

Voyage 1 Limited

# Worting Road (The Whispers)

## Inspection report

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Date of inspection visit:  
23 August 2016  
24 August 2016  
26 August 2016

Date of publication:  
18 October 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 23, 24 and 26 August 2016.

Worting Road (The Whispers), to be referred to as The Whispers throughout this report, is a care home which provides residential care for up to eight older adults with learning disabilities. People receiving the service also live with complex emotional and behavioural needs including autism. Some people living at the service also had additional health conditions such as epilepsy and cerebral palsy. The care home comprises of two floors with its own secure rear garden and is situated on the outskirts of Basingstoke town centre. At the time of the inspection seven people were using the service.

Care was provided by support workers who will be referred to as staff throughout the duration of this report.

The Whispers has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People had not always been appropriately assessed to ensure they were able to make decisions regarding managing their own finances and medication. Processes were not in place to ensure that where people were able to manage these risks independently they had been supported to do so.

However in other areas people, where possible, were supported by staff to make their own decisions. Staff were able to demonstrate that they complied with the requirements of the Mental Capacity Act 2005 when supporting people during their daily interactions. This involved making decisions on behalf of people who lacked the capacity to make a specific decision for themselves. The home promoted the use of advocates where people were unable to make key decisions in their life. This is a legal right for people who lack mental capacity and who do not have an appropriate family member or friend to represent their views about health issues and where people wished to live.

People and relatives of those using the service told us they felt they and their family members were kept safe. Staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and guidance provided to manage these appropriately. People were assisted by staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

People were kept safe as the provider ensured sufficient numbers of staff were deployed in order to meet people's needs in a timely fashion. In the event of unplanned staff sickness the provider sought to use existing staff including the registered manager to deliver care to ensure familiarity to those receiving the

service.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as large scale staff sickness or accommodation loss due to fire or floods.

People were protected from the unsafe administration of medicines. Staff responsible for administering medicines had received additional training to ensure people's medicines were administered, stored and disposed of correctly. Staff skills in medicines management were regularly reviewed by managerial staff to ensure they remained competent to administer people's medicines safely.

The provider used robust recruitment processes to ensure people were protected from the employment of unsuitable staff.

New staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely.

People were supported by staff who had up to date training available which was regularly reviewed to ensure staff had the skills to proactively meet people's individual needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager showed an understanding of what constituted a deprivation of person's liberty. Appropriate authorisations had been granted by the relevant supervisory body to ensure people were not being unlawfully restricted.

People were supported to eat and drink enough to maintain their nutrition and hydration needs. People were involved in developing the home's menus and were able to choose their meal preferences. We saw that people enjoyed what was provided. People were supported to participate in meal times with the guidance provided by health care professionals being followed. People's food and drink preferences and eating support required were understood and appropriately provided by staff.

People's health needs were met as the staff and the registered manager had detailed knowledge of the people they were supporting. Staff promptly engaged with healthcare agencies and professionals when required. This was to ensure people's identified health care needs were met and to maintain people's safety and welfare.

Staff had taken time to develop close relationships with the people they were assisting. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. These were practically demonstrated by the registered manager and staff.

People received personalised and respectful care from staff who understood their care needs. People had care and support which was delivered by staff using the guidance provided in individualised support plans. Support plans contained detailed information to assist staff to provide care in a manner that respected each person's individual requirements. People were encouraged and supported by staff to make choices about their care including how they spent their day within the home or in the community.

Relatives knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. Relatives and staff were encouraged to provide feedback on the quality of the service during regular meetings with staff and the registered manager.

People were supported to participate in activities to enable them to live meaningful lives and prevent them experiencing social isolation. A range of activities were available to people to enrich their daily lives. The provider also sought to support people to enable them to take holidays therefore offering them opportunities to live full and enjoyable lives. The staff were motivated to ensure that people were able to participate in a wide range of external activities and encouraged them to participate in external day trips they knew people would enjoy.

The registered manager fulfilled their legal requirements by informing the Care Quality Commission (CQC) of notifiable incidents which occurred at the service. Notifiable incidents are those where significant events happened. This allowed the CQC to monitor that appropriate action was taken to keep people safe.

Relatives told us and we saw that the home had a confident registered manager and staff told us they felt supported by the registered manager. The registered manager provided strong positive leadership and promoted a culture which focused on providing person-centred care to people within a homely environment whilst promoting their independence. These values were supported by staff and evidenced in practice.

Quality assurance processes were in place to ensure that people, staff and relatives could provide feedback on the quality of the service provided. People were assisted by staff that encouraged them to raise concerns with them and the registered manager. The provider routinely and regularly monitored the quality of the service being provided in order to drive continuous improvement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the end of the full version of this report.

## 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

People were supported by staff who had been subject to a robust recruitment procedure ensuring their suitability to deliver care.

People were safeguarded from the risk of abuse. Staff were trained and understood how to protect people from abuse and knew how to report any concerns.

People were supported by sufficient numbers of staff to be able to meet their needs.

Risks to people had been identified, recorded and detailed guidance provided for staff to manage these safely for people.

Medicines were administered safely by staff whose competence was assessed by appropriately trained senior staff.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider did not always ensure that people were appropriately assessed for all aspects of their care and supported to manage risks independently.

People were assisted by staff who demonstrated they offered people choice in a way that could be understood and responded to. Staff evidenced that they understood how to support people effectively so their needs were met.

The provider ensured that staff had the relevant training to be able to proactively support people's needs and wishes.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. People who had specific needs surrounding their eating and drinking were provided with the additional support. This was to ensure they were protected from risks associated with eating and drinking and were able to participate in sociable mealtimes.

Staff understood and recognised people's changing health needs and sought healthcare advice and support for people whenever required.

### Is the service caring?

Good ●

The service was caring.

Staff were compassionate and caring in their approach with people supporting them in a kind and sensitive manner.

Staff had developed companionable and friendly relationships with people.

Where possible people were involved in creating and reviewing their own personal support plans to ensure they met their individual needs and preferences.

People received care which was respectful of their right to privacy and maintained their dignity at all times.

### Is the service responsive?

Good ●

The service was responsive.

People were assisted by staff who actively encouraged people to participate in activities to allow them to lead full, active and meaningful lives.

Staff and the registered manager reviewed and updated people's risk assessments on a regular basis and when people's needs had changed. This ensured people continued to receive appropriate care and treatment

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service responded quickly to people's changing needs or wishes.

People's views and opinions were sought and listened to. Appropriate communication methods were used to ensure that people could express their wishes and they were respected.

### Is the service well-led?

Good ●

The service was well led.

The registered manager provided strong leadership fulfilling the legal requirements of their role. Staff were aware of their role and

felt supported by the registered manager. They told us they were able to raise concerns and felt the registered manager provided good leadership.

The registered manager promoted a culture which placed the emphasis on creating a homely environment and the promotion of people's independence. Staff knew and supported these values in their practice.

The registered manager and provider sought feedback from people and their relatives and acted on this. They regularly monitored the quality of the service provided in order to drive continuous improvement.

# Worting Road (The Whispers)

## **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 the 23, 24 and 26 August 2016 and was unannounced. The inspection was conducted by one Inspector.

Before our inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We obtained this information during the inspection.

During the inspection we spoke with one person, the registered manager, two senior staff and an additional four members of staff. We pathway tracked seven people which meant we viewed their support plans, associated daily care records and medication administration records. We reviewed five staff recruitment files, staff training records and staff rotas for the dates 25 July to the 30 August, quality assurance audits, policies and procedures relating to the running of the service, accident and incident forms, maintenance records and quality service questionnaires. After the inspection we spoke with the relatives of two people.

Not all the people who lived at the home were able to communicate their views and opinions regarding the care they received. As a result we completed a number of observations throughout the course of the inspection. These involved observing staff interaction with people as well as a number of breakfast, lunchtime and tea time observations.



The last inspection of this home was completed on the 27 November 2014 where no concerns were identified.

# Is the service safe?

## Our findings

The person we spoke with told us they felt safe whilst living at The Whispers. Relatives told us their family members were safe because staff were always available and present to support the people who lived there. One relative told us, "Oh yes, definitely 100% yes (my family member is safe)", another relative said, "Very much so, yes (family member) is safe, there's always someone around...the staffing level is good"

People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these. This included identifying the signs they would recognise in people who were non-verbally communicative and unable to express their concerns. The provider had safeguarding policies in place. These provided information about preventing abuse, recognising signs of abuse and how to report it. Guidance was clearly displayed in the office containing the provider's out of hours contact telephone numbers staff could call in the event they were concerned. Staff were able to describe the physical and emotional symptoms people suffering from abuse could exhibit and knew their responsibilities when reporting a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social or health care setting.. Staff had received training in safeguarding adults and were required to repeat this training yearly to ensure their knowledge remained current. People knew how to identify the signs of abuse and to report these appropriately to keep people safe.

Risks to people's health and wellbeing had been identified and guidance provided to mitigate the risk of harm to them and other people. All people's support plans included their assessed areas of risk and provided 'Support Guidelines' for staff on the support people required. These included risks and information associated with people's behaviours which may challenge staff and others. Risk assessments included information about action to be taken by staff to minimise the possibility of harm occurring to people, for example people using the service who were at risk of choking as a result of their medical conditions. Information in people's support plans provided guidance for staff about how to assist them to eat safely and minimise the risk of suffering an adverse incident. We observed staff assisting people in a manner which ensured their safety. Records showed people had received the appropriate treatment in accordance with their risk management plans. Staff knew how to meet people's needs safely.

Accident and incident forms were completed when people and staff were involved in adverse situations in the home. Where people living in the home had been involved in incidents with others living at the home these were documented, investigated and measures put in place to minimise the risk of reoccurrence. These incidents were then reviewed by the registered manager and the provider's behavioural analyst to see if any additional action could be taken to prevent a reoccurrence of the behaviour.

For example, some people living at the home could exhibit certain behaviours which could challenge others. When incidents occurred involving these people we could see that records detailed the specifics about the incident, if there were any internal or external triggers which could lead to these behaviours being displayed, actions taken at the time and the processes staff needed to put in place to ensure the incident was not repeated. When people began displaying behaviour during the inspection which could have escalated

leading to harm being caused harm to themselves or others we saw staff were aware of the risks of incidents between people living in the home and followed the guidance provided.

People were assisted by sufficient numbers of staff to be able to meet their needs safely. In the event of any staff being unavailable due to last minute sickness people would be assisted by staff who would adapt their shifts to provide additional cover. The registered manager would also be available to deliver care if required. The provider did not use agency staff to provide care. This ensured familiarity and consistency for people who may be sensitive to changes in their living environment and their daily routine. On occasions when staff were unable to assist with covering last minute sickness people still received the care they required at the time they requested. Staff were able to demonstrate that on these occasions people were still assisted to have their needs met, it would mean that external activities would become internal activities until additional staff were able to assist.

Robust recruitment procedures were completed to ensure people were assisted by staff who were of suitable character. The provider requested full application forms with details of past employment history. Where gaps were identified in this employment the provider ensured that suitable reasons for this were sought.

Staff had undergone other detailed recruitment checks as part of their application process and these were documented. These records included evidence of good conduct from previous employers and included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Relatives told us they felt the correct people for the roles had been employed by the provider. One relative told us, "All the managers who have been there have been fantastic in choosing the people who work for them and it seems to be a very well matched and happy atmosphere and definitely the clients are the centre of the whole lot and that is just fantastic". People were kept safe as they were assisted by staff who had been assessed as suitable for the role.

People were protected from harm because there were contingency plans in place in the event of an untoward event such as large scale staff sickness, severe weather events or practical risks associated with fire or flood. To ensure people's safety their support plans included hospital passports. These provided detailed and easily read information for staff and emergency services in the event of providing care in an emergency situation. These included how people communicated, medications and their physical capabilities and were updated yearly or sooner if required if people's needs changed to ensure that they remained current.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. Staff received specific training in medicines management and were subject to annual competency assessments to ensure they could manage and administer people's medicines safely. There were clear arrangements in place to ensure that people were protected from receiving the wrong medicines. Medicines were mostly administered using a monitored dosage system from a blister pack prepared by the providing pharmacy. We could see that medicines were ordered, stored, reviewed, documented and disposed of correctly.

For people who were unable to communicate verbally that they required medicines which are to be taken as and when needed, such as painkillers, specific guidance had been created to allow staff to easily recognise the signs of people expressing pain. This included the non-verbal cues such as acting out of character, exhibiting an increase in agitation or holding onto or pushing staff. Staff recognised and understood these signs and people were provided with medicines appropriately to meet their needs. People were supported

to receive their medicines by staff who received the appropriate, training, guidance and support in order to be able to safely manage medicines.

## Is the service effective?

### Our findings

Relatives we spoke with were positive about the ability of staff to meet their family members' care needs. They told us that staff respected their family members decisions and choices and took all steps to promote people's independence wherever possible.

The Mental Capacity Act (MCA) 2005 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. Staff were able to discuss the principles of the MCA and how they used this in their everyday interactions with people when supporting them.

The registered manager completed a 'Decision Making Profile' for people living in the home which assisted staff by providing guidance as to how to support a person to reach a decision about any aspect of their care. This included how information about decisions should be given, such as using clear simple requests, how to help the person understand the decision to be made such as offering choice at every available opportunity. They also included the best time and worst time for a person to make a decision. For example one decision making profile stated that a person was more able to make a decision after they had received their personal care and had their breakfast in the morning. However they would not be in the right frame of mind to make a decision last thing at night about an action due to happen the following day. These provided clear guidance on how staff could take the right action to make sure people were given every opportunity and support to make decisions for themselves.

It was not always evident that when people who had been assessed as lacking capacity to make specific decisions about their care that the provider had always complied with the requirements of the MCA 2005. Some records showed that decision specific best interest meetings had been discussed with people, family members and social care professionals when people were unable to consent to receiving medical treatments. However, the service had not documented that all decisions taken had been documented as occurring in people's best interests. The provider and registered manager had not ensured that appropriate processes were documented to ensure that any actions taken on people's behalf had been documented appropriately.

People were not involved in self-administering their medicines or managing their own finances. In these instances the service was responsible for assisting people to take their medication as prescribed and managing their money. The registered manager told us that people living at the home had never been able to self-medicate and that the service had always helped manage people's finances. When people required money staff would assist the residents to take out the money they would need from their bank accounts. The registered manager would then review and retain bank statements and receipts. The registered manager said this was to ensure that they were receiving monies and had sufficient to participate in activities they wished to, including holidays.

The service had not demonstrated that they had assessed people's capacity to make specific decisions

regarding managing their finances and medicines. No best interest decisions had been completed to ensure that the home was demonstrably operating in people's best interests and that relatives and significant persons in people's care had been involved in those decisions. This process had not allowed people to develop their independent living skills regarding medicines and finances.

There was no evidence that where MCA assessments and best interest decisions were required, and people may have been able to give their consent, that the service had acted in accordance with the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff showed an understanding of DoLS which was evidenced through the appropriately granted authorities from the local authority. Staff were able to discuss the reasons for people being subject to a DoLS and the actions they would take to ensure they were able to support people in the least restrictive way.

The registered manager promoted the use of advocates and Independent Mental Capacity Advocates (IMCA) for people who were unable to make key decisions in their life. Access to IMCAs are a legal right for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. This ensured any large decisions involving medical interventions were made in a person's best interests.

People were assisted by staff who received a thorough and effective induction into their role. New staff were required to complete an induction which followed the Care Certificate induction standards. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised within the first 12 weeks of their employment. This induction covered a number of areas including staff understanding their new role, working with people in a person centred way, communication, awareness of mental health, dementia and learning disabilities and basic life support. This induction was then followed by a period of shadowing to ensure they were competent and confident before supporting people. Shadowing is where new staff are partnered with an experienced member of staff as they perform their role. This allows new staff to see what is expected of them. Staff had undergone or were in the process of training in specific key areas such as autism awareness in care, epilepsy awareness and infection control to enable them to conduct their role with confidence.

People were assisted by staff who received guidance and support in their role. There were documented processes in place to supervise and appraise all staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help staff develop in their role. The registered manager said that supervisions were due to occur every six to eight weeks which was more frequent than the provider's own policy. All staff we spoke with said they could and were happy to seek additional guidance and support from their senior members of staff including the registered manager at any time. This process was in place so that staff received regular and consistent support to enable them to conduct their role confidentially and effectively.

People were supported to have sufficient to eat and drink to maintain their nutrition and hydration needs. We saw and relatives told us that people had a choice of menus and enjoyed the food provided. Staff prepared people's meals and encouraged people to be involved in this process. People were involved in discussions regarding their menu choices which included a wide range of food including nutritionally balanced and visually appealing food. Staff supported people to maintain a healthy, balanced diet.

People ate well and were provided with sufficient time to eat their meals at their own pace. For those who required additional support during their meal times we could see individualised guidance provided in support plans was followed by staff. One person's support plan had identified that they required one to one individualised support to manage their risk of choking. This included their food to be presented in a certain way to ensure this risk of choking was managed effectively. This was done and staff ensured this person was eating in accordance with their support plan. Where people did not eat or like the main meal which was on offer people were able to choose alternatives they would prefer. People received the food and drink they required, and requested, in order to meet their nutritional and hydration needs and food preferences.

People were supported to maintain good health and could access health care services when needed. Records showed that when required additional healthcare support for people was requested by staff. We saw that people were referred to speech and language therapists when appropriate, such as when they were at risk of choking. When issues or concerns had been raised about people's health, immediate suitable healthcare professional advice was sought, documented and communicated to staff. This enabled health plans to be followed and for people to receive the care they required to maintain good health. One relative told us, "Oh yes, without a doubt, yes, there's no questions about it if they (staff) think he needs medication attention they do it and they always keep me in the loop".

Specific and clear guidance was provided to support staff on how to support people living with certain conditions, such as epilepsy and diabetes. Support plans provided guidance for staff on the actions to take in order to maintain people's health and wellbeing. For those living with diabetes guidance was provided on how to best support the persons diet to make sure it met their needs. Records showed that people were encouraged to attend their health specific appointments including psychiatry and diabetic eye screening appointments. People were also involved in annual health checks with their GP and annual medication reviews to make sure their health needs were being met.

## Is the service caring?

### Our findings

People indicated and told us they enjoyed living at The Whispers and we could see they experienced friendly and companionable relationships with staff. People indicated that they were happy by displaying relaxed body language, happy facial expressions whilst interacting with staff and moving around the home.

Relatives told us that their family members' support was delivered by caring staff. One relative told us, "Yes I do (think staff are caring) there's no sign of aggression or anyone getting mad...I've never had any worries...I do believe they (staff) love him". Another relative said, "Oh yes, (staff are caring) very much so, I've never had to query that".

Staff were knowledgeable about people, their preferences, specific behaviours and their support needs. They were able to tell us about people's favourite activities, their personal care needs and any particular diet they required. All staff in the home took time to engage and listen to people. Conversations were friendly, relaxed and mutually engaging. People's individual sense of humour were known by staff and conversations held were fun and personalised. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and needs. Staff allowed people time to process what was being discussed and gave them time to respond appropriately to ensure people were engaged. Some people living at the home required one to one care and support in certain situations such as mealtimes and whilst being supported in the community. This meant their support and care needs were such that they were a risk to themselves and others if they were not accompanied by a member of staff. We could see that this one to one support was provided in a non-intrusive and respectful way. People were allowed to move freely around the home and were not restricted by the staff who supported them.

Staff spoke fondly of the people they supported which had allowed personal but professional relationships to develop. The development of these relationships had been assisted by people's support plans which had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. Support plans were written in a way which showed affection for the people they were discussing. Support plans had information about what people liked and admired about them identifying their most positive attributes. For example one support plan described the person as being loving, caring with a good sense of humour who enjoyed participating in particular activities. We could see that staff were genuine in complimenting people when they displayed these personality traits.

People were included, as far as possible, in the planning of their care and support. Support plans contained detailed information about people's personal histories, any medical conditions they had, and what impact changes in their health had on their mood and wellbeing. They also included information about people's activities they enjoyed and the routine that they preferred with the delivery of their personal care.

Staff were able to discuss people's individual needs and we could see that they reflected people's wants in the way they provided support. Staff told us how they assisted people to express their views and to make decisions about their day to day support. This included enabling people to have choices about what they would like to eat, wear and what activities they wished to participate in. We saw that people were being offered choices on a daily basis about how and where they wished to spend their time which was respected.



When people were distressed or upset staff knew how to comfort and offer reassurance. During the inspection one person began exhibiting signs that they were unhappy. All staff spoke to this person with kindness trying to find solutions as to why they were unhappy. This person was then supported to participate in a kitchen activity and their negative behaviour ceased. Staff were also aware of people's triggers which could lead to them becoming upset. A weekly fire alarm test occurred at the location however one person found this to be a distressing experience. As a result staff would encourage this person to come out with them for a drive or to complete an errand locally so they were not present when the test was conducted. This minimised the stress this person would experience and ensured their wellbeing needs were met. People were cared for by staff who genuinely cared for their emotional wellbeing and took steps to ensure people were happy.

People were encouraged by staff to personalise their rooms and living spaces. People's bedrooms were individually personalised and decorated to reflect people's interests. Staff had been actively involved in painting a part of a person's room decorating it with glow in the dark stickers which the person really liked. The home was waiting for the kitchen to be replaced and it was clear from conversations between people and staff that people had been involved in choosing how the new kitchen was to be decorated. The registered manager wanted people to feel like they were living in their own homes. By involving people in decisions regarding decoration of rooms and the home this feeling was promoted.

During the inspection staff were responsive and sensitive to people's individual needs, whilst promoting their independence and dignity. Staff were able to provide examples of how they respected people's dignity and treated people with compassion during all interactions. This included allowing people additional time with the tasks they could complete independently whilst remaining vigilant to their needs. People were provided with personal care with the doors shut and staff knocked on people's doors awaiting a positive response before entering to assist.

Staff told us it was part of their role to encourage people who used the service to be as independent as possible. People had guidance included within their support plans which were agreed actions that people wanted to be able to achieve independently. For example, one person's support plan stated that staff were to encourage them to eat independently during their meal times. This support plan provided instructions on how they were to be supported to best assist this person so they retained their sense of independence. Staff knew the importance of supporting people to remain independent and we saw people were encouraged to do things for themselves continually during the inspection. A relative told us that as a result of the support provided by staff their family member had become more skilled and independent at dressing and managing their personal hygiene. The staff were committed to maintaining and enhancing the skills of the people they were supporting.

## Is the service responsive?

### Our findings

Relatives told us the service supported their family members to lead interesting and full lives. We saw people enjoyed the activities they were provided with and were encouraged by staff to make decisions about how they would like to spend their time on a daily basis. One relative told us, "I notice that the staff go out of their way to decide what might be suitable for the seven people who live there and come up with fantastic ideas (for activities) which to me makes me feel very happy".

The registered manager and staff were keen to fulfil people's lives by seeking ways to allow people to experience different social and leisure opportunities. All the people in the home were supported to take part in activities in the local community and attend social groups. During the inspection we saw one person had noticed and commented on a local event being advertised in the community. Staff spoke with this person and discussed with them what would be happening at the event knowing that this would be of personal interest to them. Staff then immediately noted the time, date and costing of the event in the staff communication book so that other people living at the home could be made aware and asked if they wanted to attend and that staff would be available to assist those who wished to go.

People had weekly activity planners which detailed what activities were available to them. However whilst people had structured routines available this was subject to change on a daily basis. People were provided with opportunities to change their mind and participate in alternative activities. Staff knew people's preferences and provided people with choice asking people daily what they would like to do. Relatives said interesting and individualised activities sought by staff for their family members resulted in their confidence levels increasing. One relative said, "Since he's gone to (external activity) he's much more focused and he's much more confident about it as well, he really loves that".

We saw during the inspection a variety of activities were available to people. These included attending local social groups and events, working at a local allotment, picnics, visiting the local car boot sales, participating in completing puzzles with staff and attending areas of outstanding natural beauty for walks.

People were also encouraged to attend local events and fun days, go into town for coffee and to the local public house, to attend the cinema, to participate in their own personal shopping and seek visits from the visiting reflexologist. People were asked during their monthly house meetings whether or not there were any indoor or outdoor activities they would like to see available to them and these were accommodated where possible. People were also supported to take holidays in local holiday parks.

Where people did not wish to actively engage in an organised activity staff sought opportunities for them to participate in alternative tasks to make sure they were kept active. This included asking people if they wanted to support staff doing the food shopping for the home and helping collect other people from their external events. The registered manager and staff knew the importance of providing people with choice regarding the activities they were offered and sought alternatives when required to enable people to live interesting and enjoyable lives.

People received consistent personalised care and support. People's care and support was set out in a written plan that described what staff needed to do to make sure that personalised care was provided. When initially planning care the support plans took into account people's history as well as the activities that were important to them. Relatives and external social care professionals were involved in the creation of these support plans to ensure all the person's needs, wishes and wants were taken into consideration. Relatives confirmed they were invited to be involved in the planning and reviews of people's care as requested and required.

People were supported by staff to express their views and formally discuss their care. Support plans were reviewed at least yearly and risk assessments were updated monthly to ensure they remained current and provided the most up to date guidance available. These reviews also took place if there was a change in a person's personal circumstances such as a health difficulty or change in support needs. Relatives were also involved in this process. One relative told us, "Yes, yes, every year (have a review) and then I have them during the year when I come to pick up (family member)...I always see a member of staff and ring, I feel I have good communication".

People and relatives were encouraged to give their views and raise any concerns or complaints. The provider's complaints policy provided information for people, relatives and staff about how a complaint could be made. This also included the timescales people should expect for any response and how to complain to the Care Quality Commission and local councils. People's support plans included easy to read information with pictures explaining how people could raise concerns if they were unhappy. People were also reminded at regular monthly residents meetings that if they had any concerns and wished to complain that they could speak with staff and would be supported in doing so.

Relatives were confident they could speak to the registered manager to address any concerns. Systems were in place so if complaints were received they could be documented, raised to the registered manager, investigated and a suitable response provided. Two complaints which had been received since the last inspection were reviewed. We could see that each of these were investigated, responded to appropriately and action taken where possible to prevent reoccurrence of the original complaint. Relatives told us they knew how to make a complaint and felt able to do so if required. One relative told us, "There is a complaints procedure which I have to read through I haven't needed to do it, if I have any queries or grumbles I talk with the registered manager but I've never had a complaint".

## Is the service well-led?

### Our findings

The registered manager promoted a service at The Whispers which was open and supportive to both staff and people living at the home. They sought feedback from people living at the home and relatives to identify ways to improve the service provided. Relatives said they were happy with the quality of the service provided and thought the home was well led. One relative told us, "I think (registered manager) is a very good manager, she looks after her staff and she manages to get everybody around the table and discuss about items that could be a problem, she's really good at that...I would really like them (the service) to go forward in the same way and I hope (registered manager) stays for a long time, she's very good".

The registered manager was keen to encourage a culture which placed an emphasis on people feeling like they were living in their own homes and were supported appropriately by staff. The Whispers was described by the registered manager and staff as people's home and everything that staff did was to meet and support people's needs as well as promoting their independence, emotional and physical wellbeing. They wanted the home to have a happy and relaxed atmosphere to promote this homely environment. This culture was known and evidenced by staff and relatives. One relative told us, "The home is happy, relaxed and everybody is content...it's a very contented house and happy there, I know my (family member) is happy". Another relative said, "It's a quiet, peaceful and warm homely place, you know it's got a very good atmosphere, everybody is friendly, people talk to you and speak to you, it's a very good atmosphere there".

The registered manager was available to people and staff to offer guidance and support whenever they were required. Staff felt consistent support was given by senior staff and the registered manager. One member of staff told us, "She (registered manager) is good at what she does, if I ever have a concern I know she's there to talk to, the door's always open and she's very much like a nice care manager...she's part of the team, she doesn't keep herself away". Another member of staff said, "She (registered manager) is very good...I could speak to her whenever I need to".

Staff were not able to discuss the provider's visions or values which included, staff exhibiting a passion for care and a passion for business, displaying positive energy, staff being given the freedom to succeed, facing up to reality and challenges as they arise and thanking people where deserved. These values had been recently sent to the home for display in the manager's office and was waiting to be pinned to a publically seen area. However staff were all able to discuss how the registered manager wanted care to be delivered and the type of atmosphere that the home was to have. This included the value that people's independence was paramount and that their ability to do things for themselves should not be taken away from them. One member of staff told us about the values of the service, "It's promoting a better way of caring and people's independence". Another member of staff told us, "We need to treat people as an individual and make sure all their needs are met, it's about us (staff) knowing that this is their home and we're here to work around them, they're not here to work around us, this is their home".

This behaviour and values were not only exhibited by the staff but by the registered manager and other senior staff. A member of staff told us, "(registered manager) and seniors are good at coming out on the floor if needed, they're really good. They're very focused that the guys are happy and that staff are happy, a high

morale means a better atmosphere for the guys, I'm very impressed with that". Our observations showed that all staff followed these core values in their interactions with people and responded quickly to people's individual needs. Staff were aware and ensured that people were given every opportunity to fulfil their needs and wishes to live an independent life as possible.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and effectively. Staff knew where to access the information they needed to enable them to deal with new situations and could seek advice and guidance from other staff and managers.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had ensured notifications about significant events had been reported to the CQC in an appropriate and timely manner in line with CQC guidance. These are required for the CQC to monitor incidents as they occur and to identify and confirm that appropriate action had been, and would, be taken in the future in order to keep people safe and minimise the risk of a reoccurrence or the original incident.

The registered manager sought feedback from people, relatives and staff to identify how the service they received could be improved. People, relatives and staff were asked for their feedback by a variety of methods which included the use of annual questionnaires. The last survey was completed in 2016 and people, staff, health/social care professionals and relatives were asked to participate in answering questions. These included questions asking what worked well at the home, any changes they would like to see and how people would describe the care that they received.

A number of responses had been received and spoke positively about the care delivery in the home. Positive comments received including relatives describing the care and support. These were collated and published for people, staff and visitors to the home to view.

Relatives wrote that the care was, 'Respectful, continuous, capable, considerate, loving, 100%, excellent, very good'. Other relatives spoke positively about what worked well at the home, 'Staff work as a team and truly have the well-being of people at heart. People are treated as individuals with many strengths which get supported'. Healthcare professionals described what they felt was the strength of the service, 'Good staffing levels, carers have good knowledge of residents, request for GP visits are always appropriate, feels like everyone's a family, staff and residents work well together and well supported'.

People said the care was 'Good and brilliant' and praised the living accommodation they were provided with. One person commented what they would like to see change at The Whispers as, 'Go on my bike again'. We could see that this person was being given opportunities to go out on their bike with the support of staff.

Staff had mentioned that the home needed a new kitchen and plumbing during this process. At the time of the inspection this had been addressed and the home was awaiting a full kitchen refurbishment. People, relatives, external health and social care professionals and staff were given the opportunity to feedback on the quality of the service provided and make suggestions where improvements could be made.

The provider ensured that there were systems in place to monitor the quality of the service people received though the use of regular provider and registered manager audits. The results of these audits were then used to create an action plan. This action plan covered all areas of care delivery and included timescales for completion and who was responsible for ensuring these actions were completed.

The provider's operations manager had recently completed a quarterly audit which had looked at whether or not the service was providing, safe, effective, caring, responsive, well led care. To reach a judgement the operations manager sought evidence to answer questions such as, 'Staff are observed respecting people who live in the home by knocking on doors, addressing them correctly and taking time to talk with them'. We could see that this respectful care was routinely displayed by staff. The operations manager had also noted that not all staff members had a detailed and quality one page profile including their names, photographs and position which could be available to people living in the home. This was in the process of being addressed by the registered manager at the time of the inspection.

The operation manager's previously completed audit for April – June 2016 identified that not all people had their nutritional and hydration intake monitored to ensure weight loss/gain was identified and monitored. We could see during this inspection as a result of this feedback that new screening charts were in place to monitor people's weight and ensure that changes or fluctuations in people's weight could be identified and explained with healthcare professional advice sought if required. Processes were in place to regularly monitor the quality of the service provided and where actions were required to improve these were managed and actioned in a timely manner.

Staff identified what they felt was high quality care and knew the importance of their role to deliver this. One member of staff told us, "(high quality care) is random things like taking them out for the day wearing nice clothes and nicely shaved if that's what they like, making sure they're well presented". Another member of staff told us high quality care was, "Making sure the guys best interests and their needs are met...helping them make sure their home is safe and making sure they're living their lives to the happiest and fullest it can be".

Compliments viewed documented that relatives agreed that high quality care was provided to people living at The Whispers. One relative had expressed to a member of staff their thanks during which they complimented the house, care team and staff for all their hard work and how much of a difference they had noticed in their family member. This gratitude had been documented by staff. The family member thanked everyone for their 'hard work and dedication' and said they 'wished everybody could see how well and happy all at Worting Road were and was very happy that (her family member) was lucky to be living there'. A visiting health care professional had commented to staff which had been documented and read, 'How friendly and warm the house felt and how lovely and well maintained (2 people's) bedrooms where and was impressed with the amount of family photos and the size of their bathrooms'. The visiting health care professional stated she had enjoyed her visit to the home. People were assisted by staff who were able to recognise the traits of good quality care and ensured these were followed and demonstrated when supporting people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Personal care	<p>The provider had not ensured that where Mental Capacity Assessments and Best Interests decisions were required where necessary. Where people were unable to give their consent regarding managing their finances and medication the provider had not had acted in accordance with the appropriate regulations.</p> <p>This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>