

# Voyage 1 Limited

# Cloverdale

## Inspection report

95 Anstey Lane  
Alton  
Hampshire  
GU34 2NJ

Tel: 01420542370

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Cloverdale is a residential care home which provides accommodation and support to four people who have a learning disability and who may also have a physical health condition.

The service has been developed and designed in line with the principles and values that underpin Registering the 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.

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

Relatives told us the service was exceptionally well-led. One said, the service provided, "Excellent care" and another commented, "The manager is very skilled she is always thinking about what improvements she can make." The registered manager had created a relaxed and highly person centred culture. Staff were motivated and proud to work for the service. The registered manager continually reflected with staff and people about what could be improved. This had led to significantly improved outcomes for people, in terms of a reduction in presenting behaviours, better quality of life, increased level of satisfaction, increased independence, increased levels of community participation, more fulfilling activities and improvements to the living environment.

People and relatives told us staff really cared. We observed staff were very caring towards people. They liked being with the staff. The registered manager led by example and modelled the behaviours she expected from staff. Staff supported people to express their views and to be as actively involved in decisions about their care as possible. People's privacy and dignity were fully respected and promoted by staff.

The provider had robust systems, processes and practices in place to safeguard people from the risk of abuse. People were supported to stay safe, whilst any restrictions on their freedoms were kept to a minimum. There were always sufficient suitable staff deployed to support people and ensure their safety. Processes were in place to ensure the safe management of medicines. People were supported to minimise their need and use of medicines to ensure they only took what they absolutely needed in line with national guidance. Staff ensured people were protected from the risk of acquiring an infection.

People's needs were holistically assessed and the delivery of their care was based on national good practice guidance. This achieved good outcomes for people. People were cared for by staff who were well trained and supported within their role. They had the skills to meet people's specific care needs. Staff ensured people were offered a range of healthy meals. Staff supported people to live healthier lives and were prompt to refer people to other services as required. People's environment met their needs and they had chosen how to decorate it.

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.

The service was responsive to people's needs. The service was flexible to changes in people's care needs. People attended different activities which met their current preferences and interests. People were supported to identify areas for self-development and actively supported to meet their goals. Processes were in place to respond to any complaints received.

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

Rating at last inspection:

At the last inspection the service was rated good (06 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We did not identify any concerns at this inspection. 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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Cloverdale

## 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

The inspection was completed by an adult social care inspector.

#### Service and service type

Cloverdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

#### Notice of inspection

This inspection was completed on 9 and 10 September 2019 and was unannounced.

#### What we did before the inspection

Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with all four people and two relatives. Only one person was able to give us detailed verbal feedback about their care. So we spent time observing the care staff provided. We spoke with three care staff, the registered manager and the operations manager about people's care.

We reviewed two people's care plans and two staff files. We reviewed people's medication records, staffing

rosters and records related to the management of the service.

After the inspection

We spoke with a further three relatives to gather their feedback on the service.

# 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 good. At this inspection this key question has remained the same good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and protected from the risks of suffering abuse and avoidable harm. The service had effective safeguarding systems, policies and procedures in place to protect people. Processes were in place to encourage staff to speak out about any concerns.
- Staff had a comprehensive understanding of abuse and understood what action to take to protect people both at home and in the community. Staff underwent regular safeguarding training and their learning was reinforced during supervisions, team meetings and activities run by the service's 'safeguarding champion.'
- The registered manager understood their duty in relation to safeguarding people. They ensured any safeguarding alerts were reported to the relevant authority for their consideration.

Assessing risk, safety monitoring and management

- Staff proactively identified and managed potential risks to each person. They understood that the management of risks was a collective responsibility, for example, through the allocation of staff on shifts and constant communication between the staff team.
- Staff ensured risks to people were managed positively and in the least restrictive manner. Care plans provided guidance for staff about people's behaviours, and strategies to defuse them. Staff responded calmly to people's behaviours and supported them how and where they wished, for example giving them personal space if they chose or sitting with them. This ensured people's dignity and human rights and safety were upheld.
- Processes were in place to ensure the building, services and equipment used for people were safe, well maintained and fit for purpose. People had personal evacuation plans in place in the event of an emergency and regular fire drills were held.

Staffing and recruitment

- The service was staffed by a consistent, stable and well trained workforce. Each shift was led by either the senior carer or an appropriately qualified member of staff, to ensure people's safety.
- The registered manager planned the staff rosters, to ensure a driver was available to take people to their activities. There was no use of agency staff. Staff worked together to ensure any staff annual leave or sickness was covered for people.
- The provider had robust recruitment processes in place to ensure only suitable staff were employed. They ensured all relevant pre-employment checks were completed to ensure staff's suitability for their role.

Using medicines safely

- Three people's medications had been reduced or stopped following reviews. One person had stopped a psychotropic medication which can make people drowsy and they confirmed they now felt, "More alert." Another was a medicine the person took 'as required', which they no longer needed as staff had changed how they worked with them at times of distress. Staff ensured people's behaviours were not controlled by excessive or inappropriate use of medicines.
- Staff who administered medicines, had undergone relevant training and had their competency assessed annually. They had up to date medicines guidance to follow. Staff were observed to administer people's medicines safely in a place of their choosing. Staff then recorded each administration, there were no gaps in people's medicine records.
- Processes were in place to ensure medicines were ordered, disposed of and stored safely for people. Regular checks were made of stocks of medicines, and medicine records and processes to ensure their safety.

#### Preventing and controlling infection

- The service managed the risk of infection well. Staff received appropriate training and had access to relevant guidance. Processes were in place to ensure the environment and equipment were cleaned regularly and they were visibly clean.
- Staff had completed food safety training. They ensured the correct procedures were followed when preparing, storing, cooking and serving food, for people's safety. People were supported to participate in food preparation where possible and understood and followed good food hygiene.
- We observed staff used the gloves and aprons provided during the provision of people's care. We saw they washed their hands as required and encouraged people to do so. This reduced the risk of people acquiring an infection.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report any incidents and how. The registered manager reviewed any incidents which occurred. Any incidents were thoroughly investigated, people's care plans updated and any learning shared to prevent the risk of repetition. For example, following an incident the person's care plan was updated and staff reflected upon the incident and the planned changes in the person's care to prevent repetition.



# 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 remained the same good.

Good: 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 physical, mental health and social care needs were holistically assessed and delivery of their care was in line with legislation and current good practice guidance.
- Staff had applied the NHS, 'STOMP' guidance, which aims to stop the over medication of people with a learning disability with psychotropic medicines. Staff had also applied national guidance on delivering services to people with challenging behaviours. By reviewing and changing how staff provided a person's care when their behaviour challenged, there had been a reduction in the person's behaviours and required medicines. This had improved this person's quality of life, interactions with others and happiness, which their relative confirmed.

Staff support: induction, training, skills and experience

- Staff had the right qualifications, skills, knowledge and experience. Staff new to care were required to complete the Care Certificate which is the national induction standard for care staff and the providers required training. They were supported through their probation by a more experienced staff 'mentor.' This ensured they received appropriate support and guidance.
- Staff were required to complete additional training specific to the needs of the people they supported. This included autism awareness, epilepsy awareness and administration of epilepsy medicines. Staff were also trained to support a person with an aspect of their physical health care, to ensure this could be provided effectively.
- Staff were encouraged to undertake further professional qualifications and 7 of the ten staff held qualifications in social care. The registered manager ensured staff were well supported with regular supervisions, appraisals and team meetings. This meant they were well motivated and had opportunities for development.

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

- People were involved in all of their choices about what they wanted to eat and drink. Staff used pictures to support people to make their food choices. If people did not want what had been chosen, there were a range of alternatives. People were encouraged to participate in the preparation of their meals and drinks where possible.
- Staff encouraged people to eat a balanced diet. We saw people chose their favourite fast food for lunch as part of a day out. This was then balanced with a healthy evening meal. Staff encouraged people to eat fruit throughout the day. People's weight was monitored to ensure it remained within a healthy range.

- We saw people had their breakfast at the time and place of their choosing. Meals were not rushed and people ate at their own pace. Staff were aware of potential risks to people, for example, from choking and these were managed appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together to ensure people received timely co-ordinated person centred care when they were referred to other services. The service had good working relationships with other health care professionals, as seen in two professionals testimonials. One of which commended the registered managers approach, advocacy and support for people when attending appointments. Another of which commended staff's support in facilitating their work in the service with people. This ensured people were well supported in their dealings with other services.
- The registered manager told us how following one incident they had immediately arranged a review for the person. Another person's mobility deteriorated and they were referred to the relevant professional for review. Staff were prompt to respond to changes in people's presentation.
- People had health care passports in the event they required admission to hospital. This ensured key information about the person was readily available for hospital staff.

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

- The interior of the service had been updated and refurbished. People had been fully involved in all of the decisions. For example, choosing the colours, furniture, soft furnishings and ornaments. They had also been consulted about the completed and planned changes to the front and back gardens. This ensured people had full control over their environment and it reflected their tastes and preferences.
- The environment had been adapted to meet people's changing needs. Doors had been widened and a ramp installed to support a person's mobility.
- People had plenty of space within the service, to either spend time together or alone. People had been involved in redecorating the shed in the garden, to provide shelter from the sun when sitting outside. They were also in the process of creating a vegetable garden so they could enjoy their gardening. The garden was a functional space people used.

Supporting people to live healthier lives, access healthcare services and support

- Staff promoted health checks and screenings and encouraged people to be proactive in managing their health. One person had been supported to give up smoking as per their wish, which had improved their health outcomes. There was a staff oral health champion to ensure people's dental health care needs were met. People experienced positive outcomes regarding their health and well-being.

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.

- Staff had undertaken MCA training and their knowledge was reinforced during supervisions and team meetings. The registered manager had also created a key fob for staff to carry which reminded them of the 5 key principles of the act. Staff spoken with understood the application of the act to their day to day work. They knew who was subject to the Deprivation of Liberty Safeguards and what restrictions were in place.
- People were supported to make their own decisions wherever possible. Where they lacked the capacity to make a specific decision, legal requirements were met. Staff ensured they documented the processes they had followed, to demonstrate how decisions had been reached.

# 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 now improved to outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person centred culture. The registered manager led by example and modelled the behaviours she expected from staff in her day to day work with people. Staff were highly motivated to provide compassionate and kind care. We observed and people and relatives confirmed, that staff really cared. A professional had provided a testimonial and commented how staff had gone out of their way to support the person.
- People were delighted to see staff when they arrived for their shift. People liked being with the staff, not just for their personal care or activities. They enjoyed their company and joined in with what the staff were doing. There was appropriate physical contact, people would throw their arms around staff to give them a welcoming hug.
- There was a focus on building and maintaining open and honest relationships with people and all of their families. This was reflected in how people responded to staff, and relatives feedback about the strength of their relationships with the service. A relative said, "[Name of registered manager] always calls us to let us know what's going on," and another told us, "There is good communication between us and the home."
- Staff's relationships with people and their families had enabled them to identify specific health screening tests where there could be a risk of a hereditary condition. As a result the person had a screening test and another person was supported to have a different screening to ensure their wellbeing.
- Staff demonstrated an excellent understanding of each person's individualised support plans and their individual preferences. They knew people and their histories very well. This enabled them to provide people with individualised care tailored to them. For example, one person enjoyed cooking and prepared the evening meal with staff.
- Staff, through their close relationships with people's families had an excellent understanding of what was happening in their wider circle. They knew about, understood and responded to issues which could impact upon people. For example, the registered manager noted a person was unhappy and spoke with them in private. The person was sad as a family pet was unwell. The registered manager knew about the pet's illness and immediately arranged for staff to assist the person to go shopping to buy items for the pet. The person proudly showed us what they had purchased, this helped them cope with their sadness.
- A person had received sad news about a family member. Staff explained to the person what had happened and arranged a sponsored walk to raise funds for the hospital where the person's relative was being cared for. The person was thrilled as was their family.
- Staff supported a person to write to their family which maintained links and promoted independence. This

was very emotional for the person at times, but staff understood the significance of the letters for the person and provided them with the support they needed.

- A person had complex needs and medications. The staff team noticed they were struggling with sequencing and their memory. Staff produced a document to record these issues and discussed them at their health review with their GP. This resulted in a referral to the learning disability team as a result of staff's concern for the person's welfare and use of their initiative.
- Staff completed equality and diversity training and a staff champion had been appointed to promote Fairness, Respect, Equality, Dignity and Autonomy (FREDA). They had completed quizzes with staff to teach them and develop their understanding. There was a strong focus by all staff on upholding people's rights. Staff ensured people had access to advocates to represent their views.
- Staff were prepared to give their own time for people. A relative told us how a member of the night staff had spent time after their shift, working on the front garden to improve it. People had benefited from this kindness, as their environment had been improved. Staff also came in early or stayed late to facilitate trips and often researched opportunities in their own time. Staff supported a person without charge to attend a family wedding. Both the person and their family thoroughly enjoyed the celebration. Staff exceeded their day to day responsibilities and a great day was had by all. People benefited from a staff team that were prepared to go 'above and beyond' in giving their time and energy for people's benefit.

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

- Staff understood people's individual communication methods and how to communicate with each person. They tailored their approach according to the person's needs. For example, one person required short, simple instructions. Staff used Makaton signs with another person to communicate or pictures if required. This enabled these people to understand information and make their own choices.
- A person used to communicate using only one or two words at a time but, with staff's encouragement they could now build sentences and communicate without any form of distress. They have also been supported to participate in tasks in the office which has boosted their confidence.
- People were encouraged to contribute in as many decisions as possible. They made day to day decisions about how they wanted to decorate their bedrooms and the communal areas. A person told us about an activity they attended, and stated it was, "My choice." A relative confirmed, "Everyone is consulted and involved in decisions."
- People had input into the development their own individualised support plans which informed staff of their assessed and identified needs and preferences. People had monthly keyworker meetings with staff, and chose when and where they wanted to have their meeting. Actions were taken as a result to ensure people felt respected, involved, listened to, taken seriously and well cared for.
- To support people in decision making, staff had taken them shopping for furniture and ornaments so they could see what the choices were and what they liked.
- Staff had time to provide compassionate and person-centred care. The provision of people's care and activities was designed around them and their priorities. People were able to choose when to get up and went out when they were ready.
- Staff held a monthly house meeting where people could share their views. As part of the meeting staff used photographs, pictures and objects of reference to enable everyone to participate in planning special outings and events. People for one event chose an Easter party for their home and relatives and friends from the provider's neighbouring homes. Photos demonstrated how much people enjoyed the activity.

Respecting and promoting people's privacy, dignity and independence

- People were consistently treated with dignity and respect and without discrimination. People's right to choose to spend time alone was respected.
- Staff anticipated people's needs and recognised their distress at the earliest opportunity. Staff offered

people sensitive and respectful care to maintain people's dignity.

- There was no use of agency staff within the service. This meant people were cared for by a consistent staff team with whom they had built trusting relationships.
- Staff ensured people were supported to be as independent as they could and wished to be. For example, a person had lost confidence in going to town alone, so staff walked behind them, so they had the reassurance of knowing they were not alone, whilst not eroding their abilities.
- Staff in response to the deterioration in a person's mobility had liaised with professionals and made environmental changes to avoid the person having to move accommodation. Their family were thrilled as they were concerned they might have to move to another service.
- Staff had implemented the provider's new Active support initiative, to develop people's independence. People were observed by staff to enjoy the praise they received when they achieved their goals.
- A person supported experiences sequencing difficulties. Staff have worked with them and professionals to agree a colour coded sequence for their shower routine. This has improved their level of independence in this area.
- Staff were very aware of people's personal and health histories and how these could impact upon their need for privacy. They ensured peoples' rights were fully protected and their privacy and dignity was upheld at all times.

# 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 good.

Good: 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

- The service had increased its responsiveness in relation to meeting people's individual needs, aspirations, interests and developing their abilities.
- People were as involved as possible in developing their care and support plans. Decision making profiles and communication plans provided guidance for staff about how to effectively involve people. Staff used this information to involve people in their care planning. Care plans were regularly reviewed for people. Staff ensured people's relatives were involved in planning their care and invited to attend reviews. Families and friends were also invited to social events, to provide a relaxed atmosphere to discuss any issues.
- People's care plans holistically identified and addressed their care needs. They instructed staff about what the person's need was, how best to support them and what the aims of the intervention were. People's care plans identified their goals and skills.
- Staff understood people's needs based on their protected characteristics as defined by the Equality Act and were quick to respond when they changed. For example, a person's mobility had been noticed to have reduced. Staff immediately contacted relevant professionals, so the person's needs could be re-assessed and met.
- In addition to monthly keyworker meetings between the person and their allocated keyworker. Staff were implementing the provider's new 'Active Support' programme which aimed to develop the full potential and independence of each person. The purpose of the programme was to enable people to identify potential areas for development and actively support them to complete tasks for themselves and learn new skills, whilst reducing the level of active support required from staff with the task.
- Staff told us how people were now doing more for themselves as a result of the programme. Records showed people were being supported with a range of different short and long term daily living goals. For example, one person was now able to take their washing to the laundry, sort it and unload the washing machine. We observed the person was able to get out a table mat for their breakfast and tidy away afterwards. Their relative confirmed they were now, "Doing more for themselves." The programme had enabled people to become more independent.
- The registered manager had reviewed everyone's activities with them since they commenced their role and there had been a number of changes. Activities people derived little benefit from had been dropped and new ones introduced, more closely aligned to people's personal interests. For example, people had been gaining limited benefit from their trampolining, which they dropped, but music and dance were very popular. Two people were now supported to attend a college course in dance and drama. People now attended a community dance session, tailored to their level of ability and a Zumba class. In addition they

regularly accessed the local shops and the library.

- People who wished to attend a local church service were supported by staff to participate. People's religious needs were recognised and met.
- Staff had taken people on holiday last year and there were excursions planned for this year. A relative told us how their loved one had been taken by staff on a trip to London which they had not had the opportunity to do before and how much they had enjoyed it.
- People had been provided with a greater range of opportunities to meet new people in their local community and to form new friendships. People had made new friends from different homes. They had also met new people through their fundraising activities.
- Staff understood the importance of people's social relationships. People were supported to maintain regular contact with their families and those who were significant to them. Relatives told us they found the service very welcoming.

#### 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.

- Staff used people's communication plans to ensure they understood how to communicate with people. Staff recently used easy read guides with a person who required a health procedure to enable them to understand what was involved and to enable them to make their decision.

#### Improving care quality in response to complaints or concerns

- Although no complaints had been received. People had ample opportunities to raise any issues as needed. We saw people felt very comfortable speaking with staff about anything. Processes were in place to ensure any complaints received would be thoroughly investigated and learnt from.

#### End of life care and support

- People living at the service were younger adults and therefore did not have end of life care plans. However, the registered manager was aware this was an area they needed to discuss in future with people at the right time.



# 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 good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager had created a highly person centred culture focussed on delivering high quality care and support, which had achieved positive outcomes for people. Relatives confirmed, "The registered manager has made a number of improvements for the better," and "In every aspect of life there have been improvements for people." These included improvements to people's quality of life, activities, environment and staff morale.
- Another relative had written to the service to say since the registered manager's arrival in 2017; their loved one's speech had improved and the environment changed to better suit their mobility needs. The registered manager had also investigated their loved ones benefit entitlements to ensure they received the appropriate level of support. This increased the person's opportunities to broaden their horizons and explore different experiences, such as taking a holiday, which they otherwise would not have the funds to facilitate.
- The culture was open, transparent and homely and staff clearly enjoyed working at the service with people. Staff learnt about the human rights principles of fairness, respect, equality, dignity and autonomy (FREDA) during their induction. Staff understood and promoted these principles in their daily work with people. All staff were seen to treat people with respect and dignity. They were fair to people and promoted their right to autonomy in all aspects of their lives.
- Staff recognised people's protected characteristics as defined under the Equality Act. They had ensured a person with a physical disability continued to have full access to the home, when their mobility deteriorated, by carrying out adaptations. Staff ensured everyone lived a full and active life, demonstrated by their high levels of community presence and community participation. Staff used the principles of the provider's 'Active Support' programme to enable people to reach their full potential.
- Relatives told us how much work the registered manager had put into creating a homely environment with people, which reflected their personal preferences and personalities. People were visibly proud of their environment and showed us furnishings and ornaments they had chosen for their home.
- Staff were highly motivated and proud of working at the service. They told us, "The ladies have fulfilling lives and that is fulfilling," and "The house is laid back there is no right or wrong which encourages good team work." This led to a culture where staff invested in nurturing people's potential and championing their achievements. A person told us how they had been supported by staff to pursue their interest in first aid by attending and passing a first aid course; this gave them a huge sense of pride and achievement.

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

- The registered manager had a clear understanding of their legal duties and responsibilities and had submitted notifications to CQC as required. Relatives said how confident they felt in the knowledge that, "I know [name of registered manager] will tell me everything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager's focus was not just on the identification and management of risk for people. They balanced risk management alongside the creation of a homely and relaxed living and working environment. Best practice was followed and there was a strong focus on equality and inclusion. This in turn had positively impacted upon people's presenting behaviours. There had been a marked decrease in one person's behaviours and risks as a result of this change. We observed the person appeared relaxed and when they did present with behaviours which could challenge, staff reacted calmly and confidently. Relatives told us, they had noted everyone now spent more of their time together as a group, enjoying each other's company. We observed staff were aware of risks but were more relaxed in how they responded and managed them.
- The registered manager's work at the service, outcomes for people and efforts had been recognised and they were one of two national finalists for the provider's upcoming registered manager of the year. People and staff were very proud of and felt part of this achievement.

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

- There was a focus on building and maintaining relationships both with the providers other homes and meeting new people from other local services and the community. This had provided people with a range of opportunities to meet new people, try new activities, participate in and contribute to their local community. For example, the service had hosted an international themed carnival event for other services at a local beauty spot, which had been a great opportunity for people to socialise. A relative told us, "It was lovely." People had also formed links with other learning disability services provided by different providers, which had enlarged people's social circles. They had also enjoyed a range of parties with their new friends, held in the local community. People had also joined a local disability group and joined in an event to promote the presence, abilities and rights of people with a learning disability.
- Relatives told us the registered manager's focus was not just on people's welfare, but relatives as well, which they had found of great personal benefit during stressful times. The registered manager had arranged a fund raising walk, so a person could show support to a member of their family at a difficult time and raise funds for a charity. This had provided the person with a sense of purpose and enabled them to cope at a difficult time for their family.
- People were more engaged with the local community. They had entered and won a category in a local competition for the best front garden and had all participated in decorating and creating a flower container which had achieved a silver award. They had also been involved in litter picking projects, which increased their community participation and contribution by improving their environment. The registered manager had involved people in a range of fund raising activities for charities of their choice. This included decorating and upcycling furniture and second hand items and jam making. These projects had given people pride in their creative achievements and the resulting funds raised for their charities. In addition their presence in their local community had increased.
- Staff told us they felt the registered manager listened to their ideas and valued their contribution.

Continuous learning and improving care

- In addition to seeking people's, relatives and professionals views through questionnaires, surveys, meetings and regular communications, which were then acted upon. For example, improvements to the front garden had been made in response to feedback. The registered manager had driven improvements through the provider's internal and external audit processes, which were used to identify areas for improvement. For example, menus now demonstrated the alternatives available.
- The culture of the service had also become more reflective. In addition to audits and surveys, the registered manager encouraged staff to reflect upon their practice and this had led to improved outcomes for people. These improved outcomes included the three people whose medicines had been reduced and the introduction of new activities for people, following staff's evaluation of people's involvement and enjoyment of their old activities. A relative told us, "The manager is very skilled she is always thinking about what improvements she can make," which we observed.
- In addition to people being encouraged to reach out into the local community. The registered manager ensured staff had as well. They had developed strong links with other local services run by the provider. They had also formed links with the manager of another local home run by a different provider. This provided staff with shared opportunities for learning. For example, training in a health care procedure was provided by a nurse from one of the providers other homes to ensure the person received their care from trained and competent staff.

#### Working in partnership with others

- Staff had excellent working relationships with external professionals. A professional who visited the service regularly had provided a testimony for the registered manager's award ceremony which stated. "I work in a lot of Voyage Care homes but Cloverdale stands out. This is because [name of registered manager] and her team go that extra mile to look after their ladies."
- The registered manager's professionalism and commitment to achieving the best outcomes for people had been recognised in another testimonial provided by a GP, who stated, "Her knowledge base, experience, application, contentionsness and I would say loving shepherding of Cloverdale that we see at our end are tremendous." Another professional involved with the service had written after their work with a person, to commend the service and stated, "You strive to offer each person the best quality of life possible and to reach their goals and aspirations." Staff worked outstandingly well with others to promote positive outcomes for people.