weren't well or were unhappy and what measures they would take to address any concerns.

People were encouraged to help prepare food with staff support if they wished and on the day of our visit one person prepared themselves, another person and staff a ham salad with staff support. We saw people had nutritional assessments in place and people with specific dietary needs were supported. We saw from support records and talking with staff that specialist advice was sought quickly where necessary not only for nutritional support but any healthcare related concerns.

We saw staff supporting people with dignity and respect. People told us that staff were caring and helped them in all aspects of their daily living. We saw staff encouraging people to do tasks for themselves such as washing dishes and making lunch but staff were quick to intervene and offer support if people were struggling. There was lots of laughter and caring physical interaction that was appropriate between staff and people using the service.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create support plans which were detailed and person centred. Everyone had undergone a person centred review in the last month where themselves, staff, family and social workers were involved in reviewing their support and planning actions and outcomes for the future. This was done using an easy read format and photographs and people told us about how they were involved in all aspects of this process.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow. People were encouraged to manage their medicines themselves with staff support if they were able, and secure cabinets for these were fixed in each person's bedroom.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure the service and equipment was safe for people and staff. We found that all relevant infection control procedures were

Summary of findings

followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the registered manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

Accidents and incidents were also reviewed by the registered manager and appropriate measures taken to reduce the risk of any further re-occurrence.

We saw that staff members were recruited safely using appropriate identity checks and people who used the service were involved in the recruitment process. We discussed the interview process and induction training with one staff member who had been in post since January 2015 and they were very positive about the level of support they received.

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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the service.

Staff knew how to recognise and report abuse. Staffing levels were appropriate and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff knew how to respond to emergency situations and the environment and equipment were checked regularly to make sure they were safe.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and people were supported to be as independent as possible regarding planning, shopping and cooking their meals. People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Staff received regular and meaningful supervision and training to meet the needs of the service. Staff were all up to date with training and training was planned and delivered to ensure it met the needs of the service

The registered manager and staff had an excellent understanding of the Mental Capacity Act 2005 and Deprivations of Liberties Safeguards (DoLS) and ensured that best interest decisions were made and discussed with the person. People also had regular visits from an advocate and were supported to be involved in decisions relating to their care and support and the running of the service.

Outstanding



Is the service caring?

This service was caring.

The home demonstrated support and care to people with a range of needs and communication difficulties.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs. People also told us they felt very supported by staff and enjoyed positive relationships with everyone.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

Good



Summary of findings

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported and people were involved in their own person centred reviews.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure. People using the service and staff stated the registered manager was approachable and would listen and act on any concerns.

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good



West Villas

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 visit took place on 29 April 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider had not completed a provider information return (PIR), as we did not request this on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During our inspection we spent time with five people who lived at the service, four support staff, a senior support worker and the registered manager. We observed care and support in communal areas. We looked at the support plans of three people at the service including one person who had recently moved there. We also looked at records that related to how the service was managed, looked at three staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “Yes, we all know what to do and would have no hesitation in reporting anything we were concerned about.”

People told us; “I definitely feel safe,” and “The people here are very nice.” One person said; “When I first moved in I was a little bit scared about the other people who lived here but now I have got to know everyone we all get on like a house on fire.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff, this had recently been updated in April and all staff had signed to show they had read this. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The registered manager told us that the service had focussed with one person to reduce the level of behaviour that challenged and they had found that with a consistent approach of re-direction that this person’s level of incidents had reduced massively. We saw that appropriate referrals had been made to the safeguarding authorities by the service when required and learning from safeguarding incidents was also discussed and shared with the staff team.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire. One person told us that they had recently attended First Aid training and were hopeful they had passed the assessment.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We witnessed staff using PPE when preparing food and when cleaning. We spoke with the infection control champion for

the service and one staff member who said; “I’ve had training and know when I need to wear gloves and aprons and also about using different cloths and mops for different areas.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the service. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility in each person’s bedroom with their permission. We were shown medicines and procedures by the senior support worker who was very knowledgeable in this area. The medicines cabinets were clean and tidy and temperatures were checked daily to ensure medicines were stored appropriately. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including protocols for each person on their “as and when” required medicines to ensure these were given consistently and safely. Each person also had a medication profile detailing any allergies and detailed special administration instructions for example, one person always bit their tablet before they consumed it but this was clearly detailed in their support plan around medicines. The registered manager and deputy carried out a weekly medicines audit and there were clear systems in place for ordering and disposing of stock. The service had a system for ensuring they did not over-stock on any medicines.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. At the time of our visit there were three support workers, and the registered manager on duty. At night time there was one waking night staff and one sleep over staff. No one raised any concerns about the level of staffing at the service and one person told us; “Yes there are always enough staff.” One staff member told us; “We all muck in as a team and if someone is off sick then someone will cover, we are good like that.”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the

Is the service safe?

service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service. The registered manager explained that scenario based questions were asked at interview which showed that potential applicants understood the nature of the service and type of support to be given. One person using the service had also been involved in the recruitment process.

Risk assessments had been completed for people in areas such as going out into the community and moving and handling. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place. The registered

manager told us that the service sought to promote a balance between managing risk and independence in a positive framework, for example one person enjoyed going out to a social club disco and having a boyfriend like other people of the same age, and staff worked with them to ensure they stayed as safe as possible.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested. One staff member told us; "We all have certain responsibilities, I check the water management each month and I do the fly zappers weekly, emptying and cleaning them."

The registered manager undertook a weekly review of any accidents and incidents occurring at the service and we saw that where actions had been identified for improvements that these had been addressed by the service immediately.



Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there were five people using the service for whom an authorisation was in place for. One staff member told us about one recent admission to the service; "They have only done it for three months and that's good as we are all getting to know each other and so it's good it will get reviewed quickly to see if it's actually needed." We saw that staff appropriately completed comprehensive capacity assessments and used an assessment tool to assist them to make 'best interests' decisions. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people. The registered manager told us they had worked with Social Services and staff to ensure the five principles of the Mental Capacity Act were understood by everyone, and we saw a simple prompt sheet on the office wall showing this. We saw best interest decisions were in place for restrictions such as finances and medicines. The decisions were person specific and were made in consultation with the person, family and other professionals. We found the location to be meeting the requirements of the Mental Capacity Act 2005.

All staff had an annual appraisal and a supervision programme in place. We looked at three staff files and found them to be highly organised into a personnel file regarding recruitment and employment issues and a separate file for supervision, appraisal and training information. We saw that people had at least six supervisions a year which were very clearly recorded along with an appraisal and any other discussions that the registered manager deemed of "significant discussion." The supervision record started with an honest discussion about how the person before going into a 360 degree feedback model.

The registered manager explained that prior to supervisions they asked all other staff, people who used the service and any other significant people such as family or professionals who may be working with someone to comment on their performance, attitude and team work.

The registered manager said they used this to feedback positives and areas for development to staff and it enabled them to discuss with any people completing the form if there were any interpersonal issues that they could address quickly. This meant any issues within the team were quickly dealt with by the registered manager in a positive way.

One new staff member told us; "We have one-to-one performance meetings and you get feedback off your colleagues, mine was really positive and I was really pleased." One senior staff told us; "It's good to air feedback that might be negative, it's done in a positive supportive way."

Staff had also completed one page profiles each telling each other and people using the service about what was important to them and what help and support they may need. Supervisions also discussed staff involvement in person centred reviews for people as well as asking them what was working well, what was not working so well and what do we need to build on with what's not working well. These records showed that staff were involved in a meaningful discussion with their manager about their personal and professional development and that their views were sought and listened to about the team and how the service was running. The manager gave us examples of where they had addressed issues of performance with staff following 360 degree feedback and staff had taken this on board and changed their approach or attitude with great effect that was then acknowledged by the team in the following month's feedback.

The home had an induction checklist in place which included an induction to the home and then a formal induction programme. We saw that new staff completed the following induction training modules; moving and handling, first aid, health and safety and supporting people. One new staff member told us; "I started here in January and it's wonderful. I've worked in care for eight years but this was the best move I ever made coming here." Another new staff member said; "I'd never been given an opportunity like this before and it's just been amazing."

We viewed staff training records and saw that all staff bar one person who had just returned from maternity leave were up to date with their training. We looked at the training records of two staff members, which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, autism awareness, dementia care, end of life care, health and safety, Deprivation of Liberty



Is the service effective?

Safeguards and the Mental Capacity Act 2005 amongst others. One staff member told us; “We undertook training in dementia and end of life care as someone was recently diagnosed with dementia, the training was really good.” Another staff member said; “The autism training was really interesting, as was the dementia session.” This showed that staff received training to ensure they could meet the needs of people who used the service.

Each person had a keyworker at the service who helped them maintain their support plan, liaise with relatives and friends and support the person to attend activities of their choice. We saw from monthly keyworker records that people discussed what was important to them and for them. We saw for one person who had considerable communication difficulties that keyworkers had used their most recent meeting to discuss the transition to supported living using the REACH standards. This is a tool designed specifically for people with learning disabilities to enable them to have choices about the life they choose to lead.

The service had two accessible kitchens and we saw that mealtimes and menus were flexible to meet the needs of the people using the service. One person told us; “Every Friday we do food shopping, I made a lasagne last week and I’ve done mince and dumplings, that’s my favourite meal.”

The menu was planned with the staff team and people living at the service and as well as planning and cooking, people also helped with the food shopping. The menus were planned using a picture menu chart and one person told us they had helped create it with staff support. We saw that the staff ate with people which staff said they felt helped promote a more homely atmosphere. One person prepared a ham salad lunch for themselves, one staff member and one other person and we saw them being encouraged to do as much as possible. They were very proud of their accomplishment as everyone in the

bungalow sat together to eat in a relaxed and light hearted manner. We saw staff using encouragement to enable one person to eat as they needed constant prompting which staff did in a fun and encouraging style.

We saw the staff team monitored people’s dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a regular basis. This meant that people’s nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. One staff told us; “We do cooked meat temperature checks using a probe, it has to be above 81 degrees and we check food each week for stock rotation.” We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager told us that district nurses, podiatrists, community nurses, dietitians and speech and language therapists visited and supported people who used the service regularly. People were all registered with the local GP and staff told us the relationship with the practice was very good. Everyone had a separate health care folder with a Health Action Plan and Hospital Passport in place and were accompanied by staff to hospital appointments. A Hospital Passport provides hospital staff with information about the person such as their medicines and communication needs. Two people told us they would tell staff if they felt unwell and that they had always received support promptly. One person’s health needs had changed considerably over the last 12 months and the service has sought specialist support and training to ensure they could continue to support the person. This showed that staff worked with other specialists to ensure people’s healthcare needs were responded to promptly.

Is the service caring?

Our findings

Some people who used the service had complex needs and had difficulty with communication. We spoke with three people who used the service and spoke with another person using simple language and Makaton signs. We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laughter with people who used the service.

People told us; “The staff are always great, they are always helpful if you need it and they listen,” and “It’s great here, the staff all look after me really well.”

We saw that staff provided reassurance to people when they needed it, for example one young person was distracted to a topic they enjoyed when they became anxious and began shouting and this episode soon finished. We saw this approach was documented in their support plan. We saw that staff took time to communicate with people in a way that people could understand using clear language, facial expression and Makaton gesture signs. Staff also took their time when helping one person with moving and handling needs and with support for eating so they did not feel rushed. We saw that staff deployed themselves well and told other staff members what they would be doing so if they were providing care or support to someone so they would not be disturbed.

The service had a dignity champion in place and we observed care being delivered in a caring and dignified manner during our inspection. Staff were observed talking to people about topics they enjoyed such as their family and one person liked snooker so staff were chatting to them about different players. One person said; “The staff all know what I like and don’t like.”

We looked at three support plans for people who lived at West Villas. Information about people was split into four different files, one was a care plan, one was about health, one was about finances and one was a daily record. They were all set out in a similar way and contained information under different headings such as a one page profile (a summary of how best to support someone), a relationship

map, a key information sheet, and an explanation of a typical day for someone and was important to someone in how they led their daily life. We saw information included a decision making profile and agreement and the support plan was written with the person if they were able. One person told us; “I’ve read it and written it. X (staff member) helped me write mine and we put in about washing and dressing and stuff”. This showed that people received care and support in the way in which they wanted it to be provided. There was lots of detail in care plans about people’s communication methods and there was also evidence of how people should be given choices about daily things such as clothes to wear or activities they may enjoy. We saw for one person that their support plan around communication stated; “If X puts their hand on their head it could mean that they want hair gel putting on.” One person said; “I get choices everyday about everything,” and another person when we asked if their choices were respected said; “Yes and they’ll support me.”

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and every six months there was a person centred review involving everyone involved in the person’s care that was planned by the person with support from the service. One person told us; “I had a review recently. My social worker came and staff from here. My social worker said she was proud of me and that was mint.” Keyworkers also told us that they had regular meetings as a key group of workers for the person they supported to plan activities. One staff member said; “Everyone gets out loads, on Saturday we go for lunch and tonight we are going to the social night at the Catholic Club.”

We saw a daily record was kept of each person’s care and support which were very detailed. They also showed staff had been supporting people in line with what was written in their plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service, relatives and staff on a regular basis and this was recorded. The registered manager told us there had not been any formal complaints within the last year, but if any issues were raised informally then these would be discussed in the one-to-one performance meetings or in a whole staff team meeting. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; "We know people so well, we would know if they weren't happy and talk it through with them."

Staff told us that activities were based around people's needs and likes as well as encouraging people to access the community as much as possible. One person said; "I work every Wednesday, I do office work and I make tea and coffee. My boss there is trying to get me a job at a florist as I love flowers." We saw that other people accessed a variety of activities such as external day services or going for pub lunches, shopping, knitting and fitness activities. Two people told us they were very excited about a forthcoming holiday to Blackpool. "I can't wait to go in the pub and see the sights." Another person said; "I get to socialise with people. I am going to the Catholic club tonight to see my friends."

We saw for one person who may require physical intervention that in their behaviour support plan as well as clear antecedents and distraction techniques being described that there was also physical intervention guidelines. These guidelines had been produced to ensure the minimum amount of restraint was used and was very detailed and photographs were used to show exactly the position and holds that the trained staff should use. This was good practice.

Risk assessments had also been completed for a number of areas including for medicines, mobility, personal care,

nutrition and emotional needs. We saw that people were involved where they were able in decision making agreements and any decisions that had been made in people's best interests under the Deprivation of Liberty Safeguards (DoLS) legislation showed they had been agreed with a multi-disciplinary team.

People told us they were supported to maintain relationships with friends and family. One person said; "The staff listen to me moan about my family, but they always make them welcome and remind me about certain dates and birthdays." Staff told us they had a specific communication book so that staff were all aware of conversations that had taken place with people's families. For example we saw; "I rang X's mam informing them of the dates we had booked for X's holiday." This showed the service helped people maintain the positive relationships in their life when they so wished.

The service was planning to move to a supported living model of care later in the year. We saw that people, social workers, families and advocates had been involved in discussing and planning this proposal. One person told us; "I haven't done the pots for 11 years but I'm starting to now," and they also told us how they were being enabled to manage their own money with an account at the post office.

One person had recently transitioned to the service and we saw from their support plan and by talking to staff that this had been fully discussed with the person and their family and that measures were in place to ensure that the person's family were involved as much as possible as the transition had been difficult for them. Staff told us they often rang relatives just to have a chat and update and records of these conversations were held so that other staff knew the situation. For example we saw documented; "Called X parent to get more background information for X's support plan guidance". We met with a visiting social worker who knew the service well. They told us; "A very recent transition here has been great and other people I look after are now different people since being here. The recent person centred reviews were great, really informal."

Is the service well-led?

Our findings

The service had a registered manager. The registered manager had been in post for over a year and we observed they knew people who lived at the service and staff very well. The staff we spoke with said they felt the registered manager was supportive and approachable. One person told us; “X (the registered manager) is one of my best staff, I get on with her great, but I get on with all the staff.”

The registered manager told us about their values focussing on person centred care which were communicated to staff and how they were preparing for a move to a supported living model of support which was the service that they had worked in previously. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and opportunities to live as normal a life as possible and the feedback from staff confirmed this was the case. The service was very person centred. We saw that the registered manager led by example and praised staff for work they were doing and joined in activities that people were undertaking. We saw that innovative practice such as 360 degree feedback with staff and the involvement at person centred reviews had been implemented very successfully.

Staff told us that morale and the atmosphere at the service was excellent and that they were kept informed about matters that affected the service. We saw that staff met together regularly in keyworker teams to discuss people’s

support plans and outcomes they were working on. Staff members told us; “I love it here, it’s like a big family,” and “The staff are all great, I can ask them anything.” One person told us; “There is nothing I don’t like about living here. It’s the best thing I have ever done coming here; I didn’t get a choice where I was before.”

We saw minutes from monthly staff meetings, which showed that items such as day to day running of the service, training, activity planning and any health and safety issues were discussed. One staff told us; “We also talk about success stories and team work and positive communication.”

The registered manager carried out a wide range of audits as part of the services quality programme. The registered manager explained how they routinely carried out audits which covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example The service was also visited by the regional operations manager on a quarterly basis and they also carried out a documented audit based on CQC standards. This showed the home had a monitored programme of quality assurance in place.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.