

# Voyage 1 Limited

# Longridge Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Longridge Court is a residential care home providing personal care to 11 younger adults with learning disabilities and/or autistic spectrum disorder needs at the time of the inspection. The service is registered to support up to 12 people.

The service was developed and designed before Registering Right Support came into existence. Despite this, the service was managed in line with the principles and values that underpin Registering Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. Six people could be accommodated in the main house, three people in 'the annexe' and three people in 'the view' (flat above the main house). Each unit was self-contained with its own front door and communal rooms. The building design fitted into the residential area and was in keeping with other large domestic homes in the area. There were deliberately no identifying signs, intercom or cameras outside to indicate it was a care home. Staff did not wear a uniform when supporting people at home and when accessing the wider community with them.

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

People felt safe and staff treated them with respect and dignity. People were comfortable and relaxed when interacting with staff and had formed positive relationships with them. One staff member told us, "Because we care about them, we tend to look after them as if they were our family, which they enjoy." Staff were trained to meet people's specialist needs and had been recruited safely. Risks to people were managed through person-centred support plans, following guidance from health professionals and regular reviews of people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. When restrictions were needed to maintain people's safety, for example, when going out into the community, the least restrictive approach was taken. Arrangements made on people's behalf were made in line with Mental Capacity Act requirements when people could not consent to decisions about their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's wishes and support needs were reviewed regularly, with the staff member they chose to work with. Staff were committed to helping

people achieve their goals and to ensuring people's disabilities did not prevent them from living a fulfilled and happy life. People were supported to participate in activities they enjoyed and were interested in.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on opportunities to gain new skills and become more independent. People who wanted to contribute to life at Longridge Court, for example, by growing vegetables or making drinks for others, were empowered to do so. People enjoyed daytrips out, going out for meals and going to the pub. They had formed relationships with members of the community through regular activities they attended. People were supported to maintain relationships with others who were important to them, through visits and use of the internet.

The service was caring and person-centred. People using the service and the staff supporting them, were valued and listened to. The provider and registered manager understood their responsibilities and monitored the service to ensure any improvements needed were carried out. The registered manager worked openly and transparently with outside agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.co.uk](http://www.cqc.co.uk)

#### Rating at last inspection

The last rating for this service was 'Requires Improvement' (published 21 September 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Longridge Court

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Longridge Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The 'interim' registered manager had been responsible for driving improvement at the service since January 2019. Their handover to the permanent registered manager was completed on the final day of our inspection. Both registered managers were present during the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative, about their experience of the care provided. We spoke with nine members of staff including a director, regional operations manager, the two registered managers, the deputy manager and four support workers. We reviewed a range of records. This included three people's care and support records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received feedback from two professionals who work with the service. We received feedback from one person's relative. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff with the right skills and experience to meet people's needs. At our last inspection the service had high staff turnover and high agency use. This had been addressed through ongoing recruitment and performance management. Successful interviews were conducted during our inspection and the registered manager anticipated the service would soon be fully staffed. Staff were being retained and agency use had reduced significantly at the service. Out of hours, staff were supported by a manager on-call system.
- Staffing levels were flexible in response to planned events and the rota was adapted accordingly. We saw staff had time to meet people's needs without rushing them. This included giving personal care, going out on activities and assisting people to eat. Staff accompanied people on holiday, transported people to visit their family and supported people to attend appointments as needed.
- People were protected from those who may not be suitable to work with them. We saw candidates' values, attitude and professionalism were considered when making recruitment decisions. Required pre-employment checks were completed before new staff started work. Staff induction and a six-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe. During probation, the suitability of new staff was monitored through feedback from people using the service and other staff members. One relative told us, "The staff here are very good."

### Assessing risk, safety monitoring and management

- At our last inspection, people's care records did not always reflect the support staff were providing. The registered manager told us all risk assessments and support plans had since been updated. All records we checked at this inspection reflected the support people were receiving and had been reviewed regularly. Risk assessments included risks people may be exposed to in the community and/or when doing activities. People's support plans took their individual needs and preferences into account. People's safety was maintained through 'best interests' decisions when appropriate.
- People's health related risks were managed safely. Referrals to healthcare professionals were made promptly and their advice was acted upon. Support plans were detailed and clear and included advice from professionals, including managing choking risks. Staff understood risks to people and could tell us how these were managed. We saw people were supported in-line with professional guidance. One healthcare professional said, "They [staff] have followed every guideline I have given them to the letter."
- Changes in people's support needs were communicated effectively within the staff team. Where people required support with health-related needs, such as epilepsy, support plans were sufficiently detailed to assist staff to respond safely to any emergencies.
- Environmental and equipment safety checks were up to date and risk assessments were in place. Repairs or replacement had been carried out when issues were identified. People's needs in the event of an

emergency had been assessed. Business contingency plans and personal evacuation plans were in place to guide staff in the event of an emergency. Staff were trained in fire safety and first aid.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. We saw they were comfortable approaching staff for help and responded well when staff approached them. Information about keeping safe (safeguarding) was available in an easy read format. One person told staff about an incident they were unhappy about, which had infringed on their privacy. This person said they were confident staff would address this on their behalf.
- People were supported to keep safe as staff followed the systems and processes in place to protect them. All staff we spoke with had a good understanding of local safeguarding procedures, including involvement of outside agencies. Staff knew how to identify signs of abuse and understood how to protect people from harassment and discrimination.
- The registered manager worked with the provider and relevant agencies to safeguard people. For example, they were meeting with one person's social worker and close relatives, to discuss arrangements to safeguard the person and others using the service.

Using medicines safely

- People received appropriate support to take their medicines safely. People's ability to manage their medicines had been assessed and kept under review. Nobody was self-administering their medicines at the time of the inspection.
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines in place for staff giving 'as required' (PRN) medicines had been followed. Protocols for PRN medicines were clear and detailed, these were reviewed regularly.
- Staff who administered medicines had received training and their competency was checked annually. Medicines were delivered in time for people's use as prescribed. They were stored safely and securely and returned to the pharmacy if unused.

Preventing and controlling infection

- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials and following a cleaning schedule.
- Personal protective equipment was available for use throughout the home and an infection control audit was carried out regularly. Any improvements needed had been acted upon.
- Staff completed food hygiene and infection control training. When one person became unwell with vomiting in 2018, a timeline was kept to monitor their illness and track whether other people or staff were affected. There had been no infection outbreaks at the service in recent years.

Learning lessons when things go wrong

- Records relating to incidents and accidents were reviewed by the management team, to see if a similar incident could be avoided. People's risk assessments and support plans were updated accordingly. One person had been unable to cope with a busy public place on a hot day, which resulted in a behavioural incident. As this visit had to be cut short, future trips out for this person were planned for quieter, cooler days.
- A log of accidents and incidents was kept and this was reviewed by the management team to identify any trends or patterns. This had resulted in changes to medicines administration, to minimise staff distraction that may cause medicines errors. The deputy manager told us these changes had been effective and commented, "We haven't had many [medicines errors] recently".



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs were reviewed regularly by their allocated staff member (keyworker). People were supported by their keyworker regularly, allowing them to build trust and establish effective communication. This approach assisted people to access information in a way they could understand, to help promote their quality of life and manage their health and well-being needs. One person had been able to go on holiday with their keyworker in 2019, which had not been possible for some years because of the anxiety related behaviours this would have caused. This person's keyworker said, "Trust is a big thing with [person's name]."
- People's close relatives, staff and a range of health and social care professionals were involved in reviews when people's needs changed. We saw people's close family members and their keyworker represented the person's views, if they were unable to do this for themselves. One relative told us the service was supporting their request for a second opinion in one matter and was assisting them with a proposed move closer to the family home.
- The provider ensured policies included up to date national guidelines and legislation for staff to refer to. People's individual characteristics, under the Equality Act, were recorded and consideration was given to their age, religion and disabilities when planning their care.
- Technology was used to ensure people's needs were met in timely way and risks to them were reduced. For example, one person had an alarm to alert staff to any seizures overnight. One person used a portable electronic device to help them communicate with friends and family through the internet.

Staff support: induction, training, skills and experience

- Staff were supported through regular one to one meetings [supervision] and received an annual appraisal. They were positive about the training and support they received. One staff member said this was the best care role they had worked in, "Purely because of the support network from the team."
- Staff competency and development needs were monitored by the management team, working alongside staff. We saw staff were confident in using moving and handling equipment. They spoke with people to reassure them when using hoists and safe techniques were used. In response to any medicine error, the staff member was retrained and their competency rechecked. The outgoing registered manager told us they had encouraged staff to work in a "more focussed and personal way" and described how managers acted as role-models to staff on shift.
- Staff completed the provider's basic training, for example, safeguarding, first aid, health and safety and training specific to the needs of people who used the service. Specific training included introduction to autism and positive behaviour management techniques. The provider monitored the service's compliance with their training requirements.

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

- People were supported to eat a balanced diet, which included fresh fruit and vegetables. People's dietary needs and choices were included in their support plans and their cultural and religious food preferences were met. People's weight was monitored regularly to ensure they had enough to eat.
- When people had specific health related dietary needs, advice from healthcare professionals was included in people's support plans and followed by staff. One health professional said, "Staff have learned a completely new set of techniques to manage one person." When additional monitoring of people's food and fluid intake was requested, people's intake had been recorded.
- Staff completed training in food hygiene and understood people's support needs. People were involved in food shopping and menu decisions.

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

- People had health action plans which described their health-related support needs and listed the healthcare professionals involved in their care. People were registered with a local GP and were supported to access preventative health care including an annual health check, dental and optical care. Dates when health checks were due were noted in people's health action plans.
- People received timely support in response to them becoming unwell. Staff supported people to access medical care when they showed signs of discomfort or ill health and had supported one person throughout their hospital admission. Recommendations made by healthcare professionals during appointments were relayed at staff handover, through the staff communication book and in updates to people's support plans.
- One person's relative told us staff had been trying to get a tissue viability nurse (TVN) to review their relative since June or July 2019. Staff and care records confirmed staff were persistent in trying to resolve this, including involving other health and social care professionals in chasing the referral. One healthcare professional told us, "They have kept us informed and involved other health professionals." People had received input from continence specialists, physiotherapists, speech and language therapists and district nurses.

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

- The building design was suitable for the needs of people living there. The main house, annexe and gardens were fully wheelchair accessible. The view, a first floor flat above the main house, was accessed via stairs and a separate external door. Each unit had communal facilities including kitchens and good-sized lounges, suitable for use of the equipment needed to assist people to mobilise.
- There was a sensory room attached to the annexe which could be used by anyone living at Longridge Court. This had musical instruments and a variety of lighting options which could be used for distraction or diversion, helping to calm people when they became distressed or 'off baseline'. The gardens had raised beds, suitable for use by wheelchair users.
- People had been involved in choosing the décor for their rooms and each person's room was highly unique. People's en-suite facilities were adapted to meet their needs. Specialist equipment was provided to ensure people could receive personal care safely and comfortably. One person had a walk-in bath and overhead hoists were located in some people's rooms.

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

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

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

- People's consent was routinely sought by staff, before providing care or support to them. We observed staff offering choices, using a variety of ways to communicate options to people.
- Staff understood the principles of the MCA and the MCA Code of Practice was followed. Assessments had been carried out when people's capacity to consent was in question. Mental capacity assessments and related best interest decisions informed risk assessments and support plans, to ensure people were supported in the least restrictive way. Support plans described what decisions people could make for themselves, for example, in managing their personal finances or their personal care. When family members held power of attorney, evidence of this was kept.
- DoLS applications had been submitted as required, renewal dates were tracked to ensure applications were submitted in a timely manner. DoLS authorisations in place had no conditions attached to them.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff developed positive relationships with people and their relatives. A staff member told us about one person's relationship with their keyworker saying, "They [keyworker] will stand up for her. She [person] can be quite challenging [behaviour] but they won't have any of it." We observed this person being supported by their keyworker and noted how relaxed the person was and how tuned-in their keyworker was to their needs.
- Staff had received training in equality, diversity and inclusion. They were inclusive in their approach with people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality.
- Staff provided emotional support to people when this was needed. We saw one person begin to show signs of distress while sitting in the lounge. When a staff member noticed this, they went to them, offered them a drink and then moved them so they could look out of the window. The staff member rubbed the person's shoulders in a reassuring way and spoke soothingly to them until they settled. One professional said, "When I have visited the home the interactions between staff and residents has been attentive, caring and supportive."
- Staff described a caring working environment, where their well-being was supported and their needs were accommodated. Compliments staff received were passed onto them and good work was praised. One staff member said, "I think everyone goes above and beyond."

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

- People were supported by a named keyworker who worked with them regularly to understand their support needs and wishes. Keyworkers helped people identify their short-term and longer-term goals and put these into action. For example, planning days out and working on different life-skills.
- People were enabled to have control for aspects of their care and were encouraged to manage some aspects of their daily lives independently. One person's support plan described how they let staff know they were ready to get up. We saw staff prompt one person to, "Take a deep breath for me" to help them re-focus on the writing task they were trying to complete. One person asked staff to take them shopping for new shoes.
- We saw staff had time to sit and talk with people at various points in the day. People told us they were happy living at Longridge Court and said staff listened to them. When people could make decisions for themselves this was respected. One person had an 'as required' medicine to help them manage anxiety, they told staff when they needed this and staff helped them to take it safely.

Respecting and promoting people's privacy, dignity and independence

- Staff assisted people to maintain their dignity through gentle prompts and offers of help. One person's hair was dried and styled for them by their keyworker who also helped them with clothes shopping. We saw a staff member react immediately to support one person to wipe their chin. Personal care was consistently carried out behind closed doors, even when this required several hoisting manoeuvres for one person.
- People's personal space and time to themselves was respected. Some people could lock their room if they wished. Staff respected people's personal space and knocked on people's bedroom doors before entering. Staff told us one person loved spending time in their room in their own company, watching DVDs. This was confirmed by this person's relaxed mood and big smile during an afternoon rest on their bed in-between activities.
- People were encouraged to participate in household chores and lead as normal a life as possible. One person took pleasure in offering everyone drinks and making these with help from a staff member. In a letter to the service, a relative praised one staff member for the way they supported their relative to visit them at home some distance away. They had made the train trip a "fun journey" and "kept him safe without patronising him."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in making decisions about moving into the service. One social care professional said, "They included the family and the gentleman in visits to ensure they were happy with the setting. The transition planning was very organised and person centred, including all involved parties so they had all the relevant information and guidance in preparation for the gentleman moving in."
- People's social and family history including where they were born, went to school, religious and cultural practices, family members and pets were captured in a 'one-page profile'. The profile included what others admired about the person (bubbly personality, big smile), what was important to them and how staff could help them have a good day. Staff could describe the support each person needed from staff and how this met the person's needs and wishes. One person liked staff to tell them on waking, which staff member was supporting them and what was planned for them that day.
- People were supported in a person-centred way and their contributions to life at Longridge Court were acknowledged. One person told us they did all the recycling for the service. They had taken responsibility for clearing the drive of snow and staff said they could not be persuaded to stop until the job was finished. Staff had encouraged them to take regular breaks to warm up and eat and bought them a box of chocolates to say, 'thank you'. This person proudly told us of these achievements and showed us their shed (complete with personalised name plaque), vegetable plot and greenhouse.

Meeting people's communication needs

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

- People's communication needs had been explored and were highlighted in their support plans. This included any reasonable adjustments they needed to access healthcare services and their local community. One social care professional said, "The gentleman I support has a history of challenging behaviour which has changed from regular to minimal since living at Longridge. This is evidence to me that the staff are managing his needs well. He has also become more communicative and is developing in other areas. I feel they are person centred and in a meeting, they quoted that they see behaviour as communication which is very positive."
- Staff helped people communicate their wishes. People's 'communication plans' described the type of questions staff should use and how the person would respond to make their wishes known. One person needed short, simple, direct questions with a 'yes' or 'no' answer. Staff needed to ask questions in sight of the person, so they could see their response. It was noted the person would not answer if they didn't

understand the question and may 'ignore' staff who 'spoke over them' or 'spoke to them like a child'. We saw staff communicating effectively with this person about food choices, maintaining their comfort and when supporting them to express their emotions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them. One person regularly visited their close relative at their home. One person kept in touch with family members who lived overseas through use of internet video calls. Two people using the service had known each other for many years and were good friends. They had previously been overseas on holiday together and we saw one affectionately teasing the other.
- People had regular opportunities to go out and socialise with others. The service was located five miles out of town on a busy main road which meant people relied on staff to transport them when going out. The service had two fully-adapted minibuses and a people carrier for this purpose. During the inspection we saw people going out for lunch, one person was on holiday and another went to visit their relative. Records showed people went shopping, went on day trips and attended regular activities such as bowling and swimming. One person told us, "I like to go to the pub with my friend."
- People were invited to events held at the provider's other services, similarly people from other services attended parties at Longridge Court. People's religion and how they practised was supported. Two people attended church regularly. Most people 'did not show religious views' but enjoyed joining in celebrations such as Easter and Christmas. One professional said, "The Gentleman I support requires a high level of stimulation through meaningful activity and they give him a programme of activity to support this."

Improving care quality in response to complaints or concerns

- Information about the complaints process was accessible to people and was available in easy-read format. Two complaints had been received in the 12 months before our inspection. We saw the provider's complaints policy had been followed and these complaints had been resolved. Complaints were submitted directly to the provider's complaints team and were investigated and overseen by the provider's senior management team.
- People told us they would be happy to speak with staff or the registered manager if they had any complaints or concerns. When one person told staff they were unhappy about an action of somebody visiting the service, managers responded to protect them through safeguarding processes.

End of life care and support

- The service had not supported anyone with end of life care for some time. However, people's preferences and choices in relation to end of life care had been explored and recorded. Records included people's preferences relating to protected characteristics, culture and spiritual needs.
- The provider had policies in place to guide staff in relation to end of life care. Managers told us end of life care would be provided to people in partnership with health care professionals.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection systems used to monitor people's care and the governance of the service were not always effective in driving improvement. This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The 'interim' registered manager had been responsible for driving improvement at the service since January 2019. They told us, "It's been a busy eight months", during this time all risk assessments had been "redone" and all support plans had been, "re-written from scratch in line with the provider's other services in the area." Other areas of focus were performance management, recruitment, training and development of the staff team. This included restructuring the senior team, creating a positive staff culture, increasing staff ownership and accountability and improving record keeping. A deputy manager had been promoted from within the existing staff team, to assist in monitoring the quality of the service and staff development.
- The registered manager(s) understood regulatory requirements and notified us promptly about any important events at the service. Inspection ratings had been displayed as required.
- Improvements at the service had been overseen, supported and monitored by the provider's senior management and executive team, to ensure required standards were met. The operations manager and managing director, who represented the provider during the inspection, were well known to staff, who were on first name terms with them. The managing director said, "I'm here every week. I'm quite satisfied we're where we need to be."
- The provider met their regulatory requirement in relation to duty of candour. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. In response to the previous inspection, the operations manager met with people's families to, "check that all was well." The chief executive had written to each person's family and continued to "engage" with one family to offer support with an unrelated issue.
- The provider's governance systems monitored the quality and safety of the service to identify where improvements were needed. In response to shortfalls, the frequency of provider audits had been increased to monitor progress against actions plans closely. Operational audits, carried out since the last CQC



inspection, demonstrated significant improvement over this time. The managing director told us the service had scored 97% on their last audit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the service had improved significantly from February 2019, when a concern had been raised to the service by a visiting professional, in relation to staff morale, conduct and communication. Records showed the registered manager had responded positively to this feedback, discussing the issues at length with the staff team. The registered manager told us the service had gone from, "a blame culture" to one where staff were, "bringing an element of fun." They added, "If you are relaxed and having fun you bring that element to the people you are supporting." One professional's comments included, "More stable staff team", "Much better at recording", "They have done brilliantly" and "You can trust them to do complicated things."
- Recruitment and retention difficulties had been overcome through increased transparency about the job role and improved staff rewards. Staff engagement and morale had increased through positive feedback and role-modelling. The registered manager said, "I did a lot of hands on shifts – It was a good opportunity to observe how the interaction actually is." The result was a "more cohesive, diverse staff team" with a varied skill mix and age range. The deputy manager said, "We knew what we had to do. We got all the staff on board, so they knew what they had to do." Staff comments included, "I think most of our staff go above and beyond. I couldn't have said that a year ago" and "It's got a nice atmosphere at the moment." One relative said, "I think the staff here do all that they can."

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

- People could speak with staff or the registered manager if they were unhappy. Two people living at the service had been involved in interviews by showing candidates around. Candidates spent time with people in the main lounge and feedback was sought from people and staff who had spent time with them.
- People and their relatives were able to give feedback in a variety of ways. People could choose their keyworker and we saw these relationships were beneficial. People were able to communicate their wishes through their keyworker who understood them, knew what was important to them and acted to support their wishes. An annual service review was carried out. This included a formal survey and a barbeque attended by most people's families, who were encouraged to talk to staff about the service. This fun event also included face painting and visiting goats was much enjoyed by all.
- Staff were positive about the service. One staff member told us about a staffing concern they had raised and said this had improved since. One staff member said "I don't have any worries. They've been very supportive and accommodating with my needs." Another staff member told us they could take any suggestions for improvement to staff meetings.

Continuous learning and improving care; Working in partnership with others

- The provider shared 'lessons learned' from other services through management team meetings. Updates and changes were cascaded through staff meetings as needed to improve the service.
- The registered manager kept up-to-date through registered manager meetings and networks.
- The service worked with other professionals and responded positively to their requests. One professional said, "They keep us informed and are very accommodating when we want to visit to review. The staff make time to meet with us to provide feedback. They appear to have good working relationships with health professionals. They have attended multi agency meetings when requested. When we have given advice and guidance this has been accepted."