Care Quality Commission

Voyage 1 Limited

351 Maidstone Road

Inspection report

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Ratings

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

Overall summary

We inspected this home on 4 June 2015. This was an unannounced inspection.

351 Maidstone Road is registered to provide residential care for a maximum of seven people with a learning disability. At the time of our inspection, four people lived in the home who had learning disabilities, autism and some with limited verbal communication abilities. People were fairly independent and involved in the way the service was run.

There was a registered manager at the home. 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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs. There were risk assessments related to people whose behaviour may be challenging with detailed guidance for

Summary of findings

staff to follow to reduce the risk of harm. However, staff had not always followed the guidelines in the risk assessments about managing people's behaviours. This had not always ensured that staff were able to minimise or prevent harm to people.

Staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff had been provided with relevant training and they attended regular supervision and team meetings. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager followed safe recruitment practices to help ensure staff were suitable for their job role. Staff described the management team as very open, supportive and approachable. Staff talked positively about their jobs.

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

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made.

Medicines were administered safely to people. People had good access to health care professionals when required.

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.

Health care plans were in place and people had their physical and mental 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.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive and inclusive atmosphere within the home and people were encouraged to be involved in their care.

Easy to read information had been developed for people to understand documentation such as the complaints procedure. People in the home were able to communicate verbally. Where there were limited understanding, the management and staff had adequate communication systems in place for people.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Staff had not followed behavioural support guidelines in place to minimise potential risk of harm to people who lived at the home.

The provider had taken reasonable steps to protect people from abuse.

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

Medicines were stored, administered and recorded safely.

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.

Health action plans were in place. People were supported by relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

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.

People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed, kindness and compassion.

Positive caring relationships had been formed between people and staff.

Is the service responsive?

Good

The service was responsive.

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

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

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

Summary of findings

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

There were effective quality assurance systems in place. The provider undertook regular audits that were fed back to the registered manager as part of the monitoring arrangements.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

351 Maidstone Road

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 4 June 2015 and was unannounced.

Our inspection team consisted of one inspector and one expert-by-experience who carried out interviews with people using the service. Our expert by experience had knowledge, and understanding of learning disabilities services and supporting family and friends with their health care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. We looked at information received from the provider that included information about important events which the service is required to send to us by law.

During our inspection, we spoke with four people, three support workers, one senior support worker, deputy manager, registered manager and operations manager (who was a representative of the provider). We also contacted health and social care professionals who provided health and social care services to people.

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 care records, which included care plans, risk assessments and daily records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

At our last inspection on 19 February 2014, we had no concerns and there were no breaches of regulation.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes, I feel safe here". Another person said, "If I am concerned with something or about something, I will go to the manager or the deputy manager."

The care files showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them from harm. The staff had a good understanding of the care and support people needed and how to keep them safe. One member of staff said, "People living in this home have behaviours that challenge the service but we are able to manage these behaviours properly by following their care plans". Staff were also able to describe how they encouraged people to be as independent as they were able to be, while monitoring their safety. Care records contained an assessment of people's needs, which lead into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. The people who lived at the home were independent and risk management plans were in place for people when they were out in the community. Assessments covered risks related to, for example, travelling in a vehicle, risk of self-harm, accessing the community, mobility and nutrition.

However, staff failed to follow set guidelines for one person who had the potential of self-harm and harm to others. For example, we tracked an incident and found that staff noted at 10.00am the person 'appeared very anxious' and was later supported out into the community by staff. While this person's support guideline clearly stated that 'staff are to ensure the person is given 1-1 time away from others when he is displaying signs of high anxiety', staff supported the person out into the community with another person. This resulted in alleged physical abuse of the other person in the vehicle. This incident had been referred to the local authority as a safeguarding incident, which was currently being investigated at the time we visited the home. This demonstrated that the registered manager and staff had not strictly followed support guidelines in place to minimise potential risks to people who lived at the home.

This failure to ensure that people were safe from identified risks relating to the management of behaviour was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had safeguarding policies and procedures in place. These gave guidance to staff on what to do if concerns were raised about a person's safety, or if they were told about an event that had happened. The policy linked directly to the local authority safeguarding policy, protocols and guidance. The provider had followed safeguarding procedures where allegations had been made and had notified the local authority and the Care Quality Commission (CQC).

Staff had a good understanding of safeguarding issues and had to complete a safeguarding training programme as part of their induction training and on-going refresher training. Members of staff knew how to report abuse and were aware of the whistle blowing policy. They all said they were confident to raise any concerns with the registered manager or with the local authority or the CQC if necessary. One member of staff said, "I would report any concerns to the manager". Staff told us that they had completed safeguarding adults training. The staff training records showed that all staff had attended safeguarding adults training within the last two years. Staff had received appropriate training and they knew how to recognise and protect people from abuse.

We looked at staff rosters for two weeks, which included the week we inspected. These showed people were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people's needs. People told us there were sufficient staff to support their daily needs. One person told us; "I go out with a member of staff a lot now". The registered manager told us there was a contingency plan in place with other homes in the same provider group to provide staff in the event of an emergency. Staff were not rushed and acted promptly to support people's needs. Our observation and discussion with the registered manager showed that staff were deployed based on an analysis of the levels of support people needed to meet their needs.

The registered manager showed us records of how people received their funded additional support hours, such as one to one support. This showed that there were suitable numbers of staff to care for people safely and meet their needs.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS

Requires improvement

Is the service safe?

ensured that staff barred from working with certain groups such as vulnerable adults would be identified. A minimum of three references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this. The provider had a disciplinary procedure and other policies relating to staff employment. This meant people could be confident that they were cared for by staff who were safe to work with them.

There was an effective system in place to ensure people received the medicines they needed safely. Staff who administered medicines had received training and the deputy manager told us that only trained staff administered people their medicines. Incoming medicines were checked in by staff and whatever was left had been sent back to the pharmacy for disposal. All medicines were kept safely in locked cabinets for storage. Staff kept a record of how much medicine was stored in the home.

Some people were prescribed medicines to be given on an 'as required' basis, such as medicine for pain relief and agitation. The record informed staff of the type of things the person would say, and the behaviours they would exhibit which meant they might benefit from the medicine being administered. There was a process for administering 'when required' medicines in the home which included the reasons for giving the 'when required' medicine, how much to give if a variable dose has been prescribed, what the medicine is expected to do, the minimum time between doses if the first dose has not worked and recording 'when required' medicines in the resident's care plan. This ensured staff were consistent in their approach to giving this medicine. People had signed their consent for staff to maintain and administer their medicines as people were unable to administer their own medicines safely and according to their wishes.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. We saw documentations that supported this on notice boards in the home.

Good

Is the service effective?

Our findings

People we spoke with told us they were happy with the care provided by staff. One person told us, "Staff look after me." We saw staff knew people well and provided effective support according to people's needs. For example, we saw how staff supported people to choose what they would like for their lunch in the day. Staff knew people's favourite foods and the level of support they needed to prepare the lunch.

Staff were very knowledgeable about people's needs and they used such knowledge to provide personalised and effective care and support. Due to the nature of people's conditions, staff told us they had learned to communicate effectively with people in non-verbal ways, and to interpret their expressions and behaviours to establish their mood or what they were trying to communicate. One staff member explained to us what one person meant when they repeated a particular word and the behaviour afterwards. This showed that staff knew how to effectively meet people's needs according to their wishes.

Staff told us they had an induction which included training, shadowing experienced staff and completion of a workbook. Staff records showed competencies were checked at one-to-one supervision meetings during their inductions. We found staff on induction received supervision and feedback from the deputy manager and registered manager. Staff told us they felt supported by the registered manager during their induction.

Staff told us they received regular supervision from the registered manager. They said, "The manager supports us to obtain additional training such as managing challenging behaviour that enabled us to meet people's needs effectively." Training records we looked at confirmed this. The registered manager told us, "We have a robust training database". It is planned a whole year ahead. We discuss in supervision what staff would like in addition to mandatory training. If people have additional needs I will ask for training in that. One member of staff told us they had received recent training in promoting positive behaviours, which included techniques to help them if people displayed behaviours which challenged. They said, "I ask for training on anything that comes up. I have just completed a 'Management of Actual or Potential Aggression (MAPA) course for my role." MAPA includes a suite of disengagement techniques designed to enhance personal safety. The training is accredited by the British Institute of Learning Disabilities (BILD). This meant that people would be assured of being cared for by competent staff.

People told us they made their own decisions and staff respected the decisions they made. One person told us, "I get to go to bed when I want." All the staff we spoke with told us the service enabled people to lead independent lives and that people always made their own decisions for their everyday living.

People told us, and we saw, that staff asked people how they wanted to be cared for and supported before they acted. One person told us staff asked for their permission before they were supported. One member of staff said they obtained people's consent by, "Asking them if they are okay with what I'm doing, before supporting them with individual care." Another member of staff said, "When administering medicines, I explained the medicine to them and get their consent if they would like to take it or not". This demonstrated that staff sought people's consent before supporting them.

All staff had been trained on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the provider and they showed a good understanding of the impact on people. The registered manager said, "MCA and DoLS cover everyone. We must assume capacity, right to make decision and use of less restrictive way of working". We found that if a person had capacity to make decisions, they had been involved in the planning and delivery of their care. If not, a family member had been involved in making decisions on their relative's behalf. The registered manager confirmed that the home made decisions by liaising with social workers, health professionals, relatives and advocates.

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. We saw policies and procedures on these subjects were in place. The registered manager recently made Deprivation of Liberty Safeguards (DOLs) applications to the local authority after a best interest meeting was held and it was decided that it was in the person's best interest to lock the front door in order to keep them safe. This showed that people's rights were considered and the registered manager understood their responsibilities in relation to

Good

Is the service effective?

this. The registered manager was awaiting authorisations from the local authority regarding locking the front door electronically. The registered manager was in the process of applying for this restriction in relation to other people to make sure the principles DoLS was followed.

People were supported to have enough to eat and drink. During our visit we saw people had sandwiches at lunchtime and drinks throughout the day. Where possible, people were encouraged to make their own meals or support staff in making meals, and to tidy the kitchen afterwards. We observed at lunchtime a relaxed atmosphere with all four people eating in different areas of the home according to their wishes. People ate at their own pace and meals were provided according to people's choice. Comments about the quality of food were positive and included, "It's always good." Also, "If I don't like something I will get something else I like".

We found the kitchen area clean and tidy, with fresh fruit and vegetables available for the people to have a healthy diet. The staff member supporting people with their food told us that they had completed 'Food and Hygiene' training which was regularly updated.

Care records showed people had accessed outside agencies and health care professionals when needed. This included Dentists, Psychologists, Psychiatrists and GPs. In addition, there was evidence that people had input into their care from specialist healthcare professionals such as Psychologist. The registered manager explained how they had involved the Psychologist in one person's care to look at better ways of managing their behaviour. Staff had monitored people's weight regularly to check they were maintaining a healthy weight. This showed the provider responded promptly to changes in people's needs and supported them to maintain their health and wellbeing.

Each person had a health action plan which described their health needs and was periodically reviewed to reflect changes. We also saw a hospital admission form had been completed for each person so hospital staff would know how to appropriately treat and care for them.

Good

Is the service caring?

Our findings

People told us staff respected their decisions and involved them in their day to day care and support. One person said, “I like it here”. We saw staff supporting people in a caring, respectful and responsive manner while assisting them to go about their daily lives.

People were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people’s care records and support planning documents that were signed by people. Staff told us how one person was involved in their weight loss plan. They told us how people were involved in their regular weight check. They remind staff when they needed to go for their daily exercise and they were aware of the number of calories they needed to have regarding food intake.” The registered manager said, “They all have an input into their care plans. For example, they are involved in their finance, what activities they'd like to do amongst other things”.

Each person’s care file had support guidelines in specific areas such as medication, emotional/behavioural and daily living skills. These outlined what was important to them and how to support them. Where appropriate, documents also included pictures to make it easier for the person using the service to read and understand the information. Support plans were personalised and showed people’s preferences had been taken into account. People's interests, likes and dislikes had been documented. For example one person’s documentation stated; ‘I like to go bowling’. The person confirmed this when they said, “I enjoy going bowling and dancing when we go to the disco”. This showed that people were involved in their care and support to the best of their abilities.

People were encouraged to be independent and to have as much choice over their day to day life as possible. People were supported to maintain their independent living skills. We observed staff supporting people while they made cups of tea for themselves and sandwiches for lunch. People were encouraged and enabled to access the community and the level of support they received to do this was in accordance with their risk assessments and care plans.

People told us and we saw that privacy was promoted. One person said, “I like being able to come and go as I please and I love spending time in my new room”. Our observations confirmed that people’s privacy, dignity and independence was promoted by staff. For example, people performed their own personal care tasks privately wherever possible, in order for them to remain as independent as possible. One person told us, “The staff respect me and my privacy. They knock on my door when they want to see me and I can lock the door when I have a shower”. People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people’s individual style and interests.

We saw good communication between people and staff and the interaction created a friendly environment. People did not hesitate to ask for support when they wanted it, which showed they were confident that staff would respond in a positive way. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, staff sat with people and took time to ask them on a one to one basis how they plan to spend their day. Staff were compassionate and supported people according to their individual needs. One person was upset about something and staff listened to them and put them at ease by suggesting a solution to the problem. A member of staff told us, “We look at everyone’s needs. This is their home. We like them to be happy”.

The registered 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. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people in the home.

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.

Good

Is the service responsive?

Our findings

People told us they received support or treatment when they needed it. One person said, “Whenever I wish to go out, I am always supported by staff”.

People’s support needs were assessed before they came into the home. Assessments were undertaken by people’s social workers and wider professional teams such as a psychiatrist, psychologist and other medical professionals. The registered manager also undertook their own detailed assessment that would include the person coming to visit the home to see if their needs were compatible with others already living in the home. The registered manager told us; “We never rush any assessment of a new person as it’s important that they like the home and can live with people that are already here”.

Personalised care and choice was offered to all people that used the service. Each person's individual file held comprehensive information around their care and support needs. The information included; care and support plans for all aspects of their daily living needs, likes and dislikes social contacts, health and professional input information and end of life wishes. Some of the documentation viewed was in a pictorial format. This meant different formats were used to involve people in the development of their care and support planning.

There was a range of ways people were supported to express their views and be involved in decisions about their care. Each person had a named member of staff as their key worker. A keyworker is someone who co-ordinates all aspects of a person’s care at the service. There were minutes of key worker meetings but they did not tell us the actions taken in response to people’s ideas or concerns, so we could not see whether they had listened and acted on people’s views.

People told us they were happy with their care and support and that staff encouraged them to be independent. They said they spent their time in the way they preferred. People told us about things they enjoyed doing, such as driving out to the sea-side and travelling. People’s interests had been recorded in their care plans. Staff supported people to work towards goals in connection with their interests. For example, we saw one person was supported to do some laundry to increase their independence and daily living skills. We spoke with the person and they told us they wanted to learn this skill. We saw this was recorded in their care plans with detailed instructions for staff on how to support the person to achieve their goal. The support staff gave people reflected the information in their care plans. A member of staff told us, “We look at people’s care plans and previous history to see what they like to do. For example help with cooking. We encourage them all the time”.

Relatives and visitors were welcome at visit the home any time. A member of staff said, “We encourage people to keep in contact by phone, visits, meals and birthday celebrations”. We noted others who have contact with family and friends particularly during festive periods or birthdays.

Activities were centred on the four people who currently lived at the home. When we inspected three people went out for their chosen activities, which were supported employment in a DIY shop, another to job skills workshop in the community and the third person went to M.A.P.S activity programme. M.A.P.S. is a self-advocacy group which aims to help people with physical and/or learning disabilities to fulfil their potential, by making their own decisions. One person said, “I enjoy going out for my activities on Thursdays”. The fourth person went out with a member of staff stating that he was “going to 'hang out”. They went for a walk around the neighbourhood returning after about an hour then kicking a football around with staff in the garden.

We spoke with people who lived at the home about trips out and social events in the community. They told us that they regularly went out of the home and had a mini-bus to support their community visits. One person said, “We do go to the seaside regularly and I like it”. We sat and talked with the people about their experience of days out. Two people showed us photographs of trips abroad and to a seaside in Kent.

People knew how to make a complaint if they felt they needed to do so and felt listened to when they had raised a concern. One person told us “If I am not happy with something I tell the staff on shift or the manager”. A complaints policy and procedure was in place which people had access to. This procedure told people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. Complaints were

Good

Is the service responsive?

recorded in a complaints log. We saw a record of verbal complaint from a neighbour in the complaint's log, which was actioned by the registered manager within four days to the person's satisfaction. Informal complaints were dealt with on an informal basis and resolutions found quickly.

There were systems in place to receive people's feedback about the home. The provider sought people's and others views by using annual questionnaires to people, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The completed questionnaires demonstrated that all people who used the service or worked with people were satisfied with the care and support provided. Where people had requested for the home to be redecorated, the registered manager had put plans in place to have the redecoration carried out.

Good

Is the service well-led?

Our findings

People spoke positively about the staff and we saw there was a positive atmosphere at the home. One person said, "I like it so much here, I love it". Members of staff said, "Great manager, very approachable". "I am happy that we have a new effective supportive manager".

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 "I am happy working here because I love a good challenge in terms of fulfilling lives". Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered 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. One staff member went on to tell us that they "Now we are able to manage people's behaviour properly than before. Our new registered manager is more hands-on. We try different approach until we get it right".

The management team at 351 Maidstone Road included the registered manager and the deputy manager. Support was provided to the registered manager by the operations manager, in order to support the home and the staff. For example, the operations manager supported the registered manager to have all staff trained in specialised training for the home such as Management of Actual or Potential Aggression (MAPA). The registered manager oversaw the day to day management of the home. Both the registered manager and deputy manager knew each person by name and people knew them and were comfortable talking with them.

People knew who the registered manager was, they felt confident and comfortable to approach them and we observed people chatting to the registered manager in a relaxed and comfortable manner. Staff told us. "All are treated equally. No-one's treated differently by the registered manager. This showed that both people and staff felt supported by management.

The operational manager visited the home to carry out a service audit. The provider's action plan following the most recent quality audit in March 2015 had identified that people's care records, needed action to ensure they met the standard expected. As a result, the registered 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.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside the deputy manager, staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews and quickly identified and responded to any gaps in records, changes in quality, issues about care or any other matter which required addressing. Care plans and risk assessments were reviewed as an 'whenever required' and any concerns were acted upon straight away.

The registered manager had 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, after the incident mention in this report, the registered manager had called a staff meeting to discuss and learn from it.

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. One member of staff told us; "I wouldn't worry who it might upset I would report anything that I thought wasn't right. I have done it before because I was concerned". The provider had information about whistleblowing on notice board for people who used the service and staff named 'See Something, Say Something' to encourage speaking out if they had any concerns about the service provided.

The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff. One staff member said, "We get supervision and an appraisal where we go through my performance and the manager lets me know if there are any problems with my work". Staff competency checks were also completed via observation by the deputy manager that

Good

Is the service well-led?

ensured staff were providing care and support effectively and safely. For example, we observed that staff who administered medicines were observed to check they followed the correct medicines management procedures.

Communication within the home was facilitated through monthly staff meetings. We looked at minutes of May 2015 meeting and saw that this provided a forum where key areas such as safeguarding and people's needs 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.

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

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the home were responsive to people's needs and ensured they made appropriate referrals to outside agencies appropriately. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met. The registered manager said, "We work with the local learning disability unit, social services and health professionals to improve the service we provide to people".

There was an emergency plan which included an out of hour's 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 planning. 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to ensure that people were safe from identified risks relating to the management of behaviour. Regulation 13 (1) (2)