

Voyage 1 Limited

Wellington House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on the 26 July 2016 and was unannounced.

Wellington House is registered to provide accommodation and personal care for up to 10 people. People living at the service had a range of learning disabilities and mental health needs. Some people required support with behaviours which challenged.

Downstairs there was a kitchen, dining room, lounge and several bedrooms. There was also a toilet and washroom. There were other bedrooms split over the remaining two floors. At the time of the inspection there were nine people living at the service.

The service had a registered manager in post; however, they were not currently in charge of the day to day running of the service. 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. There were two deputy managers running the service and the area manager was based at the service regularly to offer them support.

The staff had not sought the necessary health care advice when a person had become unwell. Their condition deteriorated significantly. Staff had not recorded what action they had taken, if any and had not responded to the situation by seeking medical advice.

There had been no team meetings for the staff for a period of six months. People had not consistently had an opportunity to formally share their views with staff. The deputy manager said they had identified these shortfalls and was ensuring meetings were happening now.

Medicines were administered safely but improvements were needed. The security of medicine storage could be improved. Staff transported medicines to people in open pots and there was a risk the medicine could be spilled. People were supported to be as independent as possible with their medicines.

Staff used a variety of methods to communicate about people's changing needs. A communication book was used to share important information about the service and people. Staff signed this book when they had read it, but did not date it so it was difficult to tell when they were aware of new information.

Staffing levels were flexible depending on the needs of people and what was happening that day. Staff regularly covered shifts if colleagues were unwell or not in work. People were able to access the activities they wanted and any appointments as necessary. Staff were checked to make sure they were of good character and suitable to work with people.

Risks relating to people's health, their behaviour and other aspects of their lives had been assessed and

minimised where possible. Staff completed incident forms when any accident or incident occurred. Incident forms were collated and analysed to identify any pattern to check if people's support needed to be adjusted. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were carried out.

Staff knew how to recognise and respond to abuse. The deputy managers and the area manager had reported any safeguarding concerns to the local authority and these had been properly investigated.

Staff had received induction, training, support and supervision to support people effectively. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring 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. There were no DoLS in place and people were able to come and go as they pleased.

People were supported to eat healthily. They were involved in planning and preparing meals. When people had conditions like diabetes they were supported by staff to manage their diet effectively.

People and their relatives said that staff were kind and caring. People were treated with dignity and respect and had their own keys so they could lock their bedrooms when they were not there.

Staff were responsive to people's needs. Before people moved into the service a detailed assessment was carried out and staff added to this as they got to know people better. There were behavioural support plans in place outlining potential triggers for behaviour that challenged and different strategies to deal with them. These were being followed by staff.

People accessed a variety of activities both inside and outside of the service. People regularly attended social clubs, went shopping and ate out in restaurants and cafes in the local area.

There was a complaints policy in place and people's relatives said they knew how to complain if they needed. There had been one complaint in the past year and this had been documented and investigated fully. Staff and relatives told us they thought the service was well led. The Care Quality Commission (CQC) had been informed of any important events that occurred at the service, in line with current legislation.

The management team regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. People, their relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. The results of these surveys were collated and any areas of improvement were identified and actioned.

There were breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We are considering what action to take.

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

Medicines were managed safely, although some improvements were needed.

There was enough staff to meet people's needs. Staff were flexible and regularly covered shifts to ensure people knew who was supporting them.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe to use.

Staff had received training and knew how to recognise and respond to different types of abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

The staff had not sought the necessary health care advice when a person had become unwell. This person died.

Staff received induction, training, support and supervision to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). No one had a DoLS in place and people were able to come and go freely.

People were supported to prepare and eat healthy and nutritious food.

Is the service caring?

Good ●

The service was caring

Staff used a communication book to share important information between themselves. This was signed when it had been read, but not dated, so it was unclear when staff received

up to date information.

Not all people had an opportunity to formally share their views with staff.

People and their relatives said that staff were kind and caring.

People were treated with dignity and respect and had their own keys to their bedrooms.

Is the service responsive?

Good ●

The service was responsive

Assessments were carried out before people moved into the service. People had guidelines in place to support them with their behaviour and detailed care plans which explained how they liked to be supported.

People participated in a range of activities inside and outside of the service. People attended a variety of social clubs and went shopping and ate out in local cafes and restaurants.

There was a complaints policy in place. There had been one complaint in the past year which had been fully investigated.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There had been no team meetings for a period of six months.

The registered manager was not currently in day to day charge of the service.

The Care Quality Commission (CQC) was informed of important events within the service, in line with current legislation.

The management team undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed people, their relatives and other stakeholders to gain feedback.

Wellington 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 26 July 2016 and was unannounced. It was carried out by two inspectors.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the two deputy managers and the area manager. We spoke with four additional members of staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits. We spoke with seven people who lived at the service and with one relative. We observed how people were supported and the activities they were engaged in.

We last inspected Wellington House on 2 November 2013 when no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Wellington House. One person said, "There is nowhere else I would rather be." Another person said, "Staff help me when I get stressed, they keep me safe." One relative told us, "I definitely think [my relative] is safe."

Medicines were managed safely. People said or indicated that they were happy with the way their medicines were managed. One relative told us, "My relative is well looked after with regards to medication."

All medicines were stored safely in lockable cabinets although people had the option to store their medicines in cabinets in their bedrooms. The security of the medicine cabinets could be improved as they were in view from the outside. This was an area for improvement to increase security. Medicines were ordered and checked when they were delivered. Clear records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps showing all medicine had been administered and signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. Some people wanted to take more control of their medicines and this was risk assessed and supported. Staff took medicines to people and others preferred to come to the office. Staff transported the medicines to people in pots with no lids so there was a risk they could drop or spill the medicine; this was an area for improvement.

Any unwanted medicines were disposed of and the stock was checked regularly to make sure everything was still in date and safe to use. There was information in people's support plans about their medicines, what they were for and side effects to look out for. If people wanted to take 'over the counter' medicines this was supported and staff checked this would not affect the action of the person's prescribed medicine. Staff made arrangements for people to take their medicines with them when they went out for the day or went to stay with friends.

Some people needed some medicines every now and again (or PRN) if they were in pain or anxious. There was a set of guidelines in place so staff knew when and how much PRN to give a person. Staff explained the procedure was different at night to the day time. At night, staff needed to phone the on call senior staff before administering any PRN. This night time procedure was not currently included in the guidelines so this was an area for improvement.

We recommend that the provider should review the management of medicines to take into account The Royal Pharmaceutical Society of Great Britain Guidelines for medicines in care homes with regard to the safe storage and administration of medicines.

Staff knew how to recognise and respond to different types of abuse. They had received safeguarding training and information about abuse. There was a 'see something, say something' poster on display in the staff office and in the entrance hall. This detailed telephone numbers that staff could ring confidentially to

report any issues without fear of discrimination. Staff told us they would report any concerns to the deputy managers or use the whistleblowing line. Staff knew they could speak with the Care Quality Commission (CQC) or the local authority about any safeguarding issues. Staff were confident that the management team would act on any concerns that were raised. The deputy managers were aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of them happening again.

People were supported to manage their money. Some people were more independent than others so staff kept clear records of any money spent. Regular checks were carried out to make sure there were no mistakes and to check people's money was accounted for. There was petty cash available that was used for certain items including continence products. One person had paid for their own continence products. The area manager said they thought this should have been provided by the provider and would look into this and reimburse the person if needed.

People told us were supported to take risks and were not restricted or prevented from doing something they wanted to do. Risks to people were identified and assessed and guidelines to reduce risks were available and clear. Some people were at risk from having unstable medical conditions like epilepsy. There were clear individual guidelines in place to tell staff exactly what to do in the event of a seizure to minimise the risks to people. Staff were trained and confident about what to do in these risky situations.

Other 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 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 in these situations which reduced the potential risk to the person and others. People accessed the community safely on a regular basis. When some people were going out, they had the support they needed from staff and some people went out on their own.

People lived in a safe environment. Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. The building was fitted with a fire detection and alarm system. The fire alarm system was checked weekly and other systems were regularly checked for safety. These included ensuring that electrical and gas appliances at the service were safe. 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 had to ensure that they could be safely evacuated from the service in the event of a fire.

Accidents and incidents were recorded by staff. The reports were collated and analysed to identify any pattern to check if people's support needed to be adjusted. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. The emphasis was on the reduction in the number of challenging incidents, by supporting the person to have different, more effective ways of getting their needs met.

There was enough staff to meet people's needs. People told us there was enough staff to support them and that there was always someone there when they needed them. One person said, "They help me in the shower and help care about me." Staff covered for each other in the event of absence due to sickness or other reasons and the use of agency staff was low. One member of staff told us, "It's important that there is continuity for the people that live here. So where possible we'll pull together and do over time if it means there will be regular staff here." When agency staff were used they received a full induction into the service and always worked with someone who knew people well.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Some staff members had not had a DBS check since 2008. The provider had put in place a self-disclosure form which staff signed annually to confirm they did not have any new criminal convictions or cautions. This is an area for improvement.

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the right support. Staff were knowledgeable about people's needs and followed guidance from a variety of health care professionals such as the local mental health team and people's GPs. People were relaxed in the service and described it as 'home.' They were able to come and go as they pleased.

People had support to access health care professionals such as GP's, consultants, specialist nurses, dieticians and speech and language therapists. People had regular appointments with chiropodists, dentists and opticians and staff worked closely with the local mental health team. Care plans had clear details of how to support people if they required further support with their health needs. People had individual health action plans detailing what support they needed to stay well and healthy. These had pictures and large print to help make them more meaningful to people.

Staff were clear about what they should do if a person was unwell. Staff called a doctor or used the NHS 111 service for advice and they recorded this in detail. On one occasion staff recorded that a person was unwell over a three day period. Staff recorded that they would inform the senior staff but they did not seek medical advice for the person. The person became seriously unwell and died.

The provider failed to ensure that safe care and treatment was provided to people. This is a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The management team arranged training for all staff through the provider's training department. Staff completed essential training such as basic life support and safeguarding, and training in subjects related to people's needs, including behaviour management and MAPA. MAPA is a formal training programme where staff learnt how to deal with behaviours that could be challenging in a calm way that kept people safe. When people displayed behaviours that challenged and staff told us they used the skills they learnt in MAPA training to keep people safe and calm. One person told us, "Sometimes I get angry and the staff will come and talk to me, they know how to calm me down."

Appraisals were completed annually and gave staff the opportunity to reflect on their performance and set goals for improvement for the coming year. Staff were given feedback from their manager and where training and support needs were identified, plans were put in place with detailed information about how this would be achieved, such as additional training or shadowing other staff.

Staff received support during formal one to one meetings with their line manager. The deputy managers had regular one to one meetings with the area manager to support them whilst the registered manager was absent.

One new member of staff had started on the day of the inspection. They were encouraged to spend time reading people's care plans and get to know them. New staff worked through induction training during a six month probation period, which included working alongside established staff. The provider had introduced

the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency.

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 so that they can 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. The staff were aware of their responsibilities in relation to supporting people to make decisions and had received MCA training.

There was no one who was subject to a DoLS authorisation as nobody needed one. The managers were aware of the application process for DoLS and had a good understanding of the MCA. People's capacity to consent to care and treatment had been assessed. When people were well they had capacity to make decisions. If people needed support to make a decision, for example, if their capacity had reduced due to declining mental health, about possible hospital treatment, a best interest meeting was held with them and their representatives to help them decide. Some people had decided not to have certain treatment, including blood tests. This was respected by staff; they talked to the person and offered another appointment and more support. Staff said "[Person's name] has just cancelled another appointment. That's fine, we will re book and offer it again."

People told us they liked the food and enjoyed what they ate. One person said, "I like macaroni cheese and lasagne." Another person said, "Lunch was nice, I ate it all up." There was a weekly, pictorial menu displayed in the kitchen so people knew what was lunch and dinner. A different person chose the main meal each day. There was a variety of cook books available, with pictures of different food, which staff showed people to help them decide what they wanted to eat. One person was vegan and staff told us they always made sure they provided a suitable alternative for them. The person said, "It's my choice not to eat things from animals and staff help me with this."

People were involved in cooking and preparing their meals. Staff told us "If people see something on television and they like the look of it, then we'll help them to make it." One person told us they liked baking and making cakes. They said, "Currants are really good if you put them in flour. I make good scones." One person was being supported to purchase and cook their dinner separately on the day of the inspection. In the morning they said, "I am doing my cooking care plan today, I'm going to go out later and get everything and then I'll probably get a coffee on the way back." They went out and purchased steak at a local butchers with staff. They were going to make steak Diane and homemade chips for dinner.

One person had diabetes and staff supported them to manage their diet appropriately. Staff told us they did not want the person to miss out on anything so they would make cakes without sugar so they were able to eat what everyone else did. Their relative said, "I think they manage [my relatives] diabetes well, I don't have any worries about that."

Is the service caring?

Our findings

People spoke positively about the care they received and the kind and caring nature of staff. One person said, "I love it here; I don't want to leave my home ever." Another person said, "The staff are nice; they look out for my best interests."

People received the right care and support when their needs changed. Staff completed a shift planner for each shift detailing what had happened and if there was anything that staff needed to know for the next shift. There was a communication book in which important messages were written for all staff to read. Staff signed the communication book when they read it, but did not date it so it was not always clear when staff had received new information. This was an area for improvement.

Staff told us that it was difficult to formally meet with people and record their views as they did not like to attend house meetings. A house meeting had been arranged in January 2016 and all of the people had refused to attend. Another meeting had been held in June 2016 and only one person had attended. Some people met with their keyworker individually and these meetings had been recorded. However, not everyone had met with their keyworker and some people had never met with their keyworker to have an opportunity to air their views. Staff told us that they had recognised this was an issue and were going to talk to people informally, such as when they were out in the community or taking part in an activity, to check they were happy with the support provided and if they had any issues.

Most people had been living at the service for some time and there was a stable staff team who knew people well. One person had moved back to the service following a stay in hospital and told us they were glad to be back. They said they were feeling settled already. Staff had built strong relationships with people and spoke with confidence about people's needs and how they supported them. There was a feeling of equality and people helped with the upkeep of the service by cooking and cleaning. Everyone had good things to say about the staff and everyone said they liked the staff.

Staff reacted quickly when people became distressed. One person was talking to staff and became upset. Staff listened to what the person had to say and spoke to them calmly, offering reassurance. Staff told them to, "Focus on the now" and "Stay in the present." The person thanked them and said that they felt better after speaking to them. Staff told us that this person regularly became upset and they knew it was important to hear what they had to say, and ensure they 'remained grounded'.

Two people were sitting at a table and had a disagreement. Staff intervened quickly to ensure that the argument did not escalate. They distracted the people and offered reassurance to them both. One person left the room with a member of staff to take part in an alternative activity and the other person received a hug from staff and went into the kitchen to help prepare dinner. Both people were calm later and spoke to each other warmly; their disagreement had been forgotten.

People personalised their rooms in line with their particular likes and preferences. One person offered to show us their bedroom. It had been painted purple, and they told us this was their favourite colour. They

also had a dancing certificate displayed on their wall. This person told us, "On Monday afternoon I go to college and do dancing. I love it and it keeps me fit."

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. Information was displayed about advocacy in communal areas of the service to explain what support it offered to people.

Staff treated people with respect and dignity. Staff knocked on people's doors before entering and gave them time to answer. Each person had a key to their bedroom and was able to lock it when they were not there. One of the deputy managers said, "It's important everyone has a key, as this is their home, and their bedrooms are private."

People were encouraged to be as independent as possible. One person told us, "I normally clean these tables; sometimes I'll clean the sofas or help with my room." Another person offered us a drink in the morning, and went and made themselves one in the kitchen. One member of staff told us, "Everyone does their own washing, some need more prompting than others but they all do it for themselves." Staff said they always encouraged people to do as much as they could for themselves.

Relationships with people's families and friends were supported and encouraged. One person regularly visited their family and other people were supported to keep in touch with their family by telephone. One person was supported to send cards to their family members and loved ones. A relative told us that they had no concerns and thought their relative was well supported by the staff at Wellington House.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. A previous audit had highlighted that the office was sometimes left unlocked when no one was in it so people's documents were not always secure. This had been addressed, and when staff left the office it was locked behind them. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. Some people had mental health needs and staff supported them to remain calm and as healthy as possible. People were able to access the activities they wanted and lived full and active lives. One relative told us, " [My relative] gets out a lot and seems happy. The staff here seem to know what they are doing."

People were supported to be involved in their care and support if they wanted to. The staff worked around their wishes and preferences on a daily basis. People told or indicated to staff about the care and support they wanted and how they preferred to have things done. Staff followed people's wishes.

Before anyone moved into the service a detailed assessment of their wishes and needs was carried out. A person had moved in recently and they and their representatives had been involved in the assessment and in a plan to help a smooth move into the service. Additional support had been organised and the move went smoothly.

The initial assessment information was used to write a care and support plan. Each person had a personalised care plan. These were written to give staff the guidance and information they needed to look after the person. Care plans contained detailed information and guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication and eating and drinking.

People's life histories and details of their family members had been recorded in their care plans, so that staff could get to know about people's backgrounds and important events. People were involved in writing and reviewing their care plans and they included pictures and photographs to help make them more meaningful to people. People's goals and aspirations were recorded and supported.

People's health needs were documented in their health action plans. If people had medical conditions, care plans gave staff all the guidance to respond and support people to manage their condition safely and staff were aware of people's health conditions.

Staff had a lot of knowledge about people's preferences and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for people and what would not. People's preferred daily routines were detailed in their care plan and these went into detail to ensure staff would know how to support them in a way they liked.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and helped them support the person in the way that suited them best.

Some people had been assessed as having behaviour that could be described as challenging, there was

evidence that the behaviour support plans in place focused on Positive Behaviour Support (PBS). The aim of a PBS plan was to give support in a way that is less likely to cause challenging behaviour, increasing the time where alternative skills can be taught to the person to get their needs met. The support described was aimed at providing alternative strategies to reduce any negative behaviour.

People were encouraged to take part in activities. People chose the activities they wanted to do. During the inspection people went out shopping and to various clubs and appointments. Others helped to prepare lunch and to wash up.

Care plans showed what support people needed to do activities within the service and in the community and each person had a weekly activity planner, if they wanted one. The care plans gave guidance to staff on how to best encourage people to participate in activities. Some activities were regular and planned in advance and some were spontaneous. Staffing levels were organised to support activities and events. People were involved in the day to day running of the service. They were supported to do their own their laundry, tidying their rooms, planning menus and shopping.

The service had a complaints policy which staff were aware of and knew the process for. There was an easy read complaints procedure which was easier for people to understand. There were forms available for people to complete if they had any concerns or complaints to make. These were on pre-printed forms which were addressed to the provider's head office.

The last complaint about the service had been in 2015. This had been logged and investigated in line with the provider's policy and procedures. There was no process in place for analysing complaints and identifying whether themes and trends were emerging. This was an area for improvement.

People's relatives told us they knew how to complain if they needed to. One relative said, "I've not personally had any complaints. I think they do a good job." They said they knew about the process and would feel confident raising concerns with the staff.

Is the service well-led?

Our findings

Relatives said there was good leadership at the service and that they found the management team approachable. One relative said, "I get the impression it is well led." There was a registered manager in place but they were not currently in day to day charge of the running of the service. There were two deputy managers overseeing the service, who were supported by the area manager. People said they liked the deputy managers and knew they could go to them with any issues. Staff said they were well supported and that although there had been recent changes, morale at the service was high.

Some staff had used the whistle blowing policy to raise concerns about some staff's practice, in that they were not supporting people consistently and respectfully. This was being investigated. The registered provider had responded to this by suspending a number of staff. The registered manager had not identified any unsafe or poor practice during their monitoring of the quality of care being provided.

Staff did not consistently have the opportunities to meet and discuss any areas for improvement or concern. Staff told us that historically they had not met as an entire team, which meant they did not have the opportunity to share any issues which arose and solve them together. There had been a team meeting in January 2016 and there had not been another one until June 2016, when the area manager had met with all staff. There had been a senior meeting in March 2016. One of the deputy managers told us they had picked up on this and was ensuring that team meetings were now happening regularly. There had been another team meeting at the beginning of July 2016. The other deputy manager said they thought it was important for team meetings to happen and that, "Communication is better, people take a more active role when you are meeting regularly."

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect.

People had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them. Records were up to date and regularly reviewed to ensure the deputy managers were confident they were accurate.

There were links with the local and wider community and people had friends in the local area. Staff told us they organised an annual Halloween party at the service and invited people from other services run by the provider to come and celebrate. People had attended an Easter party and celebrations for the Queen's birthday at other services in the local area. People regularly visited local shops and cafes and staff said people were well known in the local area. Staff were flexible, changing their rotas and shift planners to ensure people received support from the people who knew them best.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

The provider had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The management team carried out monthly checks on the service. Quarterly audits were then carried out by the provider. We reviewed the quarterly audit book from April to June 2016 which was carried out by the registered manager and operations manager. This covered areas such as how staff interacted with people, whether people's health needs were monitored and acted on, whether relevant health and safety checks were carried out and whether the appropriate monitoring was in place. Areas for improvement were identified, such as cleaning schedules not being completed accurately. These were now occurring.

Annual service reviews were sent out annually to people who used the service, relatives, support staff and other stakeholders. Easy read surveys were given to people so they were able to understand them. The responses were used to formulate a quality development plan and included improvements to the environment such as a new sofa being ordered and quotes for redecorating the service being completed. Positive comments were received such as 'Staff care about what is happening with the service users and other staff.' And, 'It is a friendly and welcoming place, both staff and the people we support appear to enjoy being here.'

The deputy managers received consistent support from the registered provider and the resources required to drive improvement were available. There was a strong emphasis on continually striving to improve.