

Voyage 1 Limited

Millstream House

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected this service on 01 and 02 December 2015. This first day was an unannounced inspection while the second day was announced.

Millstream House is a residential care home located in Strood. The home provides accommodation for up to 22 people who have a diagnosis of Huntington's Disease and acquired brain injury. The home is set out over three floors, with lift access throughout. Some people had mobility difficulties, sensory impairments and some received their care in bed. At the time we visited there were 12 people living at the home.

At our last inspection on 09 March 2015, we made recommendations and found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the regulation 9, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk because sufficient numbers of staff were not deployed. Records had not been suitably maintained. People did not always get food and fluid which met their individual needs and the planning and delivery of care did not always meet people's needs. We asked the provider to send us an action plan on how and when they planned to improve the service and meet the regulations. The provider submitted an action plan to show how they planned to improve the service and meet the regulations by 30 October 2015. We found they had met this deadline.

There was not 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. However, the operations manager informed us that the current acting manager would be submitting an application to register as manager.

The manager and provider regularly audits that assessed and monitored the quality of care to ensure required standards were met and maintained. However, the audits had not quickly identified and responded to gaps in records which had not always been completed. We have made a recommendation about this.

People were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. Staff understood their roles and responsibilities to report any concerns and were confident in doing so.

Risk assessments were in place that identified and reduced risks that may be involved when meeting people's needs. There were risk assessments relating to people's individual needs and details of how the risks could be reduced. This enabled staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. The provider and manager followed safe recruitment practices to help ensure staff were suitable for their job role.

Staff had been provided with relevant training and they attended regular supervision and team meetings.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Health care plans were in place and people had their health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

People were supported to have choices and received food and drink at regular times throughout the day. Alternatives were provided for people as they wished.

Staff were caring and we saw that they treated people with respect during the course of our inspection.

Our observation on the day showed that people had varied choices of activities. Activities were diverse enough to meet people's needs and staff were always responsive to people's activity needs.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the manager and knew they would be listened to.

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.

The provider had taken reasonable steps to protect people from abuse. Staff demonstrated they understood the importance of keeping people safe.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

People received their prescribed medicines in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People were supported to maintain good health and had access to healthcare professionals and services.

People's human and legal rights were respected by staff. Staff had good knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards, which they put into practice.

Is the service caring?

Good ●

The service was caring.

Staff had a good rapport with people. They gave people plenty of time to communicate their needs.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People were treated with respect and their independence, privacy and dignity were promoted.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported.

People took part in activities which were of interest to them.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

The provider had a complaints procedure, which was followed in practice.

Is the service well-led?

The service was not always well led.

Quality assurance processes were in place to monitor the home to ensure that people received a good quality service, but audits were not effective in identifying all areas for improvement.

Records relating to people's care and the management of the home were not well adequately maintained.

The operations manager and the manager had an open and approachable manner and demonstrated a good knowledge of the people who lived at the home.

Requires Improvement 

Millstream House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 01 and 02 December 2015. This first day was an unannounced inspection while the second day was announced.

Our inspection team consisted of two inspectors and one expert-by-experience who spoke with people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge, experience and understanding of and residential care homes.

This inspection was carried out to check if the provider had made improvements to the service since our inspection in March 2015. Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us about by law. We looked at safeguarding and whistleblowing information we had received.

During our inspection we spoke with three people, and we observed care and support in communal areas as some people were not able to verbally communicate their experiences. We spoke with five staff, including two support workers, two team leaders and the deputy manager of another home owned by the provider. The deputy manager was seconded to provide support in the home. We also spoke with the administrator and the operations manager. We contacted other health and social care professionals to gain their views about the home. These included community nurses, doctors, speech and language therapist, local authority care managers and commissioners of services.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, risk assessments, daily care records and two staff records. We looked at a sample of audits the manager sent to us, satisfaction surveys, staff rotas, and policies and procedures.

Is the service safe?

Our findings

At our previous inspection on 09 March 2015, we identified one breach of regulations. People were at risk because sufficient numbers of staff were not deployed. The provider submitted an action plan and said they would be compliant with the Regulations by 30 October 2015. At this inspection, we found the provider had made improvements in this area.

People were unable to verbally tell us about their experiences. One person with limited communication skills commented and said, "I do feel safe living here". They felt confident about the staff that were looking after them and said, "Staff do take me out in to the community and ensure I'm kept safe".

There were enough staff to support people according to their needs and preferences. Staffing levels ensured people were supported safely within the home. People's individual needs were assessed before people moved into the home and this information was used to calculate how many staff were needed on shift at any time. People were receiving one to one care and we observed that there were appropriate numbers of staff to engage with people individually and to support them within the home. This showed that staff were available to respond promptly to people's needs and ensure their safety.

The operations manager told us that the manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. For example, whenever two people go out into the community they had been accompanied by two members of staff for an activity; they had provided additional staff to cover any shortfall in the home. We saw records that confirmed this. This meant that the manager always ensured there were enough staff to meet people's needs.

At our previous inspection on 09 March 2015, we recommended that the safeguarding policy and procedures are reviewed to ensure that staff can easily access guidance, advice and support in order to keep people safe.

At this inspection, we found the provider had made improvements.

The provider had a safeguarding policy in place. Staff had access to the safeguarding policy which detailed that they should report safeguarding concerns to their manager. The safeguarding policy followed the local authorities safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse, and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "I am able come forward with issues such as bad practices to be dealt with". The

deputy manager told us that they encourage all the staff to voice any concerns they may have, individually, during supervision and at monthly staff meetings. This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible. Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way. This is a process for staff to raise concerns about potential malpractice in the workplace. Members of staff told us that they would first report to a senior staff, and the registered manager. If this did not satisfy their concern, they knew to phone the operations manager and finally, told us that the whistleblowing and safeguarding hotline number was displayed on the notice board. We observed that this was clearly displayed near the administration office for all staff to see. The provider also had information about whistleblowing on a notice board for people who used the service, and staff. This was named, 'See Something, Say Something' to encourage them to speak out if they had any concerns about the service provided.

Safe recruitment processes were in place. The provider had an employment policy, disciplinary procedure and other policies relating to staff employment. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as people who need safeguarding would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff records that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

At our previous inspection on 09 March 2015, we recommended that risk assessments are reviewed and updated appropriately to ensure that staff have clear guidance in order to meet people's needs.

At this inspection, we found the provider had made improvements.

People's support plans provided staff with detailed information about how to support people in a way that minimised risk for the individual. The service had a risk assessment policy and we saw the risk people faced had been assessed. For example, there were nutritional risk assessments, moving and handling risk assessments and health and safety risk assessments. When people had specific risks associated with their individual needs, for example poor risk of skin integrity. Records showed that staff worked with a range of professionals in managing these risks, including District Nurses, Speech and Language Therapists and GPs. Guidance about action staff needed to take to make sure people were protected from harm was included in the risk assessments. There were specific risk assessments and guidelines for support plans in place. Staff were able to describe the plans and had an awareness of people's individual risks. People's risk assessments were reviewed and updated with involvement from relatives and health and social care professionals.

There was a medication policy in place. Medicines were stored safely and securely and there were checks in place to ensure they were kept in accordance with manufacturer's instructions and remained effective. Each person had their own section in the medicine administration folder with a photograph on the front of their records to reduce the chances of medicines being given to the wrong person. Administration records showed people received their medicines as prescribed. Safe storage and administration meant that people's health and welfare was protected against the risks associated with the handling of medicines. Some people required medicines to be administered on an 'as required' basis. There were detailed protocols for the administration of these medicines; together with records of the circumstances when they had been given. This was to ensure they were given safely and consistently. Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This meant that staff continued to manage medicines to the required standards.

Maintenance checks and servicing were regularly carried out to ensure the equipment was safe. Risk

assessments for the home were carried out to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills. Risk assessments of the environment were reviewed and plans there were in place for emergency situations.

The home was well maintained. A handyperson was available on a weekly basis to carry out repairs. This included general maintenance such as painting. Any repairs required were logged with the provider's premises support department. The operations manager told us that urgent repairs were completed within four hours and non-urgent repairs were completed within 24 hours. The maintenance records evidenced that repairs had been made to the lift when it developed a fault; these repairs had been carried out promptly. We observed that the maintenance man replaced the faulty front door bell when we visited. The home was clean, tidy and well presented.

There was an emergency plan which included an out of hours' policy and emergency arrangements for people that was clearly displayed on notice board. This was for emergencies outside of normal hours. A business continuity plan was in place. A business continuity plan is an essential part of any organisation's response plan. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards, with the least amount of disruption to people living in the home. Personal Emergency Evacuation Plans (PEEPs) were in place for each person. Each one had guidance on how each person needed to be supported for example how many staff were needed to support them and their level of mobility. There was also guidance on which exits to support them through and what to do about obtaining medicines if they were unable to return to the home.

Is the service effective?

Our findings

At our previous inspection on 09 March 2015, we identified one breach of regulations. People did not always get food and fluid which met their needs. The provider submitted an action plan and said they would be compliant with the Regulations by 30 October 2015. At this inspection, we found the provider had made improvements in this area.

When people required their food and fluid intake to be monitored this was now being clearly recorded. For example, people's fluid records detailed what was written in their assessed needs as the required amount for each person. Guidance about safe levels of hydration had been issued to staff. People's fluid charts were completed every time they had fluids with the amount given. People who required food thickener to be used to thicken their drink to consistency level, had this completed according to the dietician's advice.

Staff spent time encouraging people to eat and drink throughout our inspection. Staff were observed helping people to eat their lunch. People were not rushed and were given enough time to enjoy their meal. We observed one person who needed lots of encouragement to eat; we saw that staff offered gentle prompts and reminders to eat their meal. People had choices of food at each meal time. We asked the chef that if people do not want what is on the menu, what do you do. They said, "I always have different food I can quickly prepare for anyone who does not want what is on the menu. We provide them with their choice. For example, I provided one person with cheese board as this was their preference". Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People had been weighed monthly to monitor if they gained or lost weight. We observed that there was a relaxed atmosphere at lunch time. Staff provided gentle reassurance, chatted with people and were discreet when supporting people with cleaning up after their meal.

Staff had received regular training in all areas considered essential for meeting the needs of people in a care environment safely and effectively. Staff told us they had training specific to the needs of people who lived in the home such as infection control, first aid, health and safety and nutrition awareness. Staff told us that they had opportunities to do additional training such as Huntington's Disease awareness and courses relating to palliative care. New staff received an induction. A nurse responsible for liaising with the home and creating end of life care plans felt the staff knowledge and skills was good. Staff had the knowledge and understanding of pressure care and tools to monitor whether people were at risk of malnutrition. Malnutrition Universal Screening Tool (MUST) guidance for staff had been implemented. This enabled staff to monitor and provide essential food intake for people's nutritional needs as required. The provider had also implemented 'NHS guidelines for the use of prescribable oral nutritional supplements in Adults'. This showed that the provider had put measures in place that enabled them to adequately meet people's nutritional needs.

Staff told us, and records confirmed that they received supervision sessions with their line manager on a regular basis throughout the year. Staff also underwent an annual appraisal of their work with their line manager. Staff told us that they had the opportunity to attend team meetings on a regular basis. These support systems provided staff with opportunities to explore their practice, to develop as staff and to

communicate important information about their roles and responsibilities.

The Mental Capacity Act 2005 supports and protects people who may lack capacity to make some decisions themselves. Staff we spoke with understood that people were able to make day to day decisions. However, where people had been assessed as not having the capacity to make certain decisions, for example complex decisions regarding their health, meetings had been held with those involved in their care and other healthcare professionals. This ensured that any decisions made on behalf of the person were in their "best interests".

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS make sure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The manager had submitted applications to the local authority for 10 out of the 12 people who lived in the home as they were unable to use the electronic key pad without supervision. A record was maintained to ensure any approved authorities were renewed within the specified time limits to make sure they continued to comply with the legislation.

We checked whether people had given consent to their care, and where they did not have the capacity to consent, whether the requirements of the Act had been followed. The manager had made Deprivation of Liberty Safeguards (DoLS) applications to the local authority for one person who was assessed as 'Unable to maintain all activities of daily living, maintaining their safety and reduce risk of harm and for the use of abduction correction straps when they are using the hydro tilt chair'. This was carried out after a best interest meeting was held. It was decided that it was in the person's best interest for staff to adhere to areas mentioned above, which was granted. People's rights were considered and the manager understood their responsibilities in relation to this. Staff sought and obtained people's consent before they helped them. People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. We observed staff using one person's sign language to determine their choice of need. For example, if they raise two fingers up, it meant yes and if no fingers are raised, then it meant no.

People were involved in the regular monitoring of their health. People were registered with their own GP, dentist and optician. People were reminded by staff about appointments with health care professionals and were accompanied. When staff had concerns about people's health this was reported to the manager, documented and acted upon. A person who felt unwell had been referred to a GP with their consent for a review of their medicines. One person told us that they see their GP and they received health checks regularly. All the people living in the home had annual 'well-being' check-ups. Healthcare professionals told us that people were supported to maintain good health, have access to healthcare services and received ongoing healthcare and other support through the local Community Team Learning Disability (CTLDD) and GP.

Records showed people had received care and treatment from health care professionals such as psychiatrists, psychologists, GP and speech and language therapists. Appropriate and timely referrals had been made to make sure people received the necessary support to manage their health and well-being.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. One person with limited communication skills told us that they felt that staff knew them well. They further said staff do support them to go out to the pub and their relative do visit them and take them out.

During the day we spent time observing and talking with all the people who lived in the home. There was a friendly, relaxed atmosphere and people and staff were very welcoming. There were caring relationships between people who lived in the home and between people and the staff who supported them. People showed interest and concern for each other and greeted each other warmly.

Staff treated people with kindness and compassion, staff knew how to engage and interact with people and knew people's sense of humour. We observed plenty of laughter and chatter between people and staff throughout our inspection.

Staff demonstrated respect for people's dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

Staff demonstrated an understanding of people's diverse needs and were able to tell us about their needs. For example, staff told us about people who required 1-1 support throughout the day. All members of staff, and the provider, regularly interacted with each person who lived at the home, throughout our inspection. For example, we saw one people being supported to do fairly simple activities such as taking their laundry to the laundry room. Staff did this in a skilled way that helped people to really contribute to these necessary tasks in an active way. This demonstrated that staff involved people and this in turn helped to promote their well-being.

Staff told us that communication systems within the home worked well and the manager passed messages amongst the staff team as and when required. A communication book was in use where important messages could be passed between changing staff shifts. We read feedback from a local authority's care manager that complimented staff on updating them on their clients welfare.

The manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. Advocacy information was on the notice board for staff and people in the home. The deputy manager told us that while some people had an advocate acting on their behalf; others had family members who were actively involved in their care.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms

where they could have privacy and each bedroom door had a lock and key which people used.

Is the service responsive?

Our findings

At our previous inspection on 09 March 2015, we identified one breach of regulations. The planning and delivery of care did not always meet people's needs. The provider submitted an action plan and said they would be compliant with the Regulations by 30 October 2015. At this inspection, we found the provider had made improvements in this area.

People were unable to verbally tell us about their experiences. People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed by the manager and staff, and care plans had been updated as people's needs changed. Staff used daily notes to record and monitor how people were from day to day and the care people received. The care plans were designed to meet each person's needs after their initial assessment. Where other agencies needed to be involved, this had been done and recorded.

People's care records were individualised and provided the reader with detailed information. These included information about the person, their care needs, communication skills, risks that they were exposed to in their daily lives, likes and dislikes, medication needs and goals for the future. Staff were armed with the key information they needed to ensure the care they delivered, was both appropriate and safe. The home operated a keyworker system where individual staff members were allocated to different people living at the home. A keyworker is someone who co-ordinates all aspects of a person's care in the home. These staff members held the responsibility for ensuring that the person they were keyworker for, received the most appropriate care for their needs and that their care records were up to date. This showed that people had been listened to and staff acted on their views.

Care plans and risk assessments were reviewed on a monthly basis and any concerns were acted upon straight away. The deputy manager told us that people and their relatives or representatives were invited to attend people's reviews. At the reviews people could share their views and say whether they were happy with the care and support people received.

Care plans contained information about the kind of activities people were interested in. Our observation showed that people were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community for individualised activities as they wished. Choices of activities were written in the activities planner for each person. For example, on 28 November 2015, two people went to watch a football match and on 05 December 2015, planned activities included watching football in Brighton, another 2 people were going to Rochester Christmas market for shopping. Our observation on the day showed that people had choices of activities. We observed four people engaged in an active quiz in the afternoon of our inspection. People whose choice was to be left alone in privacy were observed by staff. These examples showed that activities were varied and diverse enough to meet people's needs, and the staff were always responding to people's needs.

The provider had a complaints policy in place and this was followed in practice. We reviewed how the provider handled complaints received within the home and found that there had been one complaint since

our last inspection. This complaint was a neighbour about unacceptable noise from staff outside the building at night. Records held within the home showed the operations manager and manager had worked closely with the complainant, and investigated the matter accordingly. The complaint was responded to according to specified timescale, thereby bringing the matter to a satisfactory conclusion for everyone involved.

There were systems in place to receive people's feedback about the service. The provider sought people's views about the quality of the home, by using annual questionnaires. These were also sent to staff, health and social care professionals and relatives. Family members were supported to raise concerns and to provide feedback on the care received by their loved ones and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. For example, people had been asked if they had any concerns. Everybody said that would speak to the manager if they have any concerns. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

Is the service well-led?

Our findings

At our previous inspection on 09 March 2015, we identified one breach of regulations. Records were not always maintained to acceptable standards. The provider submitted an action plan and said they would be compliant with the Regulations by 30 October 2015. At this inspection, we found the provider had made some improvements in this area.

The manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews. However, they had not quickly identified and responded to gaps and inconsistencies found during our inspection. For example, the bowel monitoring chart in place had the last entry as 27 November 2015. There was no further entry, which should show that this was being monitored daily. In another person's fluid intake chart, the total fluid intake such as 175mls was recorded. The dietician guidance stated that that three scoops of thickening powder per 100mls to make a pudding consistency. Records seen did not detail the amount of thickener used. This meant that there were not records which showed if the specialist guidance was being followed. We spoke with both the operations manager and deputy manager of our findings. The operations manager sent us an action plan the day after our inspection, which indicated their commitment to ensure records were updated and consistent.

We recommend that the provider and manager seek advice and guidance from a reputable source, about how to keep records well organised or adequately maintained in a consistent manner.

The management team encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included 'passion for care'. 'We are intensely passionate about delivering personal outcomes for individuals. We place their safety, security and equality above all else.' Staff demonstrated these values by being passionate about the care we observed being delivered. They said, "It is good, improving. From last CQC inspection report, it has improved". Other staff said, "Management has been fine. New manager has turned things around. She deserves the credit and she is approachable. The operations manager is a very good manager too". Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the manager was supportive to them. Staff told us that the manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.

At the time of our inspection, there was no registered manager in post. The registered manager had left in August 2015. However, there was a new manager at the home. The new manager was on annual leave when we visited. The new manager was the previous deputy manager and had recently been promoted the position of manager. The manager at Millstream was supported by the operations manager, in order to support the home and the staff. For example, the operations manager supported the manager to ensure that there were sufficient staff adequately deployed to support people in and out of the home after our last inspection. The manager oversaw the day to day management of the home. They knew each person by name and people knew them and were comfortable talking with them.

The operational manager visited the home to carry out a service audit. The provider's action plan following the most recent quality audit in August 2015, had identified that people needed to be more involved in the home. As a result, the manager had completed these identified shortfalls. Previous action plans showed dates when the actions had been completed which showed that improvements were continually being made to the service. Records showed that the operations manager continually supported the service regularly to ensure compliance with action plans submitted to the commission. A monthly monitoring program was in place to do this.

Communication within the home was facilitated through monthly team meetings. We looked at minutes of October 2015 meeting. We saw that this provided a forum where areas such as risk assessments, safeguarding, staff handover, infection control, annual development plans and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

There were appropriate arrangements for reporting and reviewing incidents and accidents. They audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly. For example, one person had a fall on to a bed mat next to their bed. The manager had called a staff meeting to discuss this and met with the district nurse for support. This resulted to the person being reassessed for possible use of bed rails, which was decided not to be used as this would be a form of further restriction. Monitoring process was put in place. This demonstrated that immediate action was taken to minimise or prevent further accidents. These audits were shown to us as part of their quality assurance system. The deputy manager said, "We document all incidents using the ABC (Antecedent, Behaviour and Consequences) form, report it to the operations manager who will go through and also report it to higher management if need be". Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

The manager was aware of when notifications had to be sent to Care Quality Commission (CQC). These notifications would tell us about any important events that had happened in the home. Notifications had been sent to the Commission to tell us about incidents that required a notification. We used this information to monitor the service to people and to check how any events had been handled. This demonstrated the manager understood their legal obligations.

The provider, manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The operations manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.