

Voyage 1 Limited

429 Warwick Road

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 May 2016. The inspection was unannounced.

429 Warwick Road provides accommodation, care and support for up to six people with learning disabilities or autistic spectrum disorders. The home is located in Solihull in the West Midlands. There were six people using the service when we visited. Accommodation is provided in a detached house in a residential street. There were two bedrooms on the ground floor and four on the first floor, a shared lounge, conservatory, and kitchen diner at the home.

The service had a registered manager. This is a requirement of the provider's registration. 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. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us staff were caring and kind. Staff had a good understanding of people's needs. People were treated as individuals whose preferences and choices were respected. Staff treated people with dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the home. This helped people maintain personal relationships with people that were important to them.

Staff had received training to help them safeguard people who used the service. They were able to explain the correct procedure to follow if they had concerns. There were enough staff to meet people's needs safely and effectively. Staff recruitment checks ensured staffs' suitability prior to them starting work at the service. Risk assessments around the provision of people's care and support had been carried out and action was taken to reduce any identified risks.

People and their relatives were supported to be involved in decisions about their life and their support needs. People were supported to make decisions about their environment and choose how their room was decorated. The atmosphere at 429 Warwick Road was homely and relaxed.

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences.

People, their relatives and staff spoke positively about the manager. They were able to talk with the manager if they had any concerns and felt their concerns would be dealt with. The manager ensured staff received on-going training and had regular meetings in which their performance and development was discussed.

The provider understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of

Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The provider had made applications to the local authority in accordance with DoLS and the MCA and at the time of our visit was awaiting the outcome of some of these applications.

People told us they felt safe and liked living at the 429 Warwick Road. We saw there was a good choice of food available and people could get snacks and drinks when they wanted them. People were supported effectively with their health needs and saw the appropriate healthcare professionals when necessary. There were systems to ensure that medicines were stored and administered safely.

People were supported in a range of activities, both inside and outside their home. People had been asked what was important to them and how they liked to spend their time. Activities enabled people to be part of their local community and to take regular holidays.

People who lived at 429 Warwick Road and their relatives were given the opportunity to share their views about how the service was run. Quality assurance procedures identified where the service needed to make improvements and where issues had been identified the manager and provider took action to continuously improve the 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.

People told us they felt safe. There were sufficient numbers of suitable staff to keep people safe. Staff understood how to protect people from avoidable harm and abuse and had a good understanding of the risks associated with people's care. Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected; important decisions were made in their 'best interests' in consultation with health professionals. People were supported to maintain good health and a nutritious diet which met their preferences. People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff were caring and kind. Care and support was provided by staff who had a good knowledge of people's needs and how people wanted their care and support to be provided. People's privacy and dignity was respected and promoted. People were encouraged to maintain their independence and make everyday choices which were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were supported and encouraged to take part in a wide range of activities that met their individual needs and wishes. People and their relatives were involved in the development of

care plans and care plan reviews. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and their relatives knew how to make complaints if they needed to.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and health care professionals were happy with the service and felt able to speak with the manager if they needed to. Staff were supported to carry out their roles by the manager who they considered approachable and responsive. The manager and provider had effective systems to review the quality and safety of the service provided. Where improvements could be made these were acted on.

429 Warwick Road

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 was 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.

The inspection took place on 4 May 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our visit we asked 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. We were able to review the information when conducting our inspection and found the PIR to be an accurate reflection of the service provided.

We reviewed information we held about the service; for example, information from previous inspection reports and notifications the provider sent to inform us of events which affected the service. This is information the provider is required by law to tell us about.

We looked at information received from local authority commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

During our inspection we spoke with three people, three relatives of people who lived at the home and a community health care professional. A health care professional is a person who delivers health care services to individuals, families and communities. We also spoke with four support workers and the manager.

Some of the people living at the home were not able to tell us, in detail, about their experiences of living at 429 Warwick Road because of their limited communication skills, so we spent time observing how they were cared for and how staff interacted with them. This was so we could understand their experiences of the care they received.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records which related to people's care and how the service operated, including the service's quality assurance checks.

Is the service safe?

Our findings

People told us they felt safe living at Warwick Road because other people and staff were always in the home. One person said, "I feel safe now I'm here." Relatives told us their family members were safe. One relative said, "[Person] is looked after by staff who understand what [Person] needs to stay safe physically and mentally." A health care professional told us, "I have confidence in the service. I am confident that people are safe." We observed people did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. There was a homely and relaxed atmosphere and the relationship between people and staff was warm and friendly.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who lived at the home. One staff member told us, "The manager told me at my interview what checks I would need before I could start work if I got the job. I had to fill in a police DBS form and give details of people who would give me a reference." The DBS is a national agency that keeps records of criminal convictions. Records confirmed background checks were completed and references sought before people were able to start work. The manager told us, "It's strict company policy that all checks are completed before anyone can start working for us." This minimised the risks of recruiting staff who were not of suitable character to support people who lived at the home.

There were enough staff available to support people at the times they preferred, and people received the support they needed. One person told us, "Staff are here with me. We go out together every day." One relative told us, "Staffing was a problem in the past when new people came to live there, but [Manager] recruited and now there are not only enough staff every day, they are the same staff who are very good." Staff told us staffing levels were good. One staff member said, "[Manager] does the roster and makes sure there are enough staff so they [People] can do what they want to. It's very good." Another staff member explained how staff covered for each other to avoid the need to use agency staff. The staff member said, "We don't use agency staff because we know the people here and they know us. It can be upsetting for them [People] if agency come and we [Staff] don't want that." During the day a minimum of three support staff worked in the home, depending on how people chose to spend their time, and there was one staff member who worked in the home during the night. This meant people received care and support from staff who understood their preferences and needs.

People were supported by staff who knew how to keep them safe at home and in the community. Staff told us they had received safeguarding training. When we talked with staff, they explained how people might experience abuse and what they as staff would be alerted to; For example, changes in people's behaviour or unexplained bruising. Staff told us they would report their concerns to the manager, and that there were policies and procedures in place to help them do so. One staff member said, "If I saw or heard anything I would tell [Manager]. They would definitely act. If [Manager] didn't act then I see it as my duty to protect people by following it up and escalating things to a more senior person." Staff knew about the provider's whistleblowing policy and told us they would not hesitate to use it if needed.

The manager understood their responsibility to notify us when they made referrals to the local authority

safeguarding team where an investigation was required to safeguard people from harm. We had not received any notifications. We did not see any information during our inspection which we should have been notified about. The manager told us they would follow the local authority procedures to ensure people were safe whilst safeguarding concerns were investigated.

The manager had identified potential risks related to each person who lived at the service, and risk assessments had been written to instruct staff how to manage and reduce the risks to each person. For example, one person was at risk from choking. The risk assessment instructed staff to reduce the risk by cutting the person's food into small pieces. We observed two staff members following these instructions during our visit. One staff member told us, "Risk assessments are one of the ways we keep people safe. We [Staff] know about everyone's risk assessments and we are told straight away if there are any changes." Records confirmed risk assessments were regularly reviewed and updated if people's needs changed.

The provider had systems to minimise environmental risks, such as regular safety checks of the premises and equipment. Emergency plans and personal emergency evacuation plans (PEEPS) were in place if the building had to be evacuated, for example in the event of a fire. PEEPS inform staff or emergency services how people need to be supported in the event of a fire or other emergency situation. However, when we asked staff about the homes emergency plans they were not aware of the arrangements in place. We also found staff were not familiar with PEEPS or where they were kept. We were concerned staff did not have the information they needed to support people safely in the event of an emergency. We spoke to the manager who took immediate action. Before the end of our visit the manager confirmed they had shared information with staff and had moved the plans to an accessible location. We saw information had also been recorded in the communication book for staff coming on duty and contingency planning had been added for discussion at the next staff meeting.

We looked at how people's medicines were managed. We found medicines were stored securely and disposed of safely when they were no longer required. We looked at three people's medicine administration records (MAR) which showed medicines had been administered and signed for at the prescribed time. Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them. Monthly medicines audits were completed by the manager. The latest audit in April 2016 had not identified any medicine errors.

People received their prescribed medicine from staff who completed training in administering medicines safely. Staff told us their competency in administering medicines was regularly assessed by a member of the management team to ensure they had the skills they needed. One staff member said, "I had to complete e-learning in medicine, then I shadowed experienced staff whilst they were administering medicines and then I was observed three times before I could administer medicines unsupervised." Another staff member told us, "We get observed doing medicines at least once a year to make sure we are doing everything right. We get extra training in between if someone's medicine changes."

Some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Medicine plans for each medicine prescribed 'as required' informed staff when and why the medicine should be given. This ensured people did not receive too much, or too little medicine when it was prescribed in this way.

Is the service effective?

Our findings

People told us they were happy with the care provided by staff and staff had the knowledge they needed to support people effectively. One person said, "Yes, they [Staff] know how to help me." Relatives spoke positively about the knowledge and skills of the staff team. One relative told said, "I cannot fault the staff. They really do understand how to support [Person]. When [Persons] needs changed the staff did additional training to ensure they had the right skills to meet [Persons] needs. They [Staff] are excellent." A health care professional told us, "I was concerned staff needed to manage a quite complex issue, but they have been absolutely fab. They have followed the training provided and know exactly what needs to be done. It has been really effective for [Person]."

Staff completed an induction and received on-going training the provider considered essential to meet the needs of people who lived at the home. The induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. To receive the Care Certificate staff have to demonstrate they have the skills, knowledge, values and behaviours expected from staff within a care environment. This is to ensure they provide high quality care and support. Staff also spent time working alongside experienced staff in addition to having to complete a probationary period. One staff member told us, "My induction was really good. I did my training and spent two weeks with an experienced member of staff. We did everything together. I also had plenty of time to sit with people to learn about them, and to let them get to know me."

The manager maintained a training record which made sure staff received training at regular intervals which helped keep their skills and knowledge updated. Staff told us they enjoyed the training provided which was a combination of e-learning and face to face training. One staff member described the training provided as "Brilliant." They said "I learnt so much. Things I didn't even know. It was so helpful because this is my first job in a care setting. I have really learnt a lot." Minutes of a recent staff meeting in March 2016 showed the manager supported staff to complete training by working as part of the staffing rota to cover staffs shifts.

Training was tailored to enable staff to meet the individual needs of people they supported. For example, all staff had received training to increase their knowledge and skills of a person's medical condition. One staff member said, "The special training gave me confidence to know I could help [Person] because I learnt how to do things correctly and safely." This ensured staff had the skills and knowledge to provide effective care to that person.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People told us they were able to make everyday decisions themselves. One person said, "I look at the

weather and then decide what I want to do. Today I'm going to the post office and then sunbathing. I love sitting in the sun." A relative told us, "Staff are taking time to understand [Person] reactions. [Person] can't speak but can tell you what they want in other ways. I am really happy that staff encourage [Person] to make choices and do things." Staff knew what decisions each person could make for themselves so they remained as independent as possible. For example, we saw a person approach a staff member holding their coat. The staff knew this meant the person wanted to go out for a walk. They said, "Ok [Person] give me two minutes and we will go." When the person returned we asked if they had enjoyed their outing. The person indicated they had. The staff member told us, "We went to the park. [Person] loves to be out in open spaces to walk and run freely. We had fun." During our visit we saw other people were supported by staff to make decisions about their daily lives including, how and where they spent their time and where they preferred their meals to be served.

We checked whether the provider 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 manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had made DoLS applications to the local authority for people who lived at the service who were restricted from going out without a staff member. The manager was awaiting the outcome of some applications, others had been approved.

We found where people lacked capacity to make decisions, the provider recorded information about the support people required. Where people were unable to consent to certain decisions, decisions were taken in people's 'best interests' with support of those closest to them.

Staff received training in the Mental Capacity Act 2005 (MCA) and clearly understood the importance of seeking people's consent before they provided any care and support. A relative told us, "Even though [Person] can't speak they can let staff know if they want their help. Staff always ask. I know because I've seen it every time I visit." Throughout our visit we observed staff asked people for their consent. For example, we heard one staff member say, "[Person] I have your tablets ready. Would you like to take them? The person got up from the table and left the room. The staff member waited until the person returned and asked again if the person was ready to take their medicine. The person said, "Ready". One staff member told us, "Our training tells us the importance of asking for their [People's] consent. We ask and if they [People] refuse then we go back in 10 minutes or so. Or we ask another member of staff to try because they may get a different response. We all work together."

Staff had a good understanding of people's nutritional needs. For example, one staff member explained how they were supporting a person to reduce their weight following the advice of a dietician. The staff said, "[Person] loves crisps so we went shopping to look at the low fat varieties. Then we went to the fruit shop to look at the different fruit. [Person] has started to lose weight which is great because they [Person] are becoming more active." We observed staff supported and encouraged people to eat and drink by giving gentle reminders and prompts. This meant people were supported to meet their nutritional needs to maintain their wellbeing.

People had access to food and drink throughout the day. One person told us, "I go shopping and choose what food I like." Another person said, "Food is nice." We saw people were able to choose what and when they wanted to eat. For example, one person chose to eat lunch at the local pub. Another person ate lunch in their room. Staff told us they sat with each person to discuss what they would like to see on the menu for the coming week. One staff member said, "We ask everyone individually what they want to put on the shopping list. Then, usually at the weekend, we [People and staff] go to the supermarket."

People told us staff supported people to attend health care appointments. One person said, "[Staff member] comes with me when I go to the doctors." A relative told us, "[Person] has a whole team supporting them. Continence nurses, nutritionist, dieticians, district nurses and occupational therapists. Everyone who needs to be involved is. The home arranged everything." A health care professional said, "Staff do not hesitate to make contact with the relevant people, GP's, nurses whoever is needed. They are very good at making sure people have access to the health care they need." The manager told us, and staff confirmed staff were always available to support people to attend health care appointments. On the day of our visit one staff member was preparing to go with a person to a dental appointment. Another person was supported by staff during our visit from a health care professional.

Each person had a 'My Health Book' that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their GP throughout the year and were referred to other healthcare professionals when a change in their health was identified. We found where health professionals had made recommendations about people's health needs, these had been transferred to care records to ensure staff had the information they needed to meet those needs.

Is the service caring?

Our findings

People and their relatives told us staff were caring and treated them with kindness. One person said, "Staff are kind. I am happy living here." Another person told us, "I love them [Staff]." A relative described the care provided by staff as, "Exemplary." They told us, "All the staff are professional and caring. [Person] has grown to love some of the staff and they deeply care about [Person]." The relative went on to describe how the atmosphere created by staff in the home had a positive effect on the people living there. They said, "The everyday bustle gives a really nice atmosphere which is stimulating for the people who live there." Another relative told us, "The home is very family orientated and welcoming. It's like a group of brothers and sisters all living together and looking out for each other."

We spent time observing the interactions between staff and the people living at the home. Throughout our visit we saw friendly, relaxed interactions between people and staff. For example, one staff member who came on duty went around the home saying "hello" to each person and asking people if they had enjoyed their day. We saw one person responded by smiling and putting their arms around the staff member. This showed people were relaxed and comfortable with staff.

We asked staff if they thought the service provided at 429 Warwick Road was caring. They all told us they did. One staff member said, "Over time we have got to know peoples characters, their individual ways and we have watched them develop. It's very rewarding seeing everyone [People] getting the right care." Another staff member told us, "Of course we have a professional role, but we spend a lot of time together so you can't help but form special relationships. It's like one big family. All of us together. We [Staff] always want to do our best for them [People]."

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. One person told us, "Sometimes I like to sit in my bedroom, or the conservatory or I go out." Staff told us, and we saw, they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted to eat and how they would like to spend their day. For example, we heard staff offering people a range of food and drink options and asking people if they would like to go out or if they would prefer to stay at home.

People had communication plans in place, to assist them in showing staff how they wanted to be supported with their care. Communication plans included pictures and information that people could refer to where they had limited verbal communication skills. This helped people to maintain their involvement in making their own decisions.

We saw people's privacy was respected. Staff were observed knocking on people's bedroom doors before announcing themselves and were discreet when offering care and support when needed. For example, we saw a staff member put their arm around a person's shoulder and ask in a quiet voice if they needed assistance to use the bathroom. A staff member described to us how they respected a person's privacy when using the bathroom. The staff member told us, "[Person] does not really understand privacy so sometimes

they [Person] come out of the bathroom without all their clothes on. I don't go in but I do wait around outside just to make sure they are fully dressed when they come out. It would be wrong for other people to see them half dressed."

People were supported to maintain their independence. One person told us how staff had helped them to get a job which they enjoyed. The person told us, "I go to work on my own and I can go out on my own if I want to, but I like going with staff." Another person told us they enjoyed helping staff with household tasks and shopping. The person said, "I do the food shopping at Tesco. I like it. I go with [Staff member]. A relative told us, "Staff try different things to maintain and improve [Person's] independence. They [Staff] load the fork and help [Person] to hold it, or hold a drink. They may seem like small things, but they are really important." During our visit we saw people being supported by staff to go shopping for personal items, help prepare food and drink and washing up. This meant people were supported to maximise their independence.

People who lived at 429 Warwick Road were supported and encouraged to maintain links with friends and family. People made choices about who visited them at the home. A relative told us, "I can visit [Person] at any time. I call to make sure [Person] is home. Whenever I go staff make me welcome. They make me a drink and [Manager] always comes and speaks to me."? Was this with the invitation of the person? A staff member told us, "Family are important so we like to make sure they feel welcome when they visit. After all it's just like going to visit your family at their home." Another staff member explained how they supported people to visit their families. The staff member said, "We take [People] in the car, leave them with their family and then go back to pick them up when we get a phone call." Records confirmed people made regular visits to their relative's homes. One person said, "I go to stay at my dad's."

People told us they had made choices about how their bedrooms were decorated. People had been supported by staff to choose wall colours, furniture and carpets. All of the bedrooms were different as staff had ensured furnishings reflected people's preferences. One person said, "Do you like my room. I do." The manager told us they were in the process of obtaining quotes for wall art for two people's bedrooms. The manager said, "Both [People] spend time in their rooms. We are commissioning an artist to design wall art which reflects [Peoples] interests and passions. We know exactly what they want on the walls. [People] and their families think this is a great idea as it will provide visual stimulation."

People were supported to access advocacy services. Most people had a relative they could ask for support from, however, where people did not the manager provided access to advocacy services. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service responsive?

Our findings

People told us, and we saw, people were supported to take part in a range of activities inside and outside the home which reflected their personal interests and hobbies. One person said, "I do lots of different things." Another person said, "I enjoy going to the shops and going to the park in my chair. I like playing my keyboard and my guitar." We saw another person went horse riding and swimming. Staff told us they had arranged these activities because the person's family told them it was something the person had always enjoyed. A relative told us, "[Person] is very sociable. Staff make a big effort to ensure [Person] is stimulated. I never get the feeling that [Person] has been dumped in a chair somewhere for staff convenience. They [Staff] make sure [Person] is offered stimulation which reflects things of interest and enjoyment." Another relative said, "What is really nice is they [Staff] learn about [Person] and the things that make [Person] happy."

People were supported to go on holidays. One person told us they were looking forward to going on holiday with staff in the summer. Another person told us, "I don't want to go on holiday this year. I am staying at home. Me and [Staff member] are going to go on lots of day trips." We saw people had a range of brochures so they could choose their holiday destination. One staff member said, "Our holiday dates are set. And now we are waiting for the guys [People] to decide where we are going. We always have a great time." We saw framed photographs displayed around the home and in people's bedrooms of individual and group holidays. It was clear that holidays were important to the people who lived at the home and staff ensured they were supported to enjoy holidays of their choice.

Staff told us all activities were arranged according to people's personal interests and preferences. For example, we saw one person enjoyed going to the local shops and to the pub for lunch. Another person spent some of their time with a range of colourful objects which are specifically designed to provide sensory stimulation for people with a learning disability. We observed people enjoyed these activities during our visit. Throughout our visit we heard staff asking people how they would like to spend their time. One staff member told us, "Every day is different. Things change because [People] change their minds it depends how they are feeling. Like today the weather is lovely so [Person] will probably want to spend time in the garden. [Person] loves the sun. [Person] has already told me they want a lazy day at home. We do whatever they want to do [People] it's always their choice." Another staff member described how, and records confirmed detailed activity plans had been developed with the involvement of people and their families to ensure people were supported to maintain their interests and hobbies.

People and their relatives told us they were very happy with the care and support provided at the home because staff responded to people's needs changing and delivered care and support to people in a personalised way. One person told us how they liked to be independent but felt reassured knowing staff were there when they needed them. A relative describe how their family member's needs had changed requiring staff to develop new skills and knowledge in an unfamiliar area of care. The relative told us, "Staff responded magnificently. They worked with other health professionals to make sure [Persons] needs could be fully met."

We saw one person standing in the kitchen. A staff member approached them and was heard to say, "[Person] would you like me to help you finish making your coffee? The person smiled and gave the staff member a hug. The person made themselves a drink by following the verbal prompts from the staff member. Another staff member noted that a person was rubbing their arms. The staff member asked the person, "Are you feeling cold? The person replied they were. The staff member immediately turned the heating up and explained to the person what they had done. This demonstrated staff responded to people's individual needs in a timely way.

People and their relatives told us they felt involved in making decisions about their care which was centred around their needs. One person said, "I go to bed, get up, and go out when I want." Another person told us, "When I came here staff asked me what I like to eat. And they wrote it down. I talk to [Staff], and my sister does, about what I like." A relative told us, "When [Person] moved to the home I sat with the staff and we went through everything about [Person]. I felt comforted they [Staff] were genuinely interested." The relative went on to explain they had read the care plans that had been written using the information they provided. The relative said, "They [Staff] are using the information I gave them and are trying lots of different things while they get to know [Person]."

Each person had a care and support plan which was securely stored so people could be confident their personal information was kept private. Care plans contained information that enabled staff to meet people's needs. For example, plans showed how people wanted to be cared for, their preferred routines, if people were at risk and how they wanted staff to support them and maintain their independence. Records showed people's wishes had been taken into account. Care plans were reviewed regularly and updated if a change occurred. One staff member said, "One of the first things I was told I needed to do, when I started was to read all the care plans because this would help me to get to know them [People]." Another staff member told us, "We are all responsible for reading and updating care plans when something changes or after we have done a review. It's a team approach."

People and their families were involved in reviews of the care provided. One person told us they spent time with their keyworker to chat. The person said, "[Keyworker] is my friend. We talk together." A relative told us, "I've been involved in [Persons] care at all stages." Another relative said, "I am invited to meetings and I feel listened to. If anything happens they [Staff] update me straight away. They are excellent."

People were supported by a small experienced and stable staff team. A relative explained how their family member had developed a very good bond with staff because they had been in the person's life for many years. The relative said, "Staff know [Person] really well and [Person] trusts them." Staff had a very detailed understanding of each person's support needs and personal preferences which matched the information in their care records. For example, one staff member explained, "When [Person] puts their tongue out it means they do not like the taste of the drink or food." Another staff member told us, "If [Person] wants to go out they will clap their hands. We know this means I'm ready to go." This information meant staff had the necessary knowledge to ensure the people's preferences and needs were at the centre of the care and support they received.

People received care from staff who they were familiar with. People were allocated 'keyworkers'. A keyworker is a named staff member who is responsible for overseeing persons care. One staff member told us, "I am keyworker to [Person]. I have a co-keyworker who is new so they are working alongside me to learn about the role. As a keyworker I am responsible for phoning the next of kin each month to update them and check they are happy or have any concerns. I go to meetings, keep all the staff updated about any changes, and make [Person] have everything they need." The staff member went on to describe how they had arranged the delivery of a wheelchair for a person. The staff said, "[Person] loves to go out but couldn't walk

far so it was quite limiting. Now we have the wheelchair we are out all the time. [Person] loves being able to get out."

Staff told us they were informed of any changes in people's needs at a handover meeting at the beginning of their work shift. Staff said they also recorded information in a communication book. One staff member told us, "The communication book is really important because we [Staff] work different shifts so we don't always see each other. It's a good way of getting the message across." Another staff member said, "The communication book is there to share information and if you don't catch something you can always go back and refer to it." This ensured staff had the information they needed to support people and respond to any changes in people's physical and emotional needs.

We looked at how the service managed complaints. People had information about how to make a complaint in an "easy read" format in their care records. 'Easy read' formatting is a way of providing information, for example using pictures which can make it easier to understand for people who have communication difficulties. We asked one person what they would do if they were unhappy or had any concerns. The person said, "Tell [Staff member] of course." A relative said, "I would stress, I have never needed to make a complaint but I know what to do and I know [Manager] would sort things." Another relative told us, "I have no doubts that any concerns would be dealt with promptly by [Manager]. When the staff telephone me they always ask if I am satisfied with everything."

Staff told us they would support people to share any concerns they had. One staff member told us, "If someone complained I would see if I could deal with it. If not, I would make sure I told [Manager]." The manager told us, "We have an open door policy. A senior person is always on duty. If the concern was serious then staff know they can ring me day or night." The service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People, their relatives and a health care professional told us the service provided by 429 Warwick Road was very good and the service was well managed. One person said, "[Manager] is nice." A relative told us, "I know [Manager] very well. [Manager] not only ensures things run smoothly but they genuinely care." The relative explained how the manager had "dropped everything" to go and sit with a person who had been admitted to hospital. A health care professional said, "The service has really good management. Communication is open and effective. The service provided is very good and I would recommend it."

There was a clear management structure within 429 Warwick Road to support staff. The service had a registered manager in post. The manager was part of a management team which included a team leader. The manager was also registered with us to manage two of the provider's other services, so was not present at 429 Warwick Road on a daily basis. The manager said, "Usually I spend three days a week at Warwick Road and one day in each of the other two services, but I am always contactable by phone. If I am needed I come straight back." We saw, and staff confirmed the manager was part of an on call rota with other managers within the provider group. One staff member said, "It doesn't matter what time of day or night we can always contact a manager. The numbers are in the office." This ensured people and staff were supported outside normal office hours or in an emergency.

Staff told us they enjoyed working at 429 Warwick Road and felt supported by the manager. Staff said the manager was approachable and was always available to provide advice and guidance. One staff member told said, "This is my first experience of working in a care setting and it has been really positive." Another staff member said, "[Manager] works with us. They don't just sit in the office. [Manager] is part of the team which is what makes it work. I feel able to discuss anything I need to and I know I will be listened to. They [Manager] know all the service users and spend time with them." We observed this taking place and saw people were relaxed during these interactions. For example, we saw the manager chatting with people in communal areas in a friendly and familiar manner. This showed us the manager was known to people living at the home.

Staff said they had regular individual and team meetings with the manager which they found valuable. One staff member said, "One to one meetings are planned, but we can ask for an extra one at any time. It's always good to get feedback to know how you're doing and things you may need to improve." Another staff member told us team meetings were important because staff were informed of any changes and could discuss concerns and share ideas. The staff member said, "It's great because everyone [Staff] attends and we are all comfortable to speak openly. We talk about everything, ask questions and make decisions. This way we [Staff] all understand what we are doing and why." One staff member told us they had been experiencing problems finding blank forms on the computer. This was discussed at the team meeting and the manager had responded by setting up a single folder containing all forms. Staff told us this had solved the problem. Minutes of the last staff meeting held in March 2016 showed a range of topics had been discussed including, health and safety, training and development and the services annual review.

Information in the PIR stated, 'The service has begun our Annual Service Review (ASR) where we look at the

service as a whole. All surveys and input from the Annual Service Review (ASR) will be collated to build a plan to improve and maintain high standards. As part of the ASR we will be capturing the views of external professionals, families, staff, advocates and these will feed into the action plan.' We saw service satisfaction surveys had been sent to people who lived at the home and their relatives the month before our visit. The responses received to date were positive, in support of the service people received. We saw one relative had commented they were not always aware of events held in the home. The manager told us they were planning to address this by developing a 'diary of events' which would be posted out to all relatives at regular intervals.

We saw the manager and provider completed internal checks within the homes to ensure the safety and quality of service was maintained and areas for improvement identified. For example, regular checks of health and safety and medicines management. We saw action plans where a need for improvement had been identified. For example, the home needed to be redecorated. The provider had approved the request and the redecoration had been completed. Action plans were reviewed and updated to show when actions had been completed and those which still needed to be addressed. These checks ensured the service continuously improved.

The manager told us they were supported by the provider through regular meetings and telephone contacts to discuss any area of concern or areas for development. The manager said they attended regular meetings with other registered managers from homes within the provider group which meant they had the opportunity to share ideas about improvements and discuss issues and concerns.

Accident and incidents were reported and the action taken was recorded. The manager was responsible for reviewing accidents and incidents to identify any patterns or trends. This meant action was taken, when needed, to respond to patterns of risk to reduce the risk of a reoccurrence.

We asked the manager about their responsibilities for submitting notifications to us. This was because we had only received one notification since the last inspection. A notification informs us of events that affect the service which the provider is required by law to tell us about. The manager demonstrated they understood their legal responsibility for submitting statutory notifications. We did not see any information during our inspection which we should have been notified about.

The manager told us their vision was to continue to work with people who lived at the home and staff to ensure they provided an excellent quality service and to work towards achieving an 'Outstanding' rating. The manager said, "Staff do some amazing work here. They [Staff] are a truly dedicated team who everyday go above and beyond for the service users. There is nothing that staff will not do. Our shortfall is we don't always capture the over and above things we do in our recordings so this is an area we need to work on."