

# Voyage 1 Limited

# Blenheim House

## 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	

### Overall summary

This inspection took place on 27 November 2015, was unannounced and was carried out by one inspector.

Blenheim House is a privately owned care home providing personal care and support to up to three people who may have learning disabilities and complex needs. People may also have behaviours that challenge and communication and emotional needs.

The service is a terraced property close to the centre of Deal. Each person had their own bedroom which

contained their own personal belongings and possessions that were important to them. The service had its' own vehicle to access facilities in the local area and to access a variety of activities.

There was a registered manager working at the service and they were supported by a deputy manager. They were also the registered manager of another service on the same road. 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

# Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager, deputy manager and staff supported us throughout the inspection.

The registered manager had been in charge at the service for a long time. They knew people and staff well and had good oversight of everything that happened at the service. The registered manager led by example and promoted the ethos of the service which was to support people to achieve their full potential and to be as independent as possible. The registered manager made sure there were regular checks of the safety and quality of the service. They listened to people's views and opinions and acted on them.

The management team made sure the staff were supported and guided to provide care and support to people enabling them to live fulfilled and meaningful lives. Staff said they could go to the registered manager at any time and they would be listened to. Staff had received regular one to one meetings with a senior member of staff. They had an annual appraisal so had the opportunity to discuss their developmental needs for the following year. Staff were positive about the support they received from the registered manager. Staff had support from the registered manager to make sure they could care safely and effectively for people.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There was enough staff to take people out to do the things they wanted to. New staff had induction training which included shadowing experienced staff, until they were competent to work on their own. Staff had core training and more specialist training, so they had the skills and knowledge to meet people's specific needs. Staff fully understood their roles and responsibilities as well as the values of the service.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People were satisfied and happy with the care and support they received. The care and support needs of each person were different and each person's care plan was personal to them. People or their

relative /representative had been involved in writing their care plans. The care plan folders contained a large amount of information, some of which was out of date and did not give a true picture of the person. However, the staff working at the service had all been there for many years. They knew people very well and how to support people with their day to day needs and how to develop people's independence and skills. Staff supported, monitored and recorded what people were achieving and how they were developing. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent. People's individual religious preferences were respected and staff supported people to attend church services.

Staff were caring, kind and respected people's privacy and dignity. Staff treated people as individuals with dignity and respect. Staff were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

Potential risks to people were identified. There was guidance in place for staff on how to care for people effectively and safely and keep risks to minimum without restricting their activities or their life styles. People received the interventions and support they needed to keep them as safe as possible. The complaints procedure was on display in a format that was assessable to people. People and staff felt confident that if they did make a complaint they would be listened to and action would be taken.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns both within the company and to outside agencies like the local council safeguarding team. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire or a gas leak the staff knew what to do.

# Summary of findings

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People were involved in activities which they enjoyed and were able to tell us about what they did. Planned activities took place regularly. People had choices about how they wanted to live their lives. Staff respected decisions that people made when they didn't want to do something and supported them to do the things they wanted to.

People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted and were involved in buying food and preparing their meals.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure

decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. 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. No DoLS applications had been made to the relevant supervisory body in line with guidance as no-one required one.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff told us that the service was well led and that the management team were supportive. The registered manager was aware of had submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

# 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.

People were protected from abuse and harm. Risks were managed so people were not restricted in any way.

There were enough staff on duty to support people's activities, hobbies and appointments. Staff were checked before they started work at the service and people had a say about who was employed to support them.

Medicines were managed safely and people were supported to have as much control of their medicines as they wanted to.

Good



### Is the service effective?

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs.

People were supported to have an active and healthy lifestyle. Mealtimes were social occasions and people were supported to eat a healthy varied diet of home cooked food and drink.

People were given the support they needed to make day to day decisions and important decisions about their lifestyle, health and wellbeing.

Good



### Is the service caring?

The service was caring.

The registered manager and staff were committed to providing individual personal support. People had positive relationships with staff that were based on respect and shared interests.

People had support from friends and representatives to help them make decisions and have a good quality lifestyle. People were fully involved in planning their futures.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Good



### Is the service responsive?

The service was responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

People took part in daily activities, voluntary work, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The registered manager and staff were committed to providing person centred care.

The registered manager promoted an open and inclusive culture that encouraged continual feedback. Audits and checks were carried out to make sure the service was safe and effective.

People's views and interests were taken into account in the running of the service. All feedback was considered and acted on. The service worked effectively to create links in the local community.

Good



# Blenheim House

## Detailed findings

### Background to this inspection

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

This inspection took place on 27 November 2015 and was unannounced. The inspection was carried out by one inspector. This was because the service only provided support and care to a small number of people.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected this service sooner than we had planned to.

As part of our inspection we spoke with one person at the service, the registered manager, the deputy manager and two staff. We observed staff carrying out their duties, such as supporting people to go out and helping people to make their lunch and drinks.

We reviewed a variety of documents which included three people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Blenheim House on 17 June 2013 under the previous provider Solor Care South East when no concerns were identified.

# Is the service safe?

## Our findings

People told us that they felt safe. They said that they 'got on with their house mates' and they enjoyed living with 'good people'. They said that all the staff were 'very nice and very kind to everyone'. People were happy, smiling and relaxed with the staff. People approached staff when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests. If people became concerned about anything staff spent time listening to them. Staff knew people well enough so that they were able to respond quickly and help people if something had upset them.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the home or in the local community and using transport. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Some people could access the community on their own on a regular basis. Before people did this risks were identified, for example, the risk of exploitation from strangers. People had been educated and coached on how to manage difficult situations in the community and had been supported to overcome and manage the risks and go out alone safely. When some people were going out, they received individual support from staff that had training in how to best support people. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

People told us and indicated that they felt safe. People said that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Although no referrals to the local safeguarding authority had been

required from the service, clear procedures were in place to enable this to happen. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was readily available to people and staff on a notice board in the office about what to do and who to contact if they were concerned about anything.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for. People could access the money they needed when they wanted to.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure they were not too hot or too cold. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe. Medicines were stored securely. The medicine cupboard was clean and tidy, and was not overstocked. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the

## Is the service safe?

person's doctor. Some people were given medicines on a 'when required basis' this was medicines for pain like paracetamol. There was written guidance for each person who needed 'when required medicines'.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person's service. Some people required one to one support at times when they went out on activities. The registered manager made sure there was enough staff available so people could do the activities they wanted. If people were going out during the day, staff numbers increased at this time. If people were going out in the evening then the numbers increased in the evening. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. Staff said that there was little sickness and if someone was off sick other staff were always happy to cover the shortfall. If there were not enough staff available, staff from the company's other

services in the local area covered the shortfall. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The reference numbers for the DBS checks and when they were last applied for were not kept in staff files but at main office. This was an area for improvement. After the inspection the registered manager informed us that they had acquired the DBS numbers and the head office were looking at when checks had to be re-done. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

# Is the service effective?

## Our findings

The people had very different care and support needs and the staff were very aware, sensitive and knowledgeable about each person and how they liked to have things done. People said that the staff looked after them well and the staff knew what to do to make sure they got everything they needed. They told us they had a good relationship with the staff and got on with them well.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people became restless or agitated or if they were upset and needed extra support and comfort.

The staff team was stable and consistent and many had worked at the service for years. Staff told us, "I love working here." and "All the staff get on well together. We want people to be as independent as much as possible and this is what we work towards".

The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of courses related to people's mental health and other specific needs. Staff had completed the training and were knowledgeable about what they had learned. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles.

Staff told us that they felt supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

Staff had regular one to one meetings with the registered manager or senior member of staff. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and

supporting people, and gave them the support that they needed to do their jobs more effectively. Some staff told us that they had, had an appraisal in the past 12 months. The performance of the staff was being formally monitored according to the company's policies and procedures. The staff were supported out of hours by the registered manager or the deputy manager. Staff said they could contact the management team day or night and they were confident they would receive any support and help that they needed.

There were policies and procedures in place for when staff started to work at the service. If new staff started working at the service they completed an induction during their probationary period. When new staff started they initially worked at the company's other nearby larger service where they could be closely monitored and mentored. The registered manager said that a probationary period could last between three and six months depending on the acquired skills and competencies of the new staff member. The registered manager said that they would have to be totally confident in staff abilities before they were allowed to work at the service. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The provider's training manager was introducing the new Care Certificate for all staff as recommended by Skills for Care. Staff attended face to face training during their induction and worked closely with other staff until they were signed off as competent. Regular staff meetings highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the registered manager.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

## Is the service effective?

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 application procedures for this in care homes and hospitals are 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 were being met. The provider followed any requirements in the DoLS. The MCA DoLS require providers to submit applications to a 'Supervisory Body' to do so. The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

People had received advocacy support when they needed to make more complex decisions. The registered manager knew when to apply for Deprivation of Liberty Safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible. At the time of the inspection no-one had a DoLS authorisation in place as they did not need one. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The staff team were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

People were in control of their care and treatment. Staff asked for people's consent before they gave them any care and support. If people refused something this was recorded and respected. Before people took part in activities or went out staff checked with people whether they had changed their mind and respected their wishes. For example, people were asked for consent to have their picture taken for some of their records. One person had refused to give consent and their wishes had been respected. This was recorded in their care plan

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People were supported to make and attend medical appointments. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals. People saw their doctors for a health check up every year and whenever they needed to. People also had regular appointments with opticians and dentists.

People said the meals were good and they could choose what they wanted to eat at the times they preferred. People told us they went shopping to buy the food and drinks that they wanted. One person told us how they sometimes cooked their own meals. They said they had started off doing basic meals and had now progressed to making a curry with a little help. They said that they really enjoyed doing this. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. One person told us how the staff had educated, supported and encouraged them to eat a healthy diet and do regular exercise. They said that they used to eat a lot of take-a-ways but only did this occasionally now. The outcome was that they had lost weight and felt a lot better. They said that it had really motivated them to change their lifestyle. People could help themselves to drinks and snacks when they wanted to and there was a range of foods to choose from. Staff included and involved people in all their meals. People's weight was monitored regularly to make sure they remained as healthy as possible.

# Is the service caring?

## Our findings

People said they thought the staff were caring and kind. People said that they liked staff and that they were 'very good people'. People smiled a lot and were very relaxed and comfortable in their home and with the staff that supported them.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff said that people decided what they wanted each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people liked to go out in the local area and others preferred to spend some time in their bedrooms, others liked to attend regular community activities. This was respected and supported by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in all conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people when they asked for something. One person called for a staff member to help them find something. The member of staff immediately gave a kind response and went to help them.

Throughout the inspection exchanges between people and staff were caring and professional. Staff explained things to people and took time to answer people's questions. One person told us: "The manager's really good but you can talk with any staff, they always listen."

The registered manager and staff, demonstrated in depth knowledge of people. All staff spoke passionately about respecting people's rights and supporting people to maintain their independence and make choices.

Staff spoke with people in a friendly and pleasant manner. Staff respected people's privacy and knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. Everyone said their privacy was always respected. One member of staff told us:

"Everyone, staff and clients get on well; we all respect and like each other". Other staff said that they made sure that they included people in all aspects of the day; they said that they treated everyone equally and fairly.

People told us there were lots of opportunities to express their views about their own support and about the running of the service. There were regular individual meetings with people and their opinions were acted upon. People told us that the quality of their life was good and staff were supportive. Staff considered people's views and took action in line with people's wishes. One person said, "I have made my bedroom how I wanted it. The staff helped me to do this." Another person said, "I have my own key to my bedroom and I can keep everything safe".

Staff involved people in making decisions about their care. People said that they were involved in planning their care. They told us that staff sat with them to discuss what care and support they wanted and what they did not want. They said they were involved in everything that happened at the service. One staff member told us, "We sit down with people and look at their care plans together and really try and support people to make decisions. We encourage people to make decisions for themselves". Staff understood about person-centred care. One staff member told us, "We put people at the centre of what we do. We want to keep them safe and we have lots of ways of doing this without restricting people. We want them to help people be happy with their lives".

Staff had knowledge of people's needs, likes and dislikes. People said "I get up early and go to bed when I like"; and "I am really happy here." People were supported to continue with their religious beliefs. People could attend church if they wanted to. Some people had recently decided they wanted to go to church and had been supported to do this.

The interaction between people and staff was positive, caring and inclusive. Staff consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received the care and support that they wanted in the way they preferred. There was a calm, relaxed atmosphere in the service throughout the inspection. People came and went as they pleased. People's relatives were encouraged to visit whenever they wanted. People were also supported to make visits to their families and keep in touch regularly by phone.

## Is the service caring?

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings where

people's needs were discussed were carried out in private. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

# Is the service responsive?

## Our findings

People had assessments before they came to stay at the service. One person told us how they visited the service before they moved in. They said they had met other people who lived there and the staff team. They said they were made feel very welcome. They told us how they had come back for a second visit to check that they did like the service and were asked if they were happy to give it a trial period. A person said, “They couldn’t have done it better. I was only going to be here for a short while but I decided to stay”.

People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Blenheim House. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a ‘picture’ of the person. This gave the registered manager and staff the information about the person and how best to care and support them.

Each person’s care plan contained detailed information about how to support them. People’s preferences, likes and dislikes were described and some of the format of the plan was in simple straightforward language and pictures. The experienced staff knew the people well and had a good understanding of the care people needed. Some of care plans contained information that was out of date and did not give a true picture of people’s present care and support needs. The registered manager and the staff acknowledged this and agreed that the care plans did need to be revised and updated to reflect people’s present care and support. This is an area for improvement but it did not have any impact on people’s lives. People did receive care and support that was consistent with their needs. We found that people had improved and developed their skills and were now more independent. People had made positive

changes in their lives and were more healthy and happy. This had been reflected in their daily records and people told us about how their lives were more fulfilling and about their aspirations for the future.

People were given choices about how they lived their lives. When people first came to live at the service they were asked whether they would like to male or female doctor to support them with their health care needs. One person wanted to manage their own finances independently, they were supported, educated and coached to successfully do this. Some people had decided that they were ready to move onto move independent living and wanted to move from the service to their own flat. Discussions and meetings were held with everyone involved to discuss the best and safest way to do this. A plan was being developed and people were in the process of moving.

People who were important to people like members of their family and friends, were named in the care plan. This included their contact details and people were supported to keep in touch. Some people went to visit their families and families also visited the service.

The staff team was organised so that people received the time they needed to receive their care and support in a person-centred way. A staff member said “We really try and do it right here. Staff know what care is about. We respect people’s choices and do as much as possible to support them to live the life they want. Everyone works together, together means the staff and the people who live here, we are a team”.

At the beginning of each shift, a shift planner was completed, identifying which staff were supporting each person and what activities and tasks they would be participating in. Staff and people did household tasks together, like laundry, cleaning the communal areas and making sure the shopping was done. Staff and people worked together as equals and with mutual respect. There was flexibility with the activities to allow for changes in circumstance and individual choices. People were offered activities both in and out of the service. A variety of activities were planned that people could choose from. People had timetables of activities to give a basis for the choices available. People were well occupied and looked like they enjoyed what they were doing. Staff were attentive to know when people were ready for particular activities and when they had had enough.

## Is the service responsive?

People lived active, varied lifestyles and followed their own interests. They had opportunities to participate meaningfully in the community and to develop their skills at work. People were supported individually or in small groups to attend clubs, places of interest and events. When people were at home they were occupied with their hobbies and interests. People were excited and happy about the activities they did. There was opportunity for voluntary work locally. Some people worked in local charity shops or participated in the local country –side project. Other people attended local community groups. People told us how they enjoyed going bowling, swimming or going out into the local town. One person told they had just started playing golf and was keen to improve their game. People told us about how they supported and helped people who lived at the company's nearby service who

were older and could not 'get around' so easily without help. One person told us about how they went there often to chat with people and take them out for a walk or a 'stroll' in their wheelchair.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and was written in a format that people could understand. If a complaint was received this was recorded and responded to and records showed the action that was taken to address the issue. People said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. People told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

# Is the service well-led?

## Our findings

The registered manager managed two services a few doors away from each other. The other service was larger and the registered manager was based at this service. The registered manager was available at any time to support the people and staff at Blenheim House.

People and staff told us the service was well led. They said that the registered manager was approachable and supportive and they could speak to her whenever they wanted to. People told us the registered manager listened to what they had to say and 'sorted things out' if there were any problems. The staff said the registered manager always dealt with issues in a calm and fair way. On the day of the inspection people and staff came in and out of the office whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. One staff member said "This is their home. It is very important we always remember that". When staff spoke about people, they were very clear about putting people first. Staff talked about supporting people to reach their full potential and be part of the local community. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. The staff team followed their lead and interacted with people in the same caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the service could only operate for the benefit of the people who lived in it with a good staff team and management support.

There were links with the local and wider community and people had friends locally and knew their neighbours. People had built relationships with people in the community and were supported to keep in touch with their friends and family and to make new friends. There was a culture of openness and honesty; staff spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential.

Staff said that the registered manager was available and accessible and gave practical support, assistance and advice. Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager. The registered manager made clear the expectations in regard to staff members fulfilling their roles and responsibilities. Staff had delegated responsibility for auditing and monitoring key areas within the service like fire arrangements and medicines.

There were effective systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through meetings, reviews, and survey questionnaires. The last survey was sent to people and their relatives in June 2015 and staff received surveys in September 2015. The results of these surveys were in the process of being analysed and collated to produce a report to identify the strengths and weaknesses of the service.

The registered manager and deputy manager audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The Head of Operations, who was the providers' representative, visited every four months to check that all audits had been carried out and supported the registered manager and the staff team to make sure any shortfalls were addressed. They completed an improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken. The company's quality auditor made unannounced visits yearly. The last visit had been in October 2015. They used the Care Quality Commission (CQC) methodology as a guideline for the audits and checks to ensure compliance with legislation. During their visit they looked at records, talked to people and staff and observed the care practice at the service. A detailed report was produced about all aspects of care and treatment at the service. It identified any shortfalls which were added to the service improvement plan so the registered manager could address the shortfalls and make improvements to the service. If improvements

## Is the service well-led?

were not being made or not sustained quality auditor made more frequent unannounced visits. There was also an area manager who visited regularly and carried out audits and checks and supported the registered manager.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC),

of important events that happen in the service. This is so we could check that appropriate action had been taken. The manager was aware that they had to inform CQC of significant events in a timely way. No notifiable events had occurred at the service in the last 12 months.