

Voyage 1 Limited

Burwell

Inspection report

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28 February 2019

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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:

- Burwell is a care home for up to eight people with learning disabilities.
- At the time of our inspection there were seven people living at the service.
- The service consists of two bungalows, each of which is home to four people. Each bungalow has four single rooms, shared bathrooms, a lounge, dining room and kitchen.
- It is in a residential area on the outskirts of Burwell village.

Rating at last inspection:

- Requires improvement. (The last report was published on 25 January 2018.)

Why we inspected:

- This was a planned inspection based on the last rating.

People's experience of using this service:

- The care service was being developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination. The provider had systems in place to enable staff to safely manage people's medicines.
- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service.
- The service was very dependent on agency staff to ensure there were enough staff to meet people's needs safely. This was due to difficulties in recruiting permanent staff. There were increased risks from using agency staff, but the providers processes, including, mainly using agency staff who had worked at the service before, helped to reduce these risks. Staff worked together to ensure people were safe and well cared for.
- Most staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs. Staff supported people to have enough to eat and drink and to access external healthcare services. Staff worked well along with external professionals to maintain people's physical and emotional wellbeing.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Where people needed additional support to make decisions, staff had referred people to external advocates.
- Staff supported people in a kind and compassionate way and displayed empathy for people's fears. Staff

were respectful when they spoke with and about people. Staff supported people to develop their independence. People were supported in a individualised way.

- Support was individualised and tailored around individual's specific needs. People and their relatives were involved their care reviews. People's care plans had been completely revised since the last inspection to ensure they were up-to-date, and more individualised. People's needs were constantly reviewed, and support adapted as required. Staff supported people to take part in pastimes and interests. The provider had invested in new staff to help them support people with their interests and keep occupied.
- No one using the service needed end of life care at the time of our inspection. The provider had policies for staff to refer to should the need arise.
- The service was effectively managed by a registered manager and team leader who had been in post under a year. It was clear the new management team had brought about significant improvements in the service. They led by example and had a passion for continually driving improvements and placing people at the centre of the service. They promoted a culture that focused on people as individuals. The registered manager developed positive links with outside agencies and used feedback to learn from mistakes.
- There provider and manager had put robust systems in place to effectively monitor the service and bring about improvement.
- People and their families felt able to raise concerns. The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints.

More information is in the detailed findings below.

Follow up:

- We will continue to check the service to ensure people receive care which meets their needs. We plan our inspections based on existing ratings and on any new information which we receive about each service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

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 was well-led.

Details are in our Well-led findings below.

Burwell

Detailed findings

Background to this inspection

The inspection:

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

Inspection:

- The unannounced inspection took place from 11 to 28 February 2019 and was carried out by one inspector.

Service and service type:

- Burwell is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Burwell does not provide nursing care.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- When we inspect services for people with learning disabilities we look to see whether they are providing care in with the values outlined in the CQC Policy 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion.

What we did:

- Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.
- The provider completed a Provider Information Return (PIR) on 4 December 2018. 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. The registered manager for Burwell had completed an informative PIR which provided us with useful information for our inspection which we used to help us plan the inspection.
- We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge to help with our planning.

- We visited the service on 11 and 14 February 2019. Many of the people who live at the service had complex needs, and were not able verbally to talk with us, or chose not to. In addition to speaking with two people, we used observation to gather evidence of people's experiences of the service.
- During our visits to the service we also spoke with the registered manager, the deputy manager, two senior support workers and four support workers. We looked at three people's care records. We also looked at a range of records relating to the management of the service. These included accident and incident reports, complaints and compliments records, audits and training records.
- We spoke with four people's relatives over the telephone, for their views on the service which their family member received. We spoke to them on 14, 18, 21 and 22 February 2019.
- We received feedback from two social care professionals who were involved in the care of the people at the service.
- We requested additional information from the registered manager which we received on 28 February 2019. This related to staffing, and people's care.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- At our last inspection on 19 October and 2 and 23 November 2017 we found there were not always enough staff deployed to keep people safe and meet their needs.
- Since our last inspection a number of staff had left the service. This placed greater pressures on the remaining staff team.
- The registered manager told us it had been difficult to recruit permanent staff, so they had to rely on agency staff. They had focused on building up a core group of agency staff who knew people and the organisation's processes well. This meant the agency staff got to know people and gave stability whilst the provider recruitment more staff.
- A relative confirmed this. They told us, "It's the carers who need to spend time with [people] to understand their needs. It's so important. When it's different staff members, bank staff, it's hard. Familiarity is important to [my family member] so they can get that rapport. At the moment the staff who are there are really, really good and look after [family member] well. I can speak to all the staff and they know [my family member]."
- At this inspection staff told us there were enough staff on at duty to meet people's needs and our observations confirmed this. During our visit staff worked together to ensure people were safe and well cared for.
- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff members told us the provider that the required checks were carried out before they started working with people. These included written references, proof of recent photographic identity, their employment history and a criminal records check. One staff member told us they "had to wait for all of [the checks]. It took quite while."

Systems and processes to safeguard people from the risk of abuse

- Although people were not able to speak with us, their body language and reactions to staff, showed us they felt comfortable with them.
- A relative responded to the provider's survey saying, 'At present with new management and staff I feel reassured'
- Staff told us senior staff were easy to speak to and they felt no hesitation in speaking out if they had concerns about a person's safety.
- Staff had attended safeguarding training and were aware of the provider's procedures.
- Where concerns had been raised, investigations had taken place in line with the provider's safeguarding procedure. Where necessary, the registered manager took appropriate action to reduce the risk of recurrence. This included as implementing new procedures, retraining staff or using the provider's disciplinary procedure.
- Staff engaged openly with outside agencies to address safeguarding concerns.

Assessing risk, safety monitoring and management;

- People had detailed assessments to support people and staff to reduce risk. They were personalised and staff reviewed them regularly to ensure any restrictions to minimise risk were proportionate and still needed. For example, in one house the dining room and kitchen door is only open when staff are present. This keeps people safe.
- Staff used the information from risk assessments to keep people safe. We saw a member of staff support a person to make a hot drink, encouraging the person to do as much as they could safely, such as switching on the kettle, and adding milk. They explained the person needed support to manage the boiling water and staff poured this into the cup.
- Staff told us that the registered manager had introduced regular checks supporting people with their money, and regular health and safety checks, such as monitoring water temperatures. This helped keep people safe. One staff member told us, "The new processes have tightened things up and made [checks] more robust."
- Staff carried out checks and ensured equipment was safe to use, effective and well maintained.
- Senior staff had taken action to ensure people had appropriate equipment to help staff meet their needs safely. Where risks were identified, they had taken action. This included referral to external agencies and professionals, such as wheelchair services and occupational therapists including. They also put in place short term guidance for staff on how to safely meet people's needs.
- Staff reported all incidents and accidents and measured trends to check if any improvements could be made.

Learning lessons when things go wrong

- Lessons were learned and improvements were made when things went wrong or the potential for things going wrong was identified. For example, after a person became anxious and upset and hurt a staff member, a senior staff member discussed this with the staff member and they explored what may have been a trigger for the person, and whether the staff member could have done differently. This helped to minimise the risk of recurrence.
- The registered manager told us that they shared reviews of lessons learned across the team so all staff can learn from these.

Using medicines safely

- The provider had systems in place to enable staff to safely manage medicines.
- Trained staff, who's competency had been assessed supported people to receive their medicines at the right times.
- Staff stored medicines safely in locked cabinets in a quiet area of the service. This helped staff to concentrate and ensure they gave the right medicine to the right person.
- Where people received medicines 'as and when required', there were guidelines in place for staff to follow about the reason the medicine was required, when it could be given, and the potential side effects.
- Senior staff audited medicines records regularly to ensure medicines were given to people in line with the prescriber's instructions.
- Where a medicines error had occurred, staff took swift action to make sure the person was safe. This included contacting a medical practitioner and the staff member receiving additional training.

Preventing and controlling infection

- There were effective processes to prevent the spread of infection.
- The service was clean and odour free during our visit. Staff cleaned areas regularly and as soon as the need was identified.
- We saw staff washing their hands after providing personal care and before handling food.

- We noted some areas of the service were in need of redecoration: paintwork was chipped, the covering had come off of grab-rails, and bathroom tiles were cracked. The registered manager told us this work was scheduled to take place within the next two weeks.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff had assessed each person to ensure their needs were understood, consulting with specialist professionals where necessary.
- The registered manager told us the care plans had been completely revised since the last inspection to ensure they were up-to-date, and more individualised.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment, there was detailed step-by-step guidance for staff to follow.
- Staff communicated with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being in line with legislation and good practice guidance. This information was reflected within people's care records and guided staff.
- A care professional told us, "Staff appear to have a good understanding of [people's] different needs and how to apply training."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- Staff told us they completed a detailed induction process before being able to support people fully.
- A member of staff said their induction and training was "really good. I don't think I'd be able to work here without it." They told us they had completed training in core subjects and read the provider's core policies and procedures. Only then did they work alongside more experienced staff to get to know people at the service.
- Staff had also received training in topics relating to people's specific needs. Such as autism and epilepsy. Staff had also received training from the Learning Disability Partnership to help staff work proactively with a person to manage their behaviours that may challenge them and others.
- Senior staff regularly worked alongside care staff and used this opportunity to observe practice and check staff competency.
- Staff told us that since the registered manager and team leader took up post, they were well supported. They met regularly with senior staff both informally and six-weekly in formal supervision sessions where they could discuss any issues and training needs. One staff member told us, "The support is a lot better than used to be, we can always call the registered manager."

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

- Meal times were sociable and flexible, reflecting people's needs and preferences. Staff encouraged people

to eat independently or with specialist equipment, where appropriate.

- Some people chose to eat at a different time or to eat something different from what had been cooked. Staff respected this choice.
- Staff had clear guidance on how to meet people specific dietary needs. For example, use of thickener and how to prepare foods of different textures
- People were involved in choosing their what they ate and when. One relative told us, "[Staff] do promote a healthy diet."

Staff work with other agencies to provide consistent, effective care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with external organisations such as local authorities, GPs and community learning disability teams. This helped to ensure people received effective care that met their needs.
- A healthcare professional told us they found the present staff team, "To be organised and well informed" about people. They said staff made available all the information they needed. Another care professional commented that staff had a "good understanding of [people's] varying needs including health guidelines and protocols that need to be followed."
- People's care records showed that staff actively supported them to contact specialist services such as speech and language therapy and occupational therapy.
- Staff monitored people's health and wellbeing, for example how much they ate and drank.

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

- Each bedroom was different and decorated in line with people's preferences and needs. Where possible people and were involved in this process.
- Each bungalow had its own lounge, kitchen and separate dining area. Two of the people who live at the service enjoy rolling on the floor. The registered manager had liaised with an external organisation for advice on creating a specific area for these people to do this safely while providing additional sensory stimulation. They told us the provider was in negotiation with the landlord about achieving this.
- Some areas of the bungalows were looking tired and in need of redecoration. The registered manager told us the provider also liaised with the landlord about a rolling programme of redecoration.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People living at the service were not able to make complex decisions. However, we saw staff enabled people to make decisions about their day to day care, such as what they ate and drank.
- The registered manager had requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised, appropriate, and reviewed as required.
- Staff had received training and were knowledgeable about the MCA. One staff member told us, "We go through it at every staff meeting. We talk about [supporting people] in the least restrictive way, assume [people have mental] capacity and people can make unwise decisions."

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff supported people with sensitivity and warmth. We saw staff speaking calmly at all times, using touch and facial characteristics to display empathy and engage with the people they supported. We saw affection displayed between people and staff: hugs, smiles and friendly interactions
- Relatives told us staff treated people well. One relative said staff were "Lovely people." Another relative told us staff were, "Kind and caring." They said they thought this because of "the way a person is spoken to. Kindness patience. [My family member] may need to take that little bit longer. Rushing would cause anxiety and stress. Patience is key. [Staff] display that, yes."
- A healthcare professional told us, "I was impressed by the staff's manner when talking to people." They added, "I always tend to mentally assess whether I would be happy for [my family member] to be resident in any home I go into. I genuinely felt this year that the atmosphere and staff knowledge/attitudes would make me happy to have my [family member] there."
- Staff also told us they would be happy with a family living at the service. One agency staff member told us this was because of, "The way [people] are cared for. We treat them how we would want to be treated."
- During this inspection we saw many kind and compassionate interactions between people and staff. For example, a staff member was telling us how they supported a person who didn't like to have their hair washed. As the conversation progressed, the person became anxious. The staff member quickly and successfully reassured the person, and moved the conversation on to something the person was happier speaking about.
- We saw other staff positively reinforce people's self-image. For example, saying to a person, "Oh [name], don't you look lovely!" after they noticed the person was wearing make-up. We heard other people praise a person who decided to colour in the week's menu. They congratulated them on their "good choices" and told another person "not to worry", reassuring them they could print another menu.

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

- Although some people at the service did not communicate verbally, we saw staff understood what they wanted as they knew them well. Some people used noises, gestures and Makaton to express themselves and staff explained these to us. Makaton are signs and symbols that help people to communicate without speaking.
- These were also recorded in people's care plans, together with advice on how to engage the person. For example, 'Call [person] by name and maintain eye contact.' There was a list of signs the person used and understood. The care plan also recorded known noises and gestures. For example, 'Vocalises loudly' means the person may be unhappy and provided suggestion on how to support the person. This helped new staff understand what people were communicating.
- We saw staff offering people choice during our inspection. For example, what would you like to drink?

Offering two choices by showing the person the bottles for them to point at.

- Relatives said staff understood that their family member was not always able to comprehend what they were saying. They told us, "It's crucial [my family member] is involved" and confirmed that staff ask them to make choices in appropriate ways. Another relative said, "Recently, in the last year, they are much better at giving [my family member] choices and waiting for a response."
- Relatives said staff kept them informed of their family member's well-being. One relative told us, "They always let me know anything that's going on." Another relative said, "I phone all the time. If I have any concerns or they had, I can just pick up the phone."
- Where people needed additional support to make decisions, staff had referred people to external advocates. A care professional told us, "Staff have worked well with advocacy and understood the role of advocacy." Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when they spoke about people. We noted the registered manager and the team leader lead by example when describing the care they provided and various challenges. Team meetings were used as an opportunity to discuss attitudes and promote good practice. Where the alerts were raised that staff attitudes were not appropriate, immediate action had been taken.
- The registered manager promoted a culture where people were supported to maximise their independence. Care plans gave staff guidance, for instance to encourage people to use equipment to enable them to eat independently.
- Staff supported people to develop their independence. For example, people had clearly identified targets that they were working towards and clear directions for staff on the support the person required.
- Care plans were written in a positive way one person's care and support plan focused on the things that they can do independently rather than on the things they needed help with. For example, making their own bed, cooking and certain personal care tasks.
- Staff displayed empathy for people's fears. One relative told us their family member "worries about the pain because [they] can't express it. Staff have been really, really caring about picking up on [my family member's] feelings."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection on 19 October and 2 and 23 November 2017 we found care and support plans were in place for each person. However, the support delivered was not always personalised to meet individual needs. We also found further development was needed to make sure people were kept meaningfully occupied.
- At this inspection relatives told us the care had improved. One relative said, "I'm happier with the care [my family member] is getting now."
- A care professional told us staff had, "good knowledge of the people who live in the service." They said that they had seen that staff were personalising people's care. For example, by recognising that one person needed some quiet time each day.
- The registered manager told us the care plans had been completely revised since the last inspection to ensure they were up-to-date, and more person centred. Staff told us that they had involved people in this process. For example, by holding up a picture of a bath and a picture of a shower, so people could point to the one they liked best.
- Care plans focused on what people could do and informed staff of the support people needed to achieve this. People were involved in household chores such as laundry and cooking to the extent they were able. For example, which items of bedlinen they were able to strip from the bed.
- People's needs were constantly reviewed, and support adapted as required. At the handover meetings, staff described people's moods and any health complaints. This discussion was used to shape the support in the next shift.
- Relatives confirmed staff involved them in people's reviews. One relative told us their family member was, "due a care plan meeting soon. We have a meeting a few months ago."
- Throughout our visit to the service we saw people were supported in a person-centred way. Timetables, such as meal times, were flexible and relaxed. Staff clearly knew people and people looked relaxed with staff.
- Relatives told us they were concerned that people were not supported to have enough to do to sufficiently occupy their time.
- The registered manager had recognised this and implemented a new system to ensure staff promoted people's access to meaningful activities. They had identified a staff member who was particularly passionate to oversee this. The senior staff member had consulted people about what they would like to do and allocated staff members to support them in these identified areas each day. This had been introduced on the first day of our inspection and needed to be embedded into day to day practice. On our second visit to the service a staff member told us, "It's working very well this week, now activities are allocated to staff."
- Records showed people regularly used the service's van for trips out, such as into Cambridge, or for walks locally. When we arrived at the service some people had just returned from swimming session and another person had visited their relative.

- In addition, the registered manager was implementing a programme of staff training in 'Active Support'. This was a method of enabling people to engage more in their daily lives and helping staff to recognise opportunities to offer the right amount of support at the right time.
- Staff supported people to maintain relationships that were important to them.
- Relatives told us that staff supported people to keep in touch by helping them to send cards and to visit their relatives. During our inspection staff had supported a person to by picking up a friend and bringing them back to the service so they could spend time together on Valentine's Day.

Improving care quality in response to complaints or concerns

- At our last inspection on 19 October and 2 and 23 November 2017 we found complaints and concerns were not always responded to well.
- At this inspection we found improvements in this area.
- The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints.
- Relatives told us they knew how to complain.
- Records showed the provider had investigated one complaint in line with the provider's policy. The provider and registered manager had taken action to address the issue and prevent re-occurrence.

End of life care and support

- No one using the service needed end of life care at the time of our inspection.
- The registered manager told us they had information available to them that gave guidance on the services that may be involved in people's end of life care including various health professionals. The provider also had a training package available for staff, should a person require end of life care.
- The registered manager told us they had identified that people's end of life wishes had not been discussed and that they planned to address this when people's care plans were next reviewed.

Is the service well-led?

Our findings

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

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

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

- At our last inspection on 19 October and 2 and 23 November 2017 we found there were not enough opportunities in place for people, their relatives and other stakeholders to put forward their ideas for developing the service.
- The service was registered before CQC's 'Registering the right support' policy was published. However, the registered manager demonstrated that they actively promoted the principles of this policy. The service was moving towards a culture where people were treated holistically and as individuals.
- People and their relatives were given opportunities to comment on the service provided. Relatives confirmed that the provider asked for their feedback on the service regularly. One relative told us, "We had a survey to fill in not that long ago." Another relative commented that staff also asked for their views on the service during their family member's care review. Staff had supported people to fill quality surveys about the service. We discussed this with the manager who told us they were exploring whether external advocates could do this in the future.
- Relatives confirmed the registered manager and senior staff were accessible if they wished to speak with them.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as meeting with the registered manager and team leader regularly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The current manager took up post at the service in March 2018 and registered with the CQC in July 2018 to manage the service. There was clear evidence that this new management team had brought about significant improvements in the service.
- A care professional spoke of the current "strong management team" who had improved standards of care at the service. Another care professional responded to the provider's survey about the 'consistent team and management's' positive impact on the service.
- Staff roles were clearly defined in the service, and new processes had been introduced since our last inspection to ensure staff knew who was responsible for carrying out specific tasks. This was particularly important due to the number of agency staff and new staff, working at the service.
- The registered manager had put systems in place to check the quality of the service provided. These had clearly improved the service. For example, some quality checks were carried out during staff shift handovers each day. This meant that concerns were highlighted quickly and provide a more consistent service. A staff

member told us how they welcomed the tighter, more robust processes and that this meant, "Every shift leader takes responsibility."

- The provider's quality team also checked the service and supported the registered manager. The provider's quality audit showed the service had improved from 52% compliance against their standards in April 2018, to 82.4% compliance in November 2018. The registered manager had a robust action plan that showed where further improvements were needed, when by, and who was responsible for them.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at management meetings as well as receiving regular updates regarding developments in health and social care practice from recognised professional organisations.
- A care professional told us the senior team "have listened to the concerns and worked closely with the team to improve the care for service users." This showed the staff team were open to continuous learning and took action to improve the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- Staff ensured support was person-centred through observations and an in-depth knowledge of the people at the service. They used this knowledge to make decisions on care, such as menu plans and activities. The focus of the service had moved to encouraging staff to do more 'with people', rather than 'for them.' The registered manager told us they were looking for ways to involve the people at the service in wider decision making.
- The registered manager told us they had become aware staff morale had deteriorated in 2018 which meant the team was not working effectively. We had no concerns raised with us and were assured the registered manager was dealing robustly with this as required.
- We noted the registered manager and deputy drove improvements in an open and pro-active manner, continually involving people in their discussions. A staff member told us, "We work to improve [the service] every day."
- Communication with people, family and professionals was open and transparent. Family surveys had been introduced recently and had given families another way of communicating about concerns and giving feedback.
- The registered manager had put systems in place to ensure legal obligations, such as notifying the CQC of important events, were carried out.

Working in partnership with others

- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, community nurses, and others involved in a person's care.
- The feedback we received from external professionals was positive. They told us the registered manager had resolved any concerns that had been highlighted, such as improvements in person centred care. Professionals told us that the staff team were approachable and provided them with the required information. One care professional written wrote, 'It was very refreshing to notice change and be able to give feedback to a receptive team who took positive and negative feedback on board.'