

# Voyage 1 Limited

# Ling Crescent

## Inspection report

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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?	Good	●
Is the service responsive?	Outstanding	☆
Is the service well-led?	Outstanding	☆

### Overall summary

This inspection was carried out over two days on 7 and 12 November 2014 and was unannounced.

Ling Crescent provides accommodation and personal care for up to six people who have learning disabilities. The people living in the home had complex needs and sometimes demonstrated behaviour which may challenge others. At the time of our inspection there were five people using the service. The home is located in a

residential area in Headley Down, approximately four miles from the centre of Liphook. Two semi-detached houses have been knocked through to create the accommodation which also has a garden.

Ling Crescent has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

Staff had received safeguarding training. They understood how to recognise the signs of abuse and knew how to report their concerns if they had any. There was a safeguarding policy in place and relevant telephone numbers were available. People behaved in a way which indicated they felt safe.

Risks had been appropriately identified and robustly addressed both in relation to people's specific needs and in relation to the service as a whole. Staff were keenly aware of people's individual risk assessments and knew how to mitigate the risks. There was constant monitoring and reassessment of risks which ensured that staff took actions to protect people. People lived in an environment where they were safe and were therefore able to develop their skills and felt comfortable accepting new opportunities.

There were enough staff on duty at all times to meet people's needs and the registered manager matched staff to people's preferences, skills and experiences.

Medicines was administered safely by staff who had been trained and were competent to do so. There were procedures in place to ensure the safe handling and administration of medication. Staff knew how to administer emergency medicines for people.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. People's mental capacity was assessed and decisions were made in their best interest involving the relevant people.

The service worked well with health professionals to ensure the best and most effective care was provided for people. A nutritionist, speech and language therapists, psychiatrists and psychologists had worked with the service developing specific care for people which had been effective.

Relatives were very happy with the care. There was calm caring environment within the home. Staff knew how to meet people's needs and this showed through their caring actions and their interaction with people using the service. People behaved in a way which showed they felt comfortable with staff. Independence was encouraged whenever possible and people responded positively to this.

Support plans were reviewed on a monthly basis and people were involved in these reviews through keyworker meetings and through staff observation of their behaviour when carrying out activities. Relatives and professionals were involved in regular reviews. Support plans were regularly updated with key information about people's support and their individual preferences.

People were encouraged to take positive risks and live their lives to the fullest. They were able to overcome challenges and benefit from new and exciting opportunities. Everyone had benefitted from new and exciting trips and the registered manager and staff were constantly looking into new ideas and opportunities for people.

Support plans showed that the staff had responded to behavioural and health needs and that innovative ideas had used to manage behavioural issues. This had led to positive outcomes for people.

Management of the home was outstanding. There was exceptional morale amongst staff who worked as a team, in an open and transparent culture, for the benefit of people. Regular staff meetings and team building exercises meant that staff were involved in the development of future plans and contributed to the values and vision for the home. Staff were empowered to develop their own ideas. These led to a positive and caring atmosphere in the home and effective and responsive planning and delivery of care and support.

# 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.

Staff had a high level of understanding about how to keep people safe from harm and protect them from abuse. People using the service behaved in a way which showed they felt safe.

The registered manager ensured there were enough staff on duty to meet people's needs at all times. Staff and their mix of skills were used innovatively to develop positive and meaningful relationships.

Medicines were administered safely by staff who were competent and had been trained to do so. Staff had received training to administer emergency medicine.

Good



### Is the service effective?

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs. Support plans were written around people's individual needs and behaviours.

People were supported to make their own decisions but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Appropriate applications had been made under the Deprivation of Liberty Safeguards.

Health professionals provided advice and support where necessary and this improved people's care.

Good



### Is the service caring?

The service was caring.

People were supported in a stable and caring environment. The staff promoted an atmosphere which was kind and friendly. There was a strong visible person centred culture and staff were exceptional at helping people to express their views so they understood things from their points of view.

People were treated with respect and dignity and independence was promoted wherever possible. Staff supported people to undertake activities they enjoyed. The atmosphere in the home felt calm and friendly.

Staff maintained regular contact with people's family members. Families felt they had a good relationship with their relative's keyworker and were able to discuss all aspects of their relative's care and support.

We saw examples of how a caring, nurturing environment had improved people's behaviours.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to by supporting people to achieve new targets and live life to their fullest ability. People went on exciting trips and experienced adventurous holidays.

People were supported to use public transport to improve their independence. Support was also given for people to respond to their own needs such as making a cup of tea.

Relatives knew how to complain and had regular contact with the staff about any updates or concerns in relation to their relative.

**Outstanding**



## Is the service well-led?

The service was well-led.

The home had an open and transparent culture, with clear vision and values for the future.

Feedback from people and staff were sought on an ongoing basis and used to continually develop and improve the home. People were listened to and offered choices through every part of their daily life.

The registered manager told us she had a good staff team who had always responded to her challenge with innovative ideas.

Teambuilding exercises ensured that staff were involved in developing goals and aspirations for the home. Quality assurance systems were in place.

**Outstanding**



# Ling Crescent

## Detailed findings

### Background to this inspection

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

This inspection was completed over two days on 7 and 12 November 2014 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider completed 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 used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with two relatives. We also spoke with the registered manager and two support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to three people's care and support such as their support plans, risk assessments and medicines administration records.

People were unable to tell us about their experiences due to their complex needs. We used other methods to help us understand their experiences, including observation.

Following the inspection we spoke with a social care professional to obtain their views on the home and the quality of care people received.

We last inspected the home in September 2013 and found that the provider was meeting all the regulations we inspected on the day.

# Is the service safe?

## Our findings

Relatives told us that their relatives felt safe. One family member, when asked if their relative felt safe, said “Definitely, he is very happy there.” People behaved in a way which showed they felt safe. They smiled and interacted with staff. People were respected and their individual qualities were celebrated. For example, staff talked about a person who had a lovely smile, and they enjoyed doing things which made them smile. There was a safe, secure environment. This helped to create a safe and secure environment where people were able to develop.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. The relevant telephone numbers were displayed on the noticeboard in the registered manager’s office. Staff were aware of how to protect people from abuse. Safeguarding was discussed regularly during staff meetings, supervisions and team building exercises. The registered manager used these methods to ensure that staff knew about the safeguarding policy.

Risk assessments, referred to by the provider as support guidelines, were in place for each person on an individual basis. People using the service were living with a learning disability and were at risk from a large number of everyday activities. For example, we saw support guidelines for one person in relation to accessing the kitchen, travelling in the house vehicle, personal care, night checks, accessing the community, using the trampoline and finances. People within the service had very complex needs which could be challenging and put themselves in danger. From observation of support, it was clear that staff had detailed knowledge of the identified risks, making sure people were appropriately supported in the kitchen for example. Staff told us about key risks in relation to people they supported and explained how they were constantly reassessing risks to keep people safe. Such as, some people were unable to chew properly and needed to have their food cut into quite small pieces. This meant that staff had the ability to recognise when people felt unsafe. Support plans evidenced that the support guidelines were regularly reviewed.

The support guidelines in relation to each person were discussed amongst the team during monthly team meetings to see if the risks were still relevant and whether

any further risks had been identified. If a person was undertaking a new activity, then they would risk assess as much as possible before the activity. Risks were then constantly evaluated throughout the activity, using appropriate forms, to monitor any ongoing risks and whether new risks were emerging. For example staff completed evaluation forms for all external activities. Using these forms staff could determine whether the activity would more enjoyable for the person by doing it on a different day or with different people. This demonstrated that staff had a high level of understanding of the need to keep people safe. They were keenly aware of each person’s individual needs, the associated risks and appropriate actions to mitigate any identified risk.

There were risk assessments in place to protect staff, people and visitors to the home. The documentation showed risks had been considered in respect of such areas as clinical waste disposal, infection control, maintenance of water, bathrooms and wet rooms and food preparation. There were seasonal risk assessments in place such as in the case of cold weather or a heat wave. There was an open and transparent culture within the home, in which the registered manager encouraged staff to come forward with any concerns and staff felt able to do this without fear of discrimination.

There were arrangements in place to address any foreseeable emergency. There was a fire evacuation plan in place which had been regularly practised. An experiment had been carried out to see if people would respond to a fire alarm if not prompted to do so by staff. No one responded to the alarm so staff knew that in the event of a fire, they would need to prompt everyone to evacuate to safety. Personal evacuation plans reflected everyone’s individual needs and were in everyone’s support plan.

Incidents and accidents were thoroughly and robustly investigated where necessary. Any learning or required changes to support were discussed at staff meetings, to ensure that all staff were aware and had input into suggestions for changes to people’s support. Agreed changes were documented in support plans and guidelines.

The provider used a Health and Safety monitoring tool to maintain safety within the home. This ensured that relevant policies were in place such as infection control and that safety checks were carried out and where relevant actions

## Is the service safe?

taken. For example, six monthly testing of the fire alarm and emergency lighting and annual checks in respect of gas safety, fire extinguishers and electrical testing was monitored.

Staffing was allocated based on how many people had been assessed as requiring one to one support and the known needs of the other people using the service. The deputy manager was rostered on shift for three days and the registered manager was available to cover any emergencies. The registered manager tailored the staff roster to meet people's specific needs, for example, one person liked going on roller coasters. When visiting theme parks she made sure that staff who also liked roller coasters went so the person would be able to enjoy the roller coaster rides. This meant that staff and their mix of skills were used innovatively to develop positive and meaningful relationships. Each person had a keyworker who had been especially selected due to their skills and working relationship with individual people. People showed they trusted and respected their keyworker. One key worker was described as "his (a person using the service) most favourite person in the world." Key workers had an enhanced level of understanding of individual people's behaviours and feelings, which meant they were able to develop meaningful relationships with people.

The manager considered people's individual needs when recruiting staff; matching skills to people's specific needs and ensuring people were an active part of the recruitment process. Through people's involvement in the recruitment process the manager recruited staff who matched specific needs within the home. People were invited to be present during part of the interview process so that the manager could assess how the candidate interacted with people. The rosters reflected the staffing and skill mix described. Emergencies such as sickness were mostly covered by staff

picking up extra shifts. Sometimes cover was provided by staff from other homes run by the same provider. Wherever possible agency use was avoided as it affected the consistency of care provided for people with very specific needs, which the staff needed to know well.

There was a recruitment policy in place, which was followed by the registered manager. Criminal record checks were carried out before anyone could be recruited and where possible these were done online as this was the most up to date information. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Potential staff had to provide two references and a full employment history.

Medicines were administered safely by staff who had been trained to do so. Staff had received medicines training and epilepsy training in order to administer emergency medicines. Medicine administration competencies were checked by the registered manager on an annual basis. Each person had a personal profile sheet and a sheet explaining how and when ad hoc medicines (known as 'as required') was to be administered. Staff told us about people's 'as required' medicines and this matched descriptions in people's files. There was also a hospital grab sheet for each person, in case of admission to hospital. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. There was a second signing sheet for another member of staff to witness the administering of medicines. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medicines. Monthly medicine audits were completed by the deputy manager; this included the checking of storage, labels, documentation and returns in relation to medicines.



# Is the service effective?

## Our findings

Relatives told us they were very pleased with their relative's care and support, and could not think of anything which could be improved. Observations within the home showed staff were delivering support according to support plans and people looked happy and responded to staff in a way which showed they trusted them.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed training covered all essential areas plus additional areas specific to the type of service, such as how to communicate effectively. There was also training about person centred support, equality and inclusion and the principles of implementing duty of care. Duty of care means to always act in the best interest of individuals and others and not act or fail to act in a way that results in harm. The registered manager checked the training records monthly and prompted staff to update any training necessary, giving a date by which it must be completed.

People were asked for consent before care and support was provided. Communication passports within support plans made it clear how people communicated so that staff understood when people were consenting. Staff understood when a person was saying or indicating 'no' and they respected people's wishes. Staff would offer the support again a short time later or another member of staff may offer the support in case this was what the person preferred. One person had a history of saying 'no' when they meant 'yes.' There was a support plan written around this to ensure that staff knew what to do and the person was given plenty of opportunity to change their mind. Support plans included a decision making profile. The profile described how the person liked to be given information, the best way to present choices, ways to help the person understand the information, the best time for them to make a decision and when would be a bad time for them to make a decision. There were systems in place to ensure people were given the best chance of being able to make a decision for themselves.

Where people lacked capacity to make specific decisions the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff had received training in the MCA and were able describe the principles.

Mental capacity assessments had been completed as appropriate. Where people were deemed to lack capacity, appropriate consultation had been undertaken with relevant people to ensure that decisions were being made in a person's best interests. For example a best interest meeting was held for one person in respect of receiving the influenza vaccination.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager understood when an application should be made and was aware of a recent Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people, however, the local authority had not been able to progress the applications at the time of our inspection. We were satisfied that the registered manager had taken all appropriate action in this respect.

Staff had a good detailed knowledge of people's needs, their preferences, likes and dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example, support plans gave detailed descriptions under the headings 'what's important to me' and 'how to support me well.' Staff knew the people who may exhibit behaviour which may challenge others. The staff effectively managed these situations.

Relevant professionals were involved to ensure people were supported to have healthy well balanced diets that met their specific needs. A nutritionist had been involved in developing a diet for one person who exhibited behaviour, which may challenge others, around food and was also prone to weight gain. Due to active monitoring of diet and exercise one person had lost weight in a managed way which made them fitter and healthier. Relatives of that person told us they were pleased about this. Some people had problems swallowing food because they did not always chew properly. A speech and language therapist had carried out assessments and staff were following the guidelines provided of chopping food into small pieces for those people who required it. Menus were chosen by people on a weekly basis by pointing at pictures of different



## Is the service effective?

kinds of food. Staff managed the food pictures to ensure that the overall weekly menu was healthy and balanced. Staff had received nutritional training to enable them to do this appropriately.

The registered manager had worked with health professionals to reduce people's medicines. This was beneficial to people because some medicines had

significant side effects. One person was taking a medicine in relation to seizures but had not had a seizure in many years. The registered manager was proactive in working with health professionals to reduce the medication and therefore the person benefitted because they no longer suffered side effects in relation to the medicine. This had improved their wellbeing.

# Is the service caring?

## Our findings

A relative told us that their son loved living in the home. He said that whenever they take him back to the home after visiting them, he always cheered “hooray” when they turned the corner into the road. Another relative said, “He’s happy to go back to Ling Crescent and is delighted to see his carers.”

Staff were supportive and caring. Staff showed they were able to communicate with people and understood their needs. They interacted in a meaningful way which people enjoyed and responded to. Staff spoke enthusiastically about people’s likes and dislikes. They demonstrated they knew people really well and were important to them. One member of staff said, “I know the guys well, it’s part of what we do, adjusting to their needs. We need to be caring but they also need their independence. It’s important to get the balance right.”

Staff respected people’s dignity by knocking on their bedroom doors before entering and giving people personal time alone in their bedroom whilst monitoring from a distance. One person was suffering cramps during one of our visits and staff discreetly offered her a bubble bath and some chocolate. One member of staff explained that offering people choices was an important part of maintaining their dignity, and wherever possible this was done. Staff supported other people to undertake activities they enjoyed such as looking at catalogues and listening to music. One person was excited about the activities they were undertaking in the afternoon and staff took time to discuss the activities with them and offer them choices about where they would like to eat after the activity.

Independence was encouraged as far as possible. Staff noticed that one person was dribbling and quietly encouraged them to go to the kitchen to wipe their mouth. In the dining room people were drinking tea and one person was eating a yogurt. When they had finished the yogurt they were prompted to put the pot into the rubbish

bin. While this was going on people were recalling the previous day’s activities which were to do with baking and general conversation was going on about eating cakes. The atmosphere was calm and friendly.

A social care professional described how they were satisfied with the service; they felt there was evidence of proactive caring in the home as the registered manager had worked with them to re-establish important relationships for people using the service. This was particularly important for one person using the service as they had no known family and had re-engaged with important people in their past, improving their happiness and wellbeing.

Staff maintained regular contact with family members and recognised the importance of this. Families told us their relative’s key worker called them every two weeks and more often if there was an issue or a decision to be discussed. Families felt they had a good relationship with their relative’s keyworker and were able to discuss all aspects of the care and support. They valued the special relationship that people had with staff. It was clear that staff went out of their way to ensure that people felt cared for whilst maintaining independence.

The registered manager and staff described how they worked with one person who had really changed and developed since entering the home a few years ago. This was an innovative approach which had been developed over time, ensuring that the person was able to develop at their own pace with the support of staff. The person initially exhibited behaviour which may challenge others. Overtime staff worked with the behavioural element of care and worked on the person’s vocabulary. Enhanced vocabulary led to the person being able to communicate better, be less frustrated and less likely to exhibit certain behaviour. Conversely calmer behaviour had led to the person being more open to learning new vocabulary. Both staff and the registered manager independently hailed this as a real success within the service and conveyed how proud they were of the person for making so much progress. The service was continually striving to develop their approach to people’s care and support.



# Is the service responsive?

## Our findings

Relatives had been involved in the support plans, were kept regularly updated and were involved in regular reviews. Reviews included professionals involved in the people's care, which meant that support plans included all feedback and advice in a timely way. The staff had worked with people through observation, preferred methods of communication, such as using pictures or objects of reference, and regular evaluation to ensure support plans were tailored to people's individual preferences. Monthly meetings were held between people and their key support worker to review the previous month and plan activities and special events for the following month.

The service was actively involved in positive risk taking to enhance people's lives and their enjoyment of chosen activities. Positive risk taking means recognising that risk is part of everyday life therefore there should be a balance between participation in everyday activities and a duty of care. A small group had recently undertaken a cruise on a ship from a local port. This had represented a risk due to potential behaviours which may challenge themselves and others. Following this, the registered manager felt people would benefit further if they could fly to another country and take a cruise from further afield. This would give people the chance to benefit from other cultures and warmer climates. In order to test whether this would be feasible a test flight had been booked between two local airports. Risks associated with this had been assessed and mitigated as far as possible. One person who was known to like music, and was from an afro-Caribbean background was taken to the Notting Hill Carnival and the Africa Live Festival. The service had also taken the person to see a pop music concert, a film at the cinema and a show at the theatre. These were all new experiences for the person, which had been identified by staff who knew people's personal preferences and areas for personal development. This improved people's quality of life.

One person, who was known to have an interest in all aspects of transport and collected transport associated toys, was taken to Goodwood Festival of Speed, Brands Hatch, Farnborough air show and a tank museum. Relatives were pleased their relative had access to such activities. Everyone had had a holiday and these had been planned with people's specific interests in mind. For example, the person who liked transport had been to

Hastings where they were able to visit a car factory. Another person who particularly liked chocolate had a short break in Manchester where they were able to visit a chocolate factory. There were plans in place to develop known hobbies and interests further. For example, a train journey across Europe was being considered as the next challenge for some people. Much was made of the idea around holidays within the home, with people being involved in their choice of holiday and encouraged to participate in planning including going shopping and buying new outfits or products to take on holiday. This initiated a build-up, so people could get excited and look forward to their holiday.

The service had one bus, and to ensure everyone did not have to do the same activity or wait while others had their activity, the service had looked at alternative methods of transport which would give people greater independence. Alternatives such as the local bus service was explored and tested for one person. The person had the freedom to use the local bus whenever they wanted and visited the local library several times a week, which was something they enjoyed.

People had a person centred planning (PCP) meeting every six months which looked at their goals and aspirations and how these could be achieved. One person's PCP review included learning to communicate using an electronic tablet, regularly visiting the temple, going to the cinema and going to the theatre. These had all been achieved. Another person had been encouraged to pursue their culture. They made regular visits to a local shop and had recently purchased some culturally specific food which had been shared with everyone.

People were supported to be as independent as possible. One person requested a cup of tea. They were prompted to go to the kitchen and were supported to make a cup of tea. People were prompted to put their dirty crockery in the kitchen and to put their own rubbish in the bin. The service also encouraged people to try new activities and evaluation forms were used following participation in a new activity to gauge the person's enjoyment and participation. Recently the home had encouraged a person to participate in a boating activity. Although nervous at first, staff told us the person now really enjoyed and looked forward to the activity.

The staff responded well to people's behavioural needs. One person had a sensory need to rip pages out of a catalogue and there was always a catalogue available for



## Is the service responsive?

this purpose. Another person displayed posting behaviours. At Christmas time a post box was set up in the home for people to put their Christmas cards in. The person enjoyed collecting and delivering the cards. The home had made efforts to obtain a newspaper delivery round for the person, but this had not been successful to date.

Where necessary, action was taken, in response to people's health needs. We saw an example where a nutritionist had been involved in developing a diet for a person who exhibited behaviours around food, which may challenge others. Speech and language therapists had been appropriately involved for those people who had problems chewing and swallowing food and GPs had been consulted where necessary, for example when one person had fallen over in a car park.

Relatives knew how to complain, but had not found this necessary as they were so pleased with the service and had regular contact with the service about any updates or

concerns in relation to their relative. People had communication passports, which showed the ways in which they communicated. Staff were very knowledgeable about people's communication methods. This meant they understood when a person was indicating how they were feeling and why this might be. People also had monthly opportunities to discuss their care and support with their keyworker.

Staff used shift handovers to discuss and share how each person had been, including any changes or concerns about their wellbeing. This demonstrated they were able to offer consistent care.

The home had good links with the local community, people regularly visited local discos, the library, used local transport and shops and the home was part of the local neighbourhood watch scheme. The home also had a good relationship with the local police who had worked with the home in the past.



# Is the service well-led?

## Our findings

Relatives told us they had a good relationship with the registered manager whom they respected. People benefitted from the open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager. They felt they always listened and responded to. Staff were happy and worked well together ensuring a happy atmosphere, which was reflected in people's care. The staff knew about whistle blowing and that there was a policy. They all said they would whistle blow if necessary but had not had cause to do so. The registered manager thought whistle blowing was a good thing because it meant that things were out in the open and could then be investigated. She had developed and sustained a positive culture in the home, encouraging staff and relatives to raise issues and always act upon them.

The registered manager described the values and vision of the provider and the values and vision specific to the home the home. A team building event had been held for staff to be involved in the development of these values, ensuring an inclusive culture. One of the values for the home was 'Freedom to be given opportunities'. There was evidence that people had been given many opportunities to develop their interests and to try and test new opportunities, such as visits to the theatre and music festivals and experimenting with different types of holiday. Monthly meetings between people using the service and their keyworker reflected feedback from new activities. From this the registered manager was able to gauge how people were benefitting. The home's values reflected our observations within the home.

Feedback from people and staff were sought on an ongoing basis and used to continually develop and improve the home. We saw evidence of home meetings, staff meetings, team building exercises and keyworker meetings. We observed that people were listened to and offered choices through every part of their daily living. Photographs displayed around the home, in people's support plans and the daily diaries evidenced people's choices.

There were innovative and creative ways to enable people to be empowered and voice their opinions. Team building sessions were held every six months. The last session held in May 2014 involved staff in developing support plans.

Staff had written their own support plans as a learning process of demonstrating to themselves, the things that they would want in their own support plan. This gave them a much better view in respect of the important things in people's lives which should be reflected in their support plans. Evidence from the team building exercises showed staff had written about their hopes, dreams and goals. The home was striving for excellence in understanding things which were important to people using the service. There had also been some discussion around the Mental Capacity Act 2005, where staff discussed how they would assess someone's mental capacity. A further team building session had been planned on the day of our second visit. We reviewed the planning for the session which involved discussion around the Care Quality Commission's new methodology for inspecting. The service used consultation in asking staff how they would evidence each of the five outcomes. The deputy manager had planned a session around nutrition and culture, asking staff to try food from different parts of the world, undertaking a cultural food quiz and asking staff to be imaginative in developing new recipe ideas from around the world. This was important to the people living in the home who came from a variety of ethnic backgrounds as they were given greater access to their own ethnic background and were also involved in celebrating other cultures.

The registered manager was very proud of the people and staff within the service. She felt she had a good staff team, whom she encouraged to think together as a team. They demonstrated that innovative ideas were discussed and responded to. Staff then worked together as a team to develop and deliver the idea. An example of this was when a member of staff had come up with the idea that some people may like to go to the theatre. The staff member had booked the tickets, arranged the transport and the staff cover and ensured that people attended the show and were able to enjoy it. Good leadership was reflected by the staff member feeling empowered to come up with their own idea which reflected people's individual interests.

The home worked closely with commissioners and other health care professionals to ensure the health and wellbeing of people using the service. For example, dieticians, behavioural specialists, psychiatrists and speech and language therapists had all been involved appropriately in people's support when needed. A social care professional told us how he had worked closely with the registered manager to research the background for a



## Is the service well-led?

person who had no relatives involved in their life. Although this had been a difficult and sensitive piece of work, the registered manager had persevered in order to re-engage a person with people from their past. This connection had been of emotional significance to them.

The registered manager had ensured that staff were aware of their responsibilities both within the home and to people they supported. At the beginning of each year additional supervision meetings were held where job descriptions for each person were discussed and compared to what staff do. Discussion took place as to how staff could be supported in their role. Duty of care, safeguarding and Deprivation of Liberty Safeguards were also discussed.

The registered manager had identified the key strengths and areas for development for the home. She wanted to improve the way that home meetings were used to gain feedback from people using the service. Since everyone using the service was limited in their ability to communicate, she had actively researched and sought advice with the aim of enabling people to be more involved in home meetings. There were also plans to make physical improvements to the home and to try new and exciting holiday experiences for people. The registered manager had prepared a service development plan. The plan included actions around maintenance and decoration for the home, the development of an activity room, developing communication aids for people, developing positive behaviour plans and supporting people to adapt and grow. The registered manager energised and empowered people to develop their skills and staff to support them to do so, ensuring people were at the heart of the service.

Robust systems for quality assurance were in place. A quality assurance audit took place quarterly. The last one took place on 15 October 2014 and an action plan was developed. Completion dates for the actions were in December 2014, therefore the actions had not been completed at the time of our inspection, however there was evidence of ordering of furniture and equipment, emails to senior management requesting support and maintenance logs, showing that the actions were being progressed. There was evidence that other quality assurance actions were being undertaken such as legionella risk assessment, asbestos management plan, electrical equipment testing, emergency lighting, fire alarm testing, medication and infection control audits, reviews of the environment and a health and safety monitoring tool. All these checks were carried out at regular intervals and there was evidence to support this.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were followed up and investigated where necessary. Actions which needed to be taken as a result were cascaded to staff in team meetings and where necessary support plans and other records were updated. There was also an online system maintained by the provider which meant that incidents could be analysed for trends on a provider basis and that senior management were informed in a timely way in order to take any actions which may be required provider wide.