

Navigation Support and Care Services Ltd

# Navigation Support & Care Services Ltd

## 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:

Navigation Support and Care Services is a domiciliary care service that provides personal care and support for people in their own homes who have a learning disability or autistic spectrum disorder. The service can provide care for adults of all ages. At the time of our inspection the service was providing support for 54 people. The service covered Lincoln and surrounding areas.

People's experience of using this service:

People were very satisfied with all aspects of the service provided and spoke highly of staff and the registered managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

People who used the service and relatives we spoke with told us they felt staff provided safe and effective care. Staff turnover was low which people and relatives valued. People were supported by a small team of staff that understood their needs.

We found that there were systems, processes and practices were mostly followed to safeguard people from situations in which they may experience abuse including physical harm. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

People told us they received their medicines as prescribed. Medicines Administration Records (MARs) reviewed had been completed by staff and were regularly audited by management.

Background checks had been completed before new care staff had been appointed. People were protected by there being arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Staff had received all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. Staff were able to identify further training in addition to their mandatory training.

People had their rights protected under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their nutritional needs when required. People had been supported to live healthier lives by being supported to have suitable access to healthcare services so that they received on-going healthcare support. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People received personalised care that was responsive to their needs. Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives. Confidential information was kept private.

There was strong sense of leadership in the service that was open and inclusive. The registered persons focused on achieving positive outcomes for people and their staff. There had been occasions when the service did not always communicate effectively with health and social care professionals and their recommendations not followed.

People benefited from a robust professional management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

The service encouraged feedback from people who used the service, relatives and care staff. Views were gathered through questionnaires, telephone conversations, regular face to face meetings at their home or in the office.

One complaint had been received in the last 12 months and this had been responded to appropriately. People were introduced to lay advocates if necessary.

Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. Staff were clear about the vision and values of the service. In addition, the registered persons worked in partnership with other agencies and stakeholders to support the development of joined-up care.

More information is available in the full report.

Rating at last inspection:  
Good (report published March 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained 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 remained well-led

Details are in our Well-Led findings below.

# Navigation Support & Care Services Ltd

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Navigation Support and Care Services provides personal care and support for people in their own homes who have a learning disability or autistic spectrum disorder. The service can provide care for adults of all ages. At the time of our inspection the service was providing support for 49 people.

The service had two managers 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:

The office inspection took place on 13 and 20 December 2018 and was announced. We gave the registered persons 48 hours' notice because they are sometimes out of the office supporting staff or visiting people who use the service.

We made telephone calls on 04 and 07 January 2019 and spoke with people using the service, their relatives and health and social care professionals.

What we did:

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

At the registered office we spoke with 11 people using the service, five care staff, the training officer, two service co-ordinators, the general manager and both registered managers. In addition, we looked at the care plans of five people who used the service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at four staff files as well as a range of records relating to the running of the service such as duration of care calls, staffing, quality audits and training records.

Our overall observations included how people and staff interacted and how people were being supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate with us direct.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff supported them. One person told us, "I feel safe with the staff - when they are with me." We spoke with relatives and they confirmed their family member/s were always supported safely. A relative said they have, "Absolutely no worries or issues about safety."
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered managers. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team. Further information on safeguarding including the contact details of local safeguarding authorities were visible in the office. This should enable staff to access the information quickly and easily in the event they needed to raise a safeguarding concern
- There had been occasions when there was a delay in reporting incidents to the local authority. An example given was of an anonymous safeguarding alert that was received by the local authority, which resulted in a safeguarding investigation being completed to make sure the people using the service were receiving safe and effective care. We spoke to the registered persons about this and they acknowledged there had been times when the service could have communicated better with the local authority. The registered persons showed us information that communication had improved.
- The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

Assessing risk, safety monitoring and management

- Social care professionals shared that there had been occasions when incident reporting was not detailed enough. An example shared stated, 'Incident reports will often state "showed behaviours" rather than describing the behaviour and its impact. Daily records are sparse, and lack detail to evidence how individual support to manage behaviours is being delivered for example writing "[person] has had bacon, sausage and salad wrap for tea and had a chilled evening seemed in a really good mood" or "morning routine followed" instead of giving a detailed report which has been requested by health and social care professionals.' The registered persons were working with their staff team, the local authority and healthcare professionals to improve detail in incident reports.
- Records and people's care files contained signed consent that confirmed people or their representative had been involved in creating these risk assessments. One person said, "If they [service] are wanting to

change something they get my brother and sister involved." Some people's risk assessment had not been clearly signed and dated by all staff involved. Reviews of assessment did take place but there were gaps in some records reviewed.

- Risk assessments had been completed for each person's level of risk, including risk of falls, behaviour risk assessments, vulnerability risk assessment, support with medicines, managing their finances, maintaining people's independence and support people to manage anxiety in their home and when out in the community. One person was at risk of burns and they told us, "I got a risk assessment for cooking."
- Staff at the day service supported people safely by actively enabling people with their choices so they had as much control and independence as possible. An example included a person being supported to safely transfer with a hoist.
- Personal emergency evacuation plans (PEEP) were in place and were available in for all people using the service. These plans provide staff and emergency services with guidance on how to support people to evacuate their home in the event of an emergency.

#### Staffing and recruitment

- People using the service were involved in the recruitment of new staff. One person said, "Navigation are really good at hiring staff. Navigation is one of the best." The service had a low turnover of staff, which enabled people to be supported without too many staff changes.
- We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed for most staff but for one person we did not see at least two reference requests. We shared this with the registered persons and their recruitment lead who confirmed they thought a single reference was sufficient. Our recommendation is that all staff files are reviewed to confirm two references have been received, as stated in the provider's recruitment policy. If this is not possible then an appropriate risk assessment in place confirming safe checks were made.
- Where needed, rotas had pictures of staff to help remind people of who was working each day. Staff rotas reviewed showed that there were sufficient staffing levels to safely meet people's needs. People confirmed there were always sufficient staff to accompany them to their activities and appointments.

A relative shared there had been one occasion when a call had been missed in the last 12 months. This had been actioned and learning put in place to avoid it happening again. Another relative confirmed, "No call has ever been cancelled." Another person said, "They [staff] are always there and phone you the day before to remind you they are coming."

#### Using medicines safely

- People and relatives confirmed they were happy with the support they received to take their medicines.
- We reviewed three medicines administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had been signed appropriately.
- Staff had medication training as part of their induction and their competency had been assessed before they were able to support people with their medication. The registered persons informed us that medication administration and awareness was regularly discussed at staff meetings.



- The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered. We reviewed monthly medicine audits and these had been completed regularly.

#### Preventing and controlling infection

- Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of infections.

#### Learning lessons when things go wrong

- Positive steps were taken if mistakes were made. For example, the registered persons told us that audits had shown some care workers were not completing daily logbooks (people's daily records) fully enough when supporting people at home or in the community. To address this care workers were retrained on how to write clear and personalised records and their work reviewed at their supervisions.

# Is the service effective?

## Our findings

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

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

- We spoke with people in groups and individually and one person said, "Navigation is awesome!." This was a common view after speaking with people using the service. Many people at the service had been using the service since it started in 2011. People were assessed before they came to the service to ensure their needs could be met. Assessments covered people's health and social care needs.

- Some assessments included a one-page profile containing personalised information about the person, for example their life histories, and how they wanted their needs met. Records, which did not have these, were currently being updated and files checked showed people and their relatives were involved. A member of staff told us, "Care plans were reviewed twice yearly or as and when required."

- People's cultural needs were identified during their assessments and care plans put in place to show how these were to be met. For example, if a person wanted only male or only female carers this was clearly documented.

Staff skills, knowledge and experience

- Staff had the right knowledge, qualifications, skills and experience. We reviewed records that showed staff had a thorough induction that was completed over 14 weeks, with a mix of face-to-face training, on line training and shadowing colleagues during care calls. New staff also enrolled onto the Care Certificate, which is an agreed set of standards all staff working in health and social care should follow. A staff member confirmed, "The induction was good." Another staff member said, "I love the training."

- Eight new staff had signed up for apprenticeships in the care sector. All apprentices must take an independent assessment at the end of their training to confirm that they have achieved the required competence. Staff told us that received regular supervision and records confirmed this for most staff. A staff member said, "If needing one they [their line manager] are really good at getting you in. The registered persons agreed to schedule in supervisions for those staff that were overdue."

- A relative told us, "Everyone seems to know their responsibilities." Records showed that staff attended a wide range of training including administration of medicines, fire safety, first aid, food hygiene and nutrition, health and safety, infection control, mental capacity, moving people safely and safeguarding adults. Training was up to date and reviewed at supervisions.

- A new staff member told us they worked for the service as an external consultant and liked working with

the service so much they asked for a job. The service offered them a job as a part time training lead and this person was a qualified NVQ [National Vocational Qualification] assessor. The staff member went on to say, "I'm really delighted, I love coming [working] here." A staff member said, "She's [training lead] amazing. Really clear, good and keeps you on track."

Supporting people to eat and drink enough with choice in a balanced diet

- People had access to a day service run by the registered provider. At the day service people and staff had free access to fresh fruit, which was placed in bowls around the service to promote healthy eating when they felt like a snack. A relative said, "[My relative] is helped with a healthy diet to ensure he loses weight. He has been losing weight gradually for a year now and it is reported [to me] every week."

- Some people were able to prepare and cook their own meals, others had family member's that did this for them. Where people needed support with meal preparation this information was available in people's support plans. Staff explained they support people with their shopping and where required prepare or assist people with making healthy meals. Details of people's food, fluid and weight monitoring were recorded and reviewed regularly where required.

Staff providing consistent, effective, timely care

- The service used a master diary in the office and communication books in people's homes to make sure staff were on the rota to support people with their appointments. Health and social care professionals told us that there had been occasions when meetings had been arranged in people's home and on arrival to the home, no one was home. Professionals told us a courtesy message from the service would have been helpful to avoid a wasted trip.

- After our inspection we received information from professionals about the service not always following their guidance. An example included a care plan not having detailed enough information in when a person became anxious and agitated. We reviewed these documents and they had been updated but further detail would help to personalise the support.

- People and their relatives consistently told us the service supported them [or their relative] to maintain good health and were referred to health professionals when required. They had care plans for their healthcare needs that included their medical history and any medical conditions they had. One relative confirmed the staff had supported their relative and told us, "When [relative] had a swollen ankle, [relative] was sent [with staff] to a specialist to get it checked out."

- There had been other occasions when a relative was concerned about their loved one. The relative told us, "They [service] kept notes and contacted the psychiatrist, GP and social worker backing up my concerns. I was always worried that they may say they [service] couldn't cope with [relative] but the opposite was true. I could not have managed without them."

- The service had systems and processes for referring people to external services. Records checked confirmed documentation from health and social care professionals were available in people's care files.

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

- When people were moving into new shared homes, they were consulted on the décor for the communal rooms and people told us their bedrooms were decorated in the way they wanted.

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. The requirements and principles of the MCA were being followed. One relative said, "Yes, [relative] makes his own choices but is guided in his decisions by staff."
- All staff had had training on the MCA and staff were able to explain the principles of the MCA and how this impacted on people's daily lives.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

- People told us the staff supporting them in their home and when out on activities were exceptionally caring. One person said, "Staff are amazing!" Another person said, "They are very caring and never rush me. If I go over the time [of care call] they are still ok with me...they're fantastic!" One relative said, "Team [staff] stay regular which is really important."

- Most people were supported one-to-one with a small team of five staff working on a shared rota. Talking about the staff one person said, "They [staff] have changed my life." Staff were extremely knowledgeable about the support needs of people they cared for and were easily able to describe the person's care needs and things that were of interest to them.

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

- People's care records showed they had been involved in discussions about how they wished to receive their care and support. Support plans were currently being reviewed and updated with photographs of people taking part in activities at home and in the community.

- People were supported by their keyworker [dedicated worker] to update their support plans. A relative said positively, "Service users always come first." Relatives confirmed they received copies of the care plan where this had been agreed.

- Support plans for those with communication needs were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. We met with several people who communicated with Makaton [basic sign language] and personalised communication aids. We observed people and staff communicated effectively with these aids to make sure people received information about their care and support in an accessible way.

- People using the day service and staff created a large pictorial communication board covering each of the five core areas CQC inspect and regulate under. This was an inclusive and creative way of building and sharing important information in an accessible and fun way to as many people as possible.

Respecting and promoting people's privacy, dignity and independence

- The service was aware of advocacy and correspondence was seen in people's care files for people to access local independent advocacy services. Independent advocates represent people's wishes and what is

in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

- People's care plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. People we spoke with confirmed staff respected their wishes and maintained their dignity when receiving support with personal care. Staff told us they respected people's privacy and dignity. One member of staff said, "I will knock on the door and wait before I go in." A relative said, "The way they [staff] talk to people is very good."
- The service had its own hydrotherapy pool at a different venue in the local area. The registered persons explained this was set up to meet the needs of people who did not always enjoy visiting public pools because of bad experiences. One person told us they, "Love Hydro [hydrotherapy]; it's so hot." Going to the Hydro enabled this person to exercise safely and relax with staff that they were comfortable with and around people that would not judge them. Many people talked of the Hydrotherapy and how they loved going there.
- Care staff understood the importance of promoting equality and diversity. An example of this was supporting people to maintain friendships and relationships with family and friends which promote happiness and wellbeing. Staff assisted people to keep in touch with their relatives and friends by telephone and during social events. These relationships promote happiness and wellbeing.
- The service opened one of its centres on Christmas day for people and staff to come together and have Christmas lunch as a big family. People decorated the centre with handmade decorations. The service bought gifts for the people to make their day extra special. Staff and management came together to make sure people were not alone at Christmas. Staff who are not on shift came in throughout the day to wish everyone a merry Christmas. This showed staff were caring and compassionate towards people they supported.
- We saw people talking and laughing with their friends and staff at the day service. Activities celebrating the festive season were taking place. One of which was for people to create their own Christingle. A priest and his wife from the local church ran this group activity. People proudly shared their Christingles and some described the meaning of a Christingle. The occasion was jolly and festive, included lots of music and singing. (Christingle's represented; Jesus, the Earth and the four seasons.)
- People were planning to make mince pies for Santa but needed to buy the ingredients. A trip to the local shops was planned and agreed. Staff were happy, kind and caring when supporting people with their coats, hats and gloves in readiness to walk to the local shops. Some people got ready quickly and others took a little longer but at no point were people rushed by staff.
- Two people who used the service were taking part in a National Special Olympics event. A group of seven which included staff and friends [people using the service] of the two people taking part, drove to the event to offer their support. A relative commented this was a lovely caring gesture, which meant so much to her relative who was competing.
- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. People using the service also commented on how well their individual needs were met. The service baked a birthday cake for one person who was very excited about celebrating their birthday. Everyone at the day service sang and joined in wishing the person birthday best wishes.

- ☐ Information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this. Care files were secured in lockable cabinets in the office.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

- ☐ The main office for the service was on the first floor of the registered office. The ground floor was a day service which was used as a hub, as a place for people to meet throughout the day and then go on to activities of their choosing. The environment and atmosphere was happy and safe but did get busy at key times of the day; mornings, lunchtime and when people were going home later in the afternoon.
- ☐ One person became anxious when the day service became busy and staff calmly supported them away to a quieter area which settled the person. Some relatives told us people had stopped coming to the day service because they felt it noisy and busy for them.
- ☐ We spoke with relatives, health and social care professionals about the services offered at the day service and several people shared that the day service venue can get busy and some people can become anxious and uncomfortable when this happened. A relative told us when ☐ people became anxious they go upstairs to the office. "They have no calming down space ... ☐ [office] staff down tools and go to support [the person] and reassure them."
- ☐ Relatives agreed the service was always responsive, but we were told when people were ☐ supported in the office, staff were called away from their desks. Even though staff were well intentioned when doing this, it impacted on the day-to-day management of the office.
- ☐ The registered persons were aware that the service had outgrown its current location and were looking to build a larger bespoke day service. Evidence reviewed showed this proposal is in the planning stage and will involve people, relatives, staff, commissioners and other stakeholders in the design and build of the new location.

Personalised care

- ☐ Care and support records were currently being updated to include one-page profiles for all ☐ people using the service.
- ☐ The service shared some positive feedback from a relative which stated, 'Good evening, just a ☐ quick note, I have just collected X from home, I'm absolutely so impressed with him tonight, he is so excited, he



has had a fantastic day going about his daily routine.' Another relative told us, "If I have any issues, they're brilliant [at sorting out] and if I ring the office I'll always get through."

- Every fortnight the service ran a disco that was jointly organised and run by people using the service and staff. This included shopping for snacks and preparing these for the disco. People using the service were the DJs at the disco and used accessible IT tablets to control the music. This activity supported the service's motto, 'Your life, your choice, your service, your way!'
- On the second day of the inspection a group of seven people and staff wanted to show us their dance moves from the Christmas party held the previous evening. People and staff laughed, signed, sang and danced in unison to pop songs that were current and jolly.
- Throughout the year, the service ran parties that included a Summer Ball, a Halloween Party. People were also encouraged to give ideas on where they would like to go. Examples included a summer beach party where people made beach props, table decorations and fishes for the nets that were hung on the walls at the day service. Another example was a masquerade ball where everyone made individual personalised masks to represent themselves.
- We reviewed five support plans most were person centred and well written. Support plans included people's preferences in how they would like to be supported. We reviewed summary records of people being supported and some required more detail. We also saw details of interests people took part in and people were given opportunities to be involved in social activities to avoid them feeling isolated and promoted their well-being. One relative told us, "Yes – [person] is taken to watch Lincoln City Football Club on a regular basis."

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

- A person told us, "If we have a problem they listen." People and their relatives spoke positively about the responsiveness of the management in dealing with day-to-day matters. One relative shared, "I have not needed to complain about anything, but if I did I would not hesitate to contact them [the registered persons]." People also told us that if staff were running late the office would call and let them [or their relative] know. Another relative told us, "I regularly inform Navigation of how happy I am with their service."
- One relative told us that recently a call had been missed and she or her relative were not informed. The registered manager explained they recently installed a new system that schedules calls and staff rotas. There had been some miscommunication between support staff and the office about care calls. Staff told us that this has not been an issue with the previous system. After our inspection we received confirmation the service had re-introduced the old system to work alongside the new to avoid further incidents.

#### End of life care and support

- No one was receiving end of life care.



# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff all agreed the registered managers were passionate about making sure care was person centred and caring. People, relatives and staff told us both registered managers also covered care calls when required which was valued by everyone linked to the service. A relative said, "I would definitely recommend the service to others." Another relative told us, "I feel confident enough to leave [relative] when we go holiday. I trust them."
- A senior member of staff was on call 24 hours a day so care workers always had someone to speak with if they needed advice or support. We spoke with relatives about getting information about their loved one. A relative confirmed they could contact staff and said, "Yes, I have numbers of senior staff if required."
- Systems were in place that ensured compliance with the registered provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment. The registered persons described how they had followed up positively and openly on the improvements they had needed to make in relation to how people were supported with their safety.
- Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. We saw information was readily available in the service for staff to refer to if needed.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff we spoke with confirmed the registered managers made the service feel like one big happy family. Alongside the day-to-day work, we observed the office was a safe, comfortable and happy place to meet, for both staff and people using the service. A relative said, "I have always had a good rapport with Navigation." Another relative told us, "I'm not sure of the hierarchy of the office and when I ring whoever I speak to helps. [My relative] has an out of hour's phone number which she uses if she has concerns."
- We saw that all conditions of registration with the CQC were being met. Most records reviewed confirmed incidents had been dealt with appropriately and reported to the correct authorities when needed. As noted earlier in the report there had been times when there had been a delay in reporting incidents to the local

authority. The registered persons acknowledged this and had worked closely with the local authority to avoid this happening again.

- Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents. There were systems in place to ensure policies were in place and up to date and available to staff.
- We saw that the management carried out regular audits. The registered provider had an effective system to regularly assess and monitor the quality of service that people received. The registered managers and the office team completed a number of audits that covered care records, medication and staff training. These were not always easy to follow as some records were paper based and others on the IT system, but issues had been highlighted and actioned appropriately.
- The service had a new IT system that managed day-to-day records and information. This still required further support and time to embed so that the systems could be better understood and accessed by all staff. The registered persons were aware of this and were looking to raise □ this at team meetings and the weekly management meetings.
- The service is required to display their latest CQC inspection report so that people, visitors and □ those seeking information about the service can be informed of our judgments. We found the service had displayed their rating as required in the office and on their website.

Engaging and involving people using the service, the public and staff

- A relative told us, "I am called on a regular basis by Navigation staff to inform me of what is going on with [relative], and am contacted if there are any questions." The registered persons □ valued a diverse team. One staff member had offered to teach staff and people using the service Level 1 British Sign Language. Another member of staff told us, "It's the best care company I've seen."
- People and relatives completed annual questionnaires and the feedback was analysed and kept under review by the registered persons to make any improvements they identified as needed. Staff told us, "They [line manager and registered persons] are so approachable. You can go to them with family issues and personal problems."
- A social care professional told us, "Reviews of service users in one particular community support living placement have identified that the service users are at the centre of their support and home environment. Weekly house meetings enable them to make their voices heard. The service users' support is individually tailored to meet their needs and there is a marked change in the quality of their lives."

Continuous learning and improving care

- There were weekly management meetings and regular staff meetings at which staff could □ discuss their roles and suggest improvements and training to further develop effective team working. Staff meetings gave management the opportunity to discuss and share progress □ about the service. A member of staff said, "I can express my views and feel they are valued. Another staff member said, "I love coming to work."
- The service had a business continuity plan. This set out the arrangements that would take place if events that disrupt the running of the service occurred. The plan covered traffic delays, □ severe weather, staff sickness, loss of IT and telephone, office damage and any other □ disasters.

#### Working in partnership with others

- Records showed staff worked closely with health and social care professionals to ensure the people using the service had the joined up care and support they needed. Feedback received from professionals commented that communication between the service and them needed to be better. Examples included the service arranging appointments and then not supporting people to attend. Other examples include the service not always following recommendations given by professionals.
- As mentioned earlier a new IT system had been recently installed which had caused some issues around planning schedules and care calls. Recent communications showed there had been improved communications between the service and external stakeholders. The service were utilising additional support from a software specialist to fix any issues.