Voyage 1 Limited

Melbreck

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?	Outstanding

Overall summary

This was an unannounced inspection which took place on 09 November 2015.

Melbreck provides support and accommodation for a maximum of 26 people who have profound physical and learning disabilities. People have varied communication needs and abilities. Some people are able to express themselves verbally using one or two words; others use body language to communicate their needs. The home offers single room accommodation and benefits from having on site facilities such as physiotherapy and sensory rooms. The home is registered to provide nursing care and provides both permanent and respite services to people. At the time of the inspection there were 24 people living at the home, one of whom was leaving the service on the day of our inspection after a period of respite.

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager was committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. She took responsibility for maintaining her own knowledge and shared this with staff at the home.

Staff were highly motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

People appeared very happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Systems were in place for continually reviewing incidents and accidents that happened within the home in order that actions were taken to reduce, where possible reoccurrence. Checks on the environment and equipment had been completed to ensure it was safe for people.

Medicines were managed safely and staff training in this area included observations of their practice to ensure medicines were given appropriately and with consideration for the person concerned.

Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home.

Melbreck was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records included the use of photographs and symbols which supported people's involvement and understanding in the care planning process. Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. People were supported to access healthcare services and to maintain good health.

The home had suitable equipment and other adaptations to the premises had been made, which helped to meet people's needs and promote their independence.

Positive, caring relationships had been developed with people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed.

People received personalised care that was responsive to their needs. During our inspection we observed that staff supported people promptly in response to people's body language and facial gestures. Activities were offered which included those aimed for people with complex needs. People were also supported to maintain contact with people who were important to them.

Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. Pictorial information of what to do in the event of needing to make a complaint was displayed in the home.

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?
The service was safe.

There were enough staff on duty to support people and to meet their needs.

Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received. Melbreck was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People were supported to eat balanced diets that promoted good health. Peoples healthcare needs were met.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion by dedicated and committed staff.

People were supported to express their views and to be involved in making decisions about their care and support.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community. Staff supported people to maintain relationships that were important to them.

Systems were in place that supported people to raise concerns.

Good

Is the service well-led?
The leadership and management at Melbreck was outstanding.

The registered manager promoted strong values and a person centred culture.

Outstanding

Summary of findings

Staff were proud to work at the home and were supported in understanding the values of the service. These were owned by all and underpinned practice.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Melbreck

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 November 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience who had experience of people with physical and learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 completed PIR and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with two people, one relative and a visiting wheelchair technician. We also spoke with four support staff, a designated driver, the chef, the deputy manager and the registered manager. Prior to this inspection we also obtained the views of five external health and social care professionals, all of whom agreed for their views to be included in this report.

The majority of people who lived at the home had complex needs which meant that we were unable to hold detailed conversations with them. Therefore, we spent time observing the care and support that people received in the lounges and communal areas of the home during the morning, at lunchtime and during the afternoon. We also observed staff administering medicines to people.

We reviewed a range of records about people's care and how the home was managed. These included five people's care and medicine records, staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, menus, policies and procedures and accident and incident reports.

This is the first inspection of Melbreck since a change in the provider's legal entity that took place in June 2014.

Good

Is the service safe?

Our findings

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. When asked if the service was safe, one external health and social care professional wrote and told us, 'From my reviews I have found the service to be safe, Melbreck has a consistent staff team who have a good understanding of individual's needs. The environment is both warm and welcoming and safe. Any concern of customer's welfare, hospital admission or safeguarding is immediately reported'. A second professional wrote, 'The manager is in touch with slightest query and all safeguarding is reported and logged'.

Prior to our inspection the registered manager formally notified us and the local authority safeguarding team of a safeguarding incident in line with her legal responsibilities. The information supplied demonstrated that appropriate action was taken to safeguard people from harm and abuse. This also demonstrated that the registered manager understood her responsibilities in relation to safeguarding. The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us, "I would let my manager know. Failing that, I would tell you guys (The Care Quality Commission)". Another staff member said, "The manager is very good and I'm sure they would do something is abuse was suspected". Staff confirmed to us the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

Risks to people were managed safely. One external health and social care professional wrote and told us, 'X (person who lived at the home) emotional wellbeing seemed to have improved, looking at his challenging behaviours that have considerably reduced'.

We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. One staff member said, "The people here have complex needs but that doesn't mean they can't make decisions for themselves". Another staff member told us, "We have training in moving and handling residents so we know how to use hoists". A third staff member said, "We do risk assessments so we know what people can and can't do. It's treating them as we would want to be treated".

Information about potential risks to people was assessed and information was available for staff which helped keep people safe. For example, in one person's room information was next to their bed that included a description of that person needed to be positioned and supported at night. The information also included the use of photographs to illustrate this further. Care planning and individual risk assessments were reviewed monthly or more frequently if required so they were up to date. The risk assessments were focused on the individual and were relevant to the care needs of people. We noted the provider had conducted two separate risk assessments for each situation; one calculating risk before evaluation and one after, using a' traffic light' system. If the risk was deemed high or medium, even after assessment and planning, a 'risk consideration' meeting was convened, attended by either the immediate or wider support team. The purpose of these meetings was to examine the issues in detail and devise systems of support that would eliminate risk or reduce it as much as possible.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. We observed staff supporting people to move safely from wheelchairs to armchairs using a hoist. They explained the process to people, telling them what was happening and provided reassurance. Records were in place that confirmed that hoists and slings were checked weekly and serviced annually along with a system to report if equipment was faulty. For example, we saw that one of the ceiling track hoist's ribbon was in need of replacement. This has been reported and the handset has been removed for safety. A visiting wheelchair technician who was at the home when we inspected told us that staff frequently reported to him if there was a problem with someone's wheelchair and staff always stay with the person whilst he is repairing their chair.

Checks on the environment had been completed to ensure it was safe for people. These included safety checks on small portable electrical items, hot water, Legionella, first aid kits, the emergency call bell system and fire safety equipment. Personal emergency evacuation plans were in

Good

Is the service safe?

place for each person that would help them be moved from the home in the event of a fire. These were located in a file in the office at the entrance of the home along with other emergency equipment in order that they could be easily accessed in the event of an emergency.

People told us that there were, on the whole, enough staff on duty to support them at the times they wanted or needed. One staff member said, "We can be short staffed, particularly at weekends". Another staff member told us, "We use quite a lot of agency staff at the moment. But they tend to be the same people so they know how things work". A third staff member said, "I don't think there's a major problem. There's time to spend with people and take them out. Obviously, today is not a good day". There were two staff members on sick leave on the day of our visit and agency staff had been arranged. We observed that, on the day of our inspection, there were sufficient staff on duty. Staff were available for people when they needed support in the home and in the community. The registered manager told us that staffing levels were based on people's needs. Their dependency levels were assessed and agreed with the relevant local authority who funded people's placements and staffing allocated according to their individual needs. Staffing levels consisted of two nurses on each shift and 13 care staff which offered a two to one ratio of staff to people in order to meet people's complex needs.

Recruitment checks were completed to ensure staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. They also included checks on eligibility to work in the United Kingdom, evidence of interview and confirmation that nurses were registered to practice with the National Midwifery Council.

Medicines were managed safely at Melbreck. Staff told us there was yearly training provided in medicines management. We were also told the provider conducted regular competency checks on staff administering medicines, undertaken over the course of a day. Our examination of documentation confirmed this.

The administration and management of medicines followed guidance from the Royal Pharmaceutical Society. We noted staff locked the medicine trolley when leaving it unattended and did not sign Medicine Administration Record (MAR) charts until medicines had been taken by the person. There were no gaps in the MAR charts that we looked at. We noted all MAR charts contained a list of people's diagnoses, allergies and possible side effects of the medicines they were taking. Staff were knowledgeable about the medicines they were giving. The provider undertook regular audits of medicines management and also facilitated a yearly audit from an external provider. We noted issues identified as a result of these audits were addressed in order to maintain the safe and effective management of medicines.

Some people used percutaneous endoscopic gastrostomy (PEG) feeding tubes. PEGs can be used when a person cannot swallow or the risk of choking is very high. It involves placement of a tube through the abdominal wall and into the stomach through which nutritional and medicinal liquids can be infused. We observed the administration of medicines via the PEG during our visit and noted it was conducted in a safe and effective manner, in line with people's tube feeding prescriptions and protocols. There were also administration protocols for topical applications, medicines given on an 'as needed' basis and for medication given to people on short term leave, for example, those going home for the weekend.

Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Other medications were safely stored in locked trollies in a lockable room. Medicines requiring refrigeration were stored in a lockable fridge, which was not used for any other purpose. The temperature of the fridge and the room which housed it was monitored daily to ensure the safety of medicines. Controlled drugs were stored separately in a locked cupboard. We examined documentation which recorded the obtaining and dispensing of controlled drugs. There were no discrepancies in the numbers present. We noted that two people had signed the controlled drugs book when a controlled drug was administered, in line with current legislation.

Good

Is the service effective?

Our findings

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. One external health and social care professional wrote and informed us, 'People have care plans which reflect their individual needs. Monitoring and recording of individual needs are evidenced and dates of last appointments are readily available as are weights, BMI, MUST scores and any other relevant information relating to an individual's needs'. A second professional wrote and said, 'From a clinical perspective they are a home that I am comfortable with leaving recommendations and I am confident that they will be carried out'. A third professional wrote, 'The service has a detailed care plan for my service user, including risk assessments. The managers tried to optimise X's finances and physical needs, by supporting X to purchase the equipment needed. My client's family is happy with the way X is looked after at Melbreck'.

We looked at care plans in order to ascertain whether people's health care needs were being met. We noted the provider involved a wide range of external health and social care professionals in the care of people. These included gastrostomy nurses for the care of people with PEGs and NHS Tissue Viability Nurses for the management of wound care. We noted there was also input from hospital dieticians, Community Learning Disability Teams and Consultant Neurologists. Advice and guidance given by these professionals was documented and followed by staff to ensure up to date and effective care was provided. Monitoring records were in place to help ensure people's needs were met. These included fluid intake records and repositioning.

Melbreck was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests. Where people lacked capacity to make certain decisions, assessments had been completed and best interest meetings held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe. One external health and social care professional wrote and told us, 'We are invited to all best interest meetings and MCAs. It. Is an effective home and is resourceful and up to date with knowledge and legislation'. A second wrote, 'The manager and deputy have contacted me for advice and support on a number of issues including best interest decisions'. A relative told us, "The staff consult me about X (family member) care and treatment. I've been involved in best interest meetings".

During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff asked people for consent before assisting them to move, to eat, having their hair brushed and before receiving physiotherapy. Due to people's learning disability and communication skills, a non-verbal response was always waited for.

All of the staff we spoke with had undertaken training in this area and had a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. All staff could tell us the implications of Deprivation of Liberty Safeguards (DoLS) for the people they were supporting. A staff member told us, "I think it's important not to take away people's rights to do things for themselves, even if it's only a small thing. It's up to us to make sure that happens".

People said that the food at the home was good and that their dietary needs were met. One person gestured that they got a choice of food at lunchtime. Staff confirmed that they offered two choices by showing the person two sample lunches on plates and we observed that this was also used with other people in order that they could make informed choices. Photographs of some meals and food items were on display however staff told us that this form of communication was not routinely used and that they usually discussed meal choices with people verbally.

We observed five people having lunch. Three members of staff were present who supported people based on their

Good

Is the service effective?

individual needs. Staff offered encouragement and we observed that the interactions over lunch were very positive. For example, one member of staff said to a person they were supporting, "ready?" and "shall we?" and "slowly, slowly". The member of staff explained to us afterwards that the person they had supported needed to be encouraged to eat slowly. People were offered a choice of drinks. Music was playing in an adjoining room and staff explained how this helped one person to relax when eating.

Information was available in the kitchen about people's dietary needs to assist kitchen staff. However no other information was available in the kitchen. The cook told us people's likes and dislikes and preferences were "all in my head" as she has worked at the home for four years. The cook has not had training in making special diets i.e. prescribed diets by SALT and told us she would like this and would benefit from this. However, the cook had received training in using a food thickening agent from a representative of the company. Seasonal menus were in place and the cook informed us that taster/experimental menus were provided that allowed her to obtain feedback about peoples likes and dislikes which she then incorporated into the menus.

Staff were skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. One staff member told us, "I've been doing the Care Certificate as part of induction. I've been able to shadow staff too, to be able to get to know the routine. It's been really good". The Skills for Life Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, equality and diversity, medication and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at Melbreck. These included nutrition and diet, epilepsy and effective communication. This meant that staff were provided with training that enabled them to support people appropriately. With regard to training one member of staff told us, "It's good, I must say. I've done training in epilepsy and looking after PEGs". Another staff member told us, "Some of it is on-line and some is face to face. I like it because it's about the people we are looking after".

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. All staff that we spoke with said that they were fully supported. One staff member said, "I get supervision every six weeks and a yearly appraisal. It's very good". Another staff member told us, "I can say pretty much want I want in supervision. There's no problem".

We asked how registered nurses kept their professional expertise and knowledge up to date and relevant. We were told the provider had employed a clinical lead professional to co-ordinate and manage this. The provider also convened regular Clinical Governance Group and Policies and Procedures meetings. We examined recent minutes of both groups' meetings. We noted that the purpose of these was to ensure clinical and governance knowledge was shared by the registered nurses employed by the provider. In addition, the group devised and implemented nursing protocols and procedures in order to ensure consistent and safe care.

Good

Is the service caring?

Our findings

People said that they were treated with kindness and respect. One external health and social care professional wrote and informed us, 'In my opinion the manager and staff ofMelbreck are all very caring and respond appropriately to meeting the holistic needs of the service users'. A second professional wrote, 'I always meet with the registered manager and deputy/clinical lead who demonstrate a very caring attitude towards all the customers and have in-depth knowledge of the customer's needs. The support team are always in attendance with the customers and I have seen evidence of very positive attitudes from staff who appear comfortable supporting this complex customer group who have severe to profound learning disabilities. I believe the staff are caring and I am aware that Melbreck holds regular training sessions on how to support people with complex needs'.

We observed interactions by staff to people that were warm, positive, respectful and friendly whilst remaining professional. When staff used non-verbal ways to communicate with people they ensured they got down to their level to engage with people in their wheelchairs. Staff were seen gently stroking people's arms when spending time with them. Many of the staff had worked at the home for several years and it was apparent that positive, caring relationships had been developed with people.

People were supported to express their views and to be involved in making decisions about their care and support. One person told us that they were able to choose what clothes they wore, what activities they participated in and what to eat. A relative told us, "At home X always had his walls painted red in the Liverpool colours. His bedroom has been decorated two or three times and they have consulted X and me. The staff said that he chose blue for his walls here so that's what he got, and I was happy to accept that was his decision". Staff observed peoples non-verbal forms of communication such as moving their heads or smiling in addition to sounds they made so that they could involve people in making daily choices. One external health and social care professional wrote and informed us, 'The reviews are person centred and inclusive; however my client is unable to participate even if he is physically present. His family members are encouraged to share their views'.

Care plans and risk assessments were reviewed monthly and signed by staff. Relatives' views were sought on care plans and risk assessments; consequently, there were opportunities to alter the care plans if relatives did not feel they reflected their care needs accurately. We noted that, from examining care plans, that they contained a section which included advanced decision making. This section was completed in conjunction with people and their families. They included whether the individual wished to be resuscitated in the event of cardiac arrest. The care plans for those who did not wish to be resuscitated contained documentation indicating this, as required by law and was countersigned by the person's GP. The staff we spoke with displayed a good level of knowledge of advanced care planning and were aware of people's needs in this regard.

Monthly keyworker meetings were recorded and lead by staff. We noted that these did not include the use of pictures or photos to aid people's involvement.

Staff understood the importance of respecting people's privacy and dignity and of promoting independence. One staff member told us, "Most of the people here need a lot of personal care so we always have their privacy in mind. The manager is very keen on that". Another staff member said, "I always knock before I go into someone's room". Our observations on the day confirmed this. We also asked staff how they promoted people's independence. One staff member said, "That's part of the reason we are here". Another staff member told us, "In the time I've been here I've seen a lot of improvement in some people. They can do things for themselves they couldn't do before". Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. During lunch staff ensured people's mouths were wiped to keep peoples dignity.

During the inspection we observed some people participating in a pampering session of foot massage and nail painting. This was completed in a communal lounge despite a side lounge being available, which offered greater privacy and could have been used for this activity to maintain people's dignity.

Good

Is the service responsive?

Our findings

People said that the home took appropriate action in response to changes in people's needs. One external health and social care professional wrote and informed us, 'It is a responsive home and staff are always well appointed friendly and with good attitude'. Another professional wrote, 'Staff are able to respond to individual needs'. A relative said, "X health is much better since he's been living here. I could put my fingers round his ankles when he was living at home. Now he's got a bit of meat on his legs!"

Peoples care plans contained detailed information about their individual support needs, for example, in the management of the risks associated with epileptic seizures, the risk of choking and the management of PEGs. The care plans also contained detailed information about personal histories, including relationship maps and likes and dislikes. People's choices and preferences were also documented. The daily records showed that these were taken into account when people received care, for example, in their choices of food and drink. Care plans and assessments were reviewed on a regular basis to reflect any changes in need.

People said that they were happy with the choice of activities on offer. Efforts were made in response to people's religious and cultural needs. One external health and social care professional wrote and informed us, 'X (person who lived at the home) is involved in indoors and outdoors activities and parents are encouraged to visit. The local church is acting as an integrating role for the people living at Melbreck and management seemed to developed partnerships in the local community which enable the service users to participate to local events as often as possible.

A holiday is usually arranged every year for my client, jointly with other service users'. A relative said, "Staff said it would be nice if X could go on holiday to Bognor with the other people, and do some age-appropriate things with them. They went to Cadbury World. My daughters were jealous! They (staff) do lots of age appropriate things like shopping and other different things with X.

People were supported to access and maintain links with their local community. A relative told us, "My husband supports Liverpool and X often watches it with him. The staff support him to watch football on telly as he would at home. They maintain links with what he used to do. They took him to see Southampton play last year and said he loved it."

During our inspection people were observed attending an activity centre in the morning and afternoon in addition to the in house activities that took place. Information about forthcoming activities was displayed in the home which included colourful symbols to aid communication. Activities included a movie club, tactile sessions, golf, reflexology, the theatre, ice skating and visits to a garden centre. Dedicated driving staff were employed to assist people to access community activities.

People were supported with their relationships and spiritual needs. We observed that one person had an open bible next to their bed, a picture of Jesus and other items that related to Christianity. The registered manager told us, "X's mum is very involved with the church. X goes to her church and she does a little Communion here. Another person who lives here was Christened but they are non-practising. We have links with the local church. They do carols and Easter services. Volunteers come here from the church." We were also informed about another person who had used the respite service at the home who was Muslim. This person was only supported by female staff in line with their wishes and belief.

A relative informed us that they were always made welcome and confirmed that staff supported their family member to maintain contact with them. They explained, "I cared for X on my own at home until they came here. It broke my heart to leave him at first then I saw how excited and happy he was to be back when I returned him from visits home. He visits the family home twice a year now and Xmas".

Each person's bedroom was decorated differently to reflect their individual tastes. One bedroom had pink curtains, floral pictures and curtains. There was a strong seaside theme in another room with lots of starfish, beach huts, fish and a sea-blue carpet. Another person's humour was illustrated by two plaques on their bedroom door which stated 'only people with chocolate may enter' and 'VIP Parking only.' We did note that the same level of detail was not apparent in the hallways around the home and in the

Good

Is the service responsive?

bathrooms. Given the frequency with which people were assisted to move around the home, their journeys could be made more interesting and stimulating by the use of colour, photographs and pictures on the hallway walls.

People were supported to raise concerns and complaints without fear of reprisal. An external health and social care professional wrote and informed us, 'They have always been open and honest in responding to my requests and appear willing to listen to thoughts and idea on improving services for people'. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

Pictorial information of what to do in the event of needing to make a complaint was displayed in the home. For people who could not access written or pictorial procedures staff told us that they observed their interactions and body language and would report any concerns to the registered manager. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC.

A record was in place of complaints received and included a record of actions taken to investigate the complaint and outcome. The home had not received any complaints in 2015.

Outstanding ☆

Is the service well-led?

Our findings

We received outstanding feedback from external professionals who were extremely complimentary about the registered manager and the services provided at Melbreck. One external health and social care professional wrote and informed us, 'In regards to Melbreck I have had some very positive experiences. In the past the home has gone through some difficult times but currently it is managed extremely well and it is a home that I have full confidence it. The manager is extremely caring and approachable and she leads her team well to offer excellent care'. A second professional wrote, 'The home manager is approachable and offered feedback promptly whenever requested. The staff attitude in the home is relaxed and welcoming and they seemed to respond well to the current management approach'. A third professional wrote, 'Melbreck has strong and stable leadership. Both the Manager and deputy complement each other and work together to continually develop customer care'. A fourth wrote, 'The manager leads the home with calmness and great ability and appears to be well respected by her team. I have had no issues with Melbreck at all and enjoy each visit'.

The registered manager was an excellent role model who actively sort and acted on the views of people. They have developed and sustained a positive culture at Melbreck. Without exception people using the service, relatives and staff all spoke very highly of the registered manager. One member of staff told us, "The manager is really nice and you can say things in confidence". Another staff member said, "Things have improved a lot here and I think it's down to the manager. They definitely know what they're doing".

There was a positive culture at Melbreck that was open, inclusive and empowering. Staff were motivated and told us that they felt fully supported and that they received regular support and advice. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. Regular staff meetings took place where people were encouraged to be actively involved in making decisions about the service provided. For example, during the September 2015 staff meeting every member of staff was asked to give their views and opinions on what was working well at the home and areas that they thought could be developed.

Melbreck had clear vision and values that were person-centred and that ensured people were at the heart of the service. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. Staff that we spoke with were all clear about the homes aims and objectives. One staff member said, "It's to be a home from home". Another staff member told us, "It's a happy place. I think that's very important". A third staff member said, "It's more than just providing care. This place feels like a family home to me". The registered manager told us that from the time of recruitment staff were assessed to ensure they had the attributes that would support the vision and values of the home. These were then monitored and reinforced during supervision and training that was provided. The registered manager also explained that she had recently attended a workshop for managers to explore visions and values and was going to be looking at developing these further.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these when completing observational audits and during staff supervisions and staff meetings. For example, the registered manager had recorded in an observational audit of a musical and relaxation session, 'Staff working well and communicating well with each other and people. People informed when they are going to be helped out their chair. They were also asked if they would like help prior to hoisting. Staff asked person if they would like hand, feet or head massage. Person did not like the idea so staff offered to help use I-pad. Person seemed to enjoy and was very calm and relaxed'.

There was a strong emphasis on continually striving to improve. The registered manager was committed to continuous learning for herself and staff. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. To enhance and update her knowledge and service delivery, the registered manager researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care. The registered manager shared her knowledge with the staff team. For example, during a recent staff meeting she included a learning set about CQC and the Fundamental Standards with staff and how these relate to their role. Staff confirmed that the registered manager provided flexible training and shared information about best practice.

Outstanding ☆

Is the service well-led?

Melbreck worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. For example, the registered manager had close links with an acute learning disability liaison nurse at Royal Surrey Hospital. Information had been shared by this professional and as a result the registered manager had arranged to attend external training in December 2015 about learning disabilities and nurse recruitment. The registered manager told us, "I have a very good relationship with her, she is brilliant.

The registered manager was proud of the service provided to people and the sustained quality of service provided. She told us, "I have been here four years and staff have helped me make it a good service. We have open communication with each other and professionals. It's absolutely key. When I first came here moral was low but we have all worked hard to turn things around. Staff are more attentive, paperwork is more robust and relationships with external agencies are better. All of this results in people who live here receiving a better service". A staff award scheme was introduced two years ago at the home that recognised their dedication and support they provided to people. In addition the provider operated a support worker and manager of the year scheme that recognised and rewarded outstanding practice.

A range of quality assurance audits were completed by the registered manager and representatives of the provider that helped ensure quality standards were maintained and legislation complied with. These included audits of medicines, accidents and incidents, health and safety, care records and staffing. The audit system had been reviewed and was linked to the Fundamental standards and the domains of safe, effective, caring, responsive and well led. The findings were discussed with people during staff meetings in order that they knew of changes and/or of potential risks that could compromise quality. An electronic system was in place that ensured the findings from audits was shared with the provider and ensured all relevant people and departments within the organisation were informed in line with their areas of responsibility.

Annual surveys were sent to professionals in order that their views could be used to drive improvements at the home. The registered manager informed us that surveys were not sent to people who lived at the home as "These would be led by staff, even with advocates involved. Due to peoples profound needs we undertake observations and act on these instead. Records were in place that confirmed this.