Voyage 1 Limited

The Hadlows

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

The inspection took place on 12 December 2016. The inspection was announced.

The Hadlows is registered to provide accommodation with nursing or personal care for up to 10 people. There were nine people living at the home on the day of our inspection.

The Hadlows supported people who had an acquired brain injury, many of whom had lived at the home for a number of years. People had varying care and support needs, some requiring staff support for most of their needs and others who needed relatively minimal support.

The Hadlows is situated in a residential area in Tonbridge and has recently been refurbished. The service previously consisted of two houses next door to each other. The property had been redeveloped to create one large house. Four bedrooms had en-suite facilities and the other five people shared two bathrooms between them. The communal living space was light and airy with good facilities to enable people to share each other's company or to have privacy if they wished. A private back garden had a decked patio area with well-kept shrubs and borders.
There was a registered manager based at 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.

People were encouraged and supported to be as independent as possible. They were involved in all aspects of the home, from planning and cooking meals to choosing how they furnished and decorated their bedroom or what activities and interests they wanted to take part in.

People were fully involved in the assessment and planning of their care and support, deciding how they wanted staff to support them. Their relatives were also involved where appropriate and if people wanted this. Individual risks were identified when planning people's care and control measures put in place to manage risks, keeping people safe from harm without compromising their independence.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who lived in the home. Some people administered their own medicines and they were supported to be able to continue to do this safely.

People had choice and control over food planning and preparation. Where people had specific nutritional support needs, these were assessed and managed well. People were supported to access health care professionals to be able to maintain their physical and mental well-being.

The provider and registered manager had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the provider's whistleblowing policy.

They were confident that they could raise any matters of concern with the registered manager and these would be acted on. Staff knew they could go outside of their organisation and raise concerns with the local authority safeguarding team if necessary.

There were sufficient staff with a mix of skills on duty to support people with their needs. Staff attended regular training courses, including regular refresher training. Staff were supported by their registered manager and felt able to raise any concerns they had or to make suggestions to improve the service for people.

The provider and registered manager had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. All staff received induction training at the start of their employment and had to pass a probationary period to show they were suitable for the role.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

The home had a pleasant atmosphere where people were comfortable and confident in their environment. Staff were happy in their work and were chatty and relaxed.

People had individual plans to support them to engage in activities both inside and outside of the home. Some people could go outside of the home on their own and were supported and encouraged to maintain their independence.

People knew how to complain and were given information how to do this and who to should they need to. The registered manager dealt quickly and appropriately with complaints. The provider monitored the type of complaints, the responses made and ensured their procedure was adhered to.

Staff were well supported, through supervision and appraisal as well as staff meetings. Communication was good and people, relatives and staff spoke highly of the registered manager and their management of the service.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken throughout the year. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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.

Staff were trained and kept up to date in safeguarding adult procedures, and took appropriate action to keep people safe.

The registered manager carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed

Is the service effective?

Good

The service was effective.

Staff received the on-going training they required to carry out their role. One to one supervision meetings took place as planned and staff had an annual appraisal.

People had choice over all meals and were fully involved in menu planning. People were supported to prepare and cook the main meals.

Staff were knowledgeable about people's health needs, and supported people to maintain their physical and mental well-being.

People's human and legal rights were respected by staff. Staff had knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were fully involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff protected people's privacy and dignity. There was a key principle of encouraging and promoting people to be as independent as possible.

People were happy and told us they were well supported by staff who cared.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and care plans were produced, identifying how people wanted their support.

People were encouraged to take part in outside activities as much as possible and supported to maintain these links.

The provider had a complaints procedure and people and their relatives told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focused on people. The registered manager sought feedback from people, relatives, staff and others and used the information to drive improvement.

The provider had robust quality assurance and monitoring procedures in place. The results of surveys were used to drive improvement to the service provided.

Records were clear and robust.

The Hadlows

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.

The inspection took place on 12 December 2016 and was announced. The provider was given 24 hours' notice because the location was a small service where people regularly went out through the day and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors. One inspector made telephone calls to the relatives of people who used the service to gain their views.

Before the inspection 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 home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with three people who lived at the home, and three relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, and two members of care staff. After the inspection we gained feedback from two health and social care professionals.

We looked at three people's care files and four staff records as well as staff training records, the staff rota and staff meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems, medicine administration records and quality assurance systems.

Good

Is the service safe?

Our findings

People said the care and support they received at The Hadlows was safe. They knew who they would speak to if they did have concerns and said they were confident the registered manager and staff team would listen to and act on their concerns. People were clearly comfortable within their living environment. People's relatives were confident about the care their family member received. One relative said, "My son is so well looked after by the staff at the home. We could not ask for better. We know he is safe in their care". Another relative told us, "I have every confidence that if I spoke to the staff about my concerns everything would be sorted out".

The provider helped to keep people safe by having a safeguarding procedure in place for staff to follow if they had concerns or suspicions of abuse. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe. Staff were confident that the management team would deal with any issues quickly. A member of staff told us, "I have never felt people weren't safe, it would be flagged straight away". They knew how to report and who to report to, as well as which bodies outside of their own organisation they could go to if they needed to. The registered manager kept a safeguarding notification log to record the action taken and outcome of any concerns raised.

All the people we spoke to knew who they would contact if they had concerns and did not feel safe. The registered manager displayed posters advising people what to do and who to contact if they had concerns for their safety and they needed to talk to someone other than the staff team. Everyone, including relatives, were confident they would be listened to and their concerns would be acted upon.

The risks relating to individuals were identified and managed well. For instance, the types of risks identified included the risk of choking due to a specific health condition, or the risks associated with epilepsy. Individual risks had been identified for each support task that was recorded in the care plan. A colour coded system was used as a way of alerting staff to the risk. For example, a person at risk of malnourishment due to refusing food at times. The risk was highlighted as being rated amber – cause for concern. Following the intervention of support through the care plan, such as keeping the person's routine, encouraging snacks and weighing monthly, the risk was reduced to green – concern lessened.

The provider and registered manager had an emergency plan in place to make sure they were prepared for most circumstances that would have an impact on their ability to run the service. Such as adverse weather conditions, for example, severe weather or infectious illness. The contact details of all staff, including senior members of staff within the organisation were listed to ensure the support was available at any time of day or night.

A range of environmental risk assessments had been carried out by the registered manager. Risks identified around the property and environment included electrical safety, fire safety and risks within the kitchen and bathrooms. All essential servicing had been carried out to ensure the safety of the building and equipment. For example, the range of regular maintenance and servicing carried out included, portable appliance testing, gas safety, electrical installation and the servicing of all fire equipment and appliances. An up to

date fire risk assessment was in place as well as an emergency fire plan so that people and staff knew what to do in the event of a fire. Fire evacuation drills had been carried out regularly and randomly to ensure people and staff had the opportunity to practice the procedure. A personal emergency evacuation plan (PEEP) had been developed for each person to make sure individual support needs were taken into account should there be a need to evacuate the building. For example, if people needed physical assistance or if they needed to be reminded what to do. The registered manager helped to keep people, staff and visitors safe by having processes in place to identify and manage situations that might be a risk.

All accidents and incidents were logged on to the organisation's computerised system by the registered manager. A detailed recording of the incident, including what happened and the action taken, was kept in people's care plans. The registered manager also kept an accidents and incidents file where all records were kept in month order for easy monitoring and use. The organisation analysed and reviewed all serious incidents to check trends and learn from incidents to prevent reoccurrence. The provider's reporting and recording system helped to keep people safe by capturing incidents and reported risks to enable the management and learning from events.

The property had recently been fully refurbished to a good standard and was clean and welcoming. Previously two properties next door to each other, the refurbishment included making one large property to enable people to have more space and move more freely. Staff told us the improvements had made a big difference to their working lives, making it easier to support people well. One member of staff said, "It's amazing the way the refurbishment has brought everyone together". People told us they were happier with the new arrangements as they felt able to socialise with others better. A well maintained garden with a decked patio area was accessible to everyone living at the home. One person living at the home maintained the garden, keeping it tidy and mowing the lawn.

The registered manager told us there was adequate staffing to meet people's needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. The home did not use agency staff but had four employed bank staff to cover staff absences such as annual leave, sickness and staff vacancies. This meant people had consistency of care as the bank staff knew people well, as members of the team.

Safe recruitment practices were used. New staff went through an interview and selection process. The registered manager followed the provider's policy which addressed all of the things they needed to consider when recruiting a new employee. This included gaining a full employment record from each applicant and pursuing references before commencement of employment. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

Most people required the support of staff with their prescribed medicines as there was a danger that people may forget they had taken them if they administered their medicines themselves. A detailed step by step guide was in place for each individual, recording the support they required and the risks associated with the administration of medicines by staff. Some people did administer their own medicines. A risk assessment was in place in these circumstances which was reviewed regularly. In this case, people had a locked cupboard within their own bedroom where their medicines were stored safely. Risk assessments would include for example if staff needed to check that the person had not forgotten to take their medicines.

People were protected from the risks associated with the management of medicines. Medicines were

managed well, helping to keep people safe from errors being made. All medicines were stored in a locked cupboard which was well organised. Creams and ointments had the date recorded when they had been opened to make sure they did not lose their efficacy. The medicines administration records (MAR) were neat with legible handwriting, reducing the risks of mistakes. No gaps in recording were seen, indicating that staff knew their responsibilities in ensuring their record keeping was good to keep people safe.

Good

Is the service effective?

Our findings

People and their relatives thought staff were competent and skilled enough to provide the care and support they required. One person told us, "The staff here do a great job looking after people well". One person's relative said, "I know the staff know what they are doing and provide excellent care".

The registered manager ensured new staff were equipped with the knowledge and confidence to carry out their role before they were able to support people fully on their own. New staff completed an induction which included working alongside existing staff to shadow them and meet the people they would be supporting. One member of staff said, "Everyone was really helpful when I first started". The registered manager carried out probationary reviews with new staff to support their development into their new role and to ensure they were performing to the standard expected.

Staff were provided with the support necessary to enable them to carry out their role to the required standard. One to one supervision sessions were held regularly with each member of staff with either the registered manager or a senior support worker. These meetings provided opportunities for staff to discuss their performance, development, any concerns they had and to receive direct feedback. Staff had an annual appraisal with the registered manager which gave them the opportunity to reflect on their practice and performance of the previous year and receive feedback from their line manager's viewpoint. Targets and goals were then set for the next year which included any training needs or areas for development. A member of staff told us, "We are a really good team and all help each other".

Staff were provided with the training necessary to be able to fulfil the role that was required of them. Most of the training programme was online, although some training was face to face such as person centred planning and first aid. Staff said they were happy with this and it suited them well. All training was up to date and the registered manager had a training schedule in place to monitor staff training, ensuring staff undertook the training required. Specialist training was available where a need was identified, such as dementia training and acquired brain injury training.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity showed that decisions had been made in their best interests. Careful planning had taken place to ensure the appropriate people were involved in decisions to make sure this was the case. Care plans demonstrated DoLS applications had been made to the local

authority supervisory body in line with agreed processes. Relatives were involved in the application process where appropriate. One relative told us, "We have been made aware of the DoLS thing, as he would be unsafe going out on his own". This ensured that people were not unlawfully restricted. People who had been assessed as able to go out alone were given a key to enable them to come and go as they pleased.

Most people living at The Hadlows were able to make their own choices and decisions with individually based support where necessary. One relative told us, "(My relative) is able to tell staff what he wants to do and make choices day to day". Mental capacity assessments had been undertaken when appropriate to establish whether people had the capacity to make particular decisions and to identify any support that may be required to support them to do this. For example, identifying the support staff may provide, or if an independent advocate was more appropriate. A decision making profile was included in people's care plans which detailed individual information about how to support each person to make choices. For example, information such as, 'What is the best way to present choices', 'When is the best time for the person to make decisions', and 'When is a bad time for the person to make decisions'. Some people had stated they did not want monitoring equipment in place in their bedroom. As they had been assessed as having the capacity to make this decision, their decisions were respected and risk assessments in place to regularly monitor the situation.

People were fully involved in the menu planning and choices of food bought. Each person was allocated a night each to choose the meal they wanted and then helped to prepare the meal for everyone else. People could choose anything else they wanted if they did not like the choice that had been made. A large table in the spacious kitchen/dining area was big enough to seat everyone if this was their choice. People and staff told us that since the refurbishment of the home, people were able to be more sociable and were more likely to eat their meals all together with the whole group. This was seen by all as a positive move, improving people's enjoyment and well-being. A relative told us, "He loves cooking, the staff supervise him in the kitchen. He rang me up recently and asked if he could have a cook book for Christmas".

Assessment tools were used to monitor and support people at risk of malnutrition. The registered manager ensured assessments were reviewed regularly to manage the associated risks. People at risk had their weight and BMI recorded regularly in order to monitor the risk as well as keeping a recording of food eaten through the day. One person sometimes refused food at meal times, however, they were offered food many times throughout the day to make sure they ate at a time that suited them better.

People were supported by staff to maintain good health through careful monitoring and support. People had a comprehensive plan, recording any health concerns with guidance how to support them to take care of themselves. The contact details of all health care professionals involved in people's care were listed for easy access when needed. People had annual health checks at the GP practice, these were well recorded and diarised, ensuring dates weren't missed. Health action plans recorded how to support people to stay healthy. For example, following a balanced diet, what type of exercise to take and how to maintain good mental health and well-being. Staff made sure regular appointments with specialist nurses and doctors were kept with staff attendance for support when requested. One relative told us, "Absolutely, they are taking him to appointments when our family can't. They know just what he needs and they look after him so well". All health and social care appointments attended were fully detailed within people's care plans. A description of what the appointment was for, what advice had been given and any follow up action required was included. For example, a visit to a specialist nurse for treatment and advice for epilepsy. Some people had expressed a wish to give up smoking in order to improve their health. Staff had supported them with this, seeking medical advice and health support. The assistance required was written into their care plan to ensure all staff were aware of the help required on a daily basis. Information was provided for staff regarding how an individual's acquired brain injury affected them and the health conditions that people required

support with. For example, specific types of dementia.

Good

Is the service caring?

Our findings

People living at The Hadlows appeared happy and confident, those who could were keen to chat and could be seen taking part in many conversations with staff. One person told us, "I like it here. I like talking to (registered manager name). People's relatives had only positive comments about the staff team and their approach. One relative told us, "I find the staff are very kind, caring and compassionate with all the residents". Another said, "Absolutely, staff are very kind and caring".

People appeared happy and comfortable throughout the visit, confident to talk to us. A member of staff told us, "People are confident to speak up, they know they will be listened to". Communication plans were in place. These made sure people's individual methods of communicating, for example the help needed to understand others, or to be able to converse with confidence were documented and followed. Current communication skills were identified and support needs assessed. For example, sentences or words used by individuals may mean something different as it appeared to the listener. For instance, a person may say, 'I am alright' when asked if they wanted something to eat, which could be taken as no thank you, when often, if asked in a different way, such as showing the food this was not what the person meant at all.

People had a 'relationship map' within their care plans. Divided into sections, people were able to add in the relationships that were most important to them and the contact they had. For example, family members, paid support members, friends or work colleagues. People's life histories were an important part of the care planning process. Where able, people were involved in writing their own history. Where there were gaps, the registered manager had pursued this through contacting family members, or where this was not possible, through such people as social workers.

We saw and heard many conversations and interactions through the day between people and staff. The atmosphere was relaxed where people and staff clearly knew each other well and enjoyed chatting and having banter. There was a consistent staff team which helped people to have confidence that staff knew them well and they knew who was coming in to support them each day. A member of staff told us, "We definitely get to know people well. Everyone loves talking!". A health and social care professional said, "I have found the environment to be relaxed, staff appear to have good relationships with clients and appear to know individual clients needs well".

People and their family members were fully involved in planning their care and support. A 'one page profile' was available within each person's care plan which gave staff important information about them. For instance, 'What people like and admire about me', with recordings such as, 'My sense of humour' and 'I am easy get on with'. Other areas covered in the one page profile included, 'What's important to me' and 'How to support me well'. Responses to these questions included, 'My birthday', and 'Listening to music', or 'If I am anxious, support me to go for a walk'.
People's care plans recorded what a typical day looked like for each individual. Including what made a good day and what made a bad day, or what made a good night or a bad night. This helped staff to understand what they could do to help people get off to a good start in the morning or to have a good night's sleep to be able to feel refreshed in the morning. For example, if people preferred to get up early, or get up late, if they

liked to have a cup of tea in the morning or a cup of coffee.

The provider had a comprehensive service user guide in an easy to read format. The guide covered everything people needed to know about living at The Hadlows and what they could expect. Information included how to make a complaint and who to contact if people had concerns.
There was evidence that people who required help to make decisions and did not have family involvement had been referred to independent advocacy services. This made sure that people had the support to make important decisions from an independent agency, helping them to speak up for themselves.

People's bedrooms were of a good size and all were personal and reflected the individual. Personal possessions were clearly encouraged, some people had items of their own furniture and every person had personal items such as photographs, wall posters, musical equipment, CD's and books or magazines.

We observed staff being respectful of people's privacy and dignity. People were asked if they would prefer a male or female to support them with their personal care needs and this was clearly recorded in their care plan. A relative said, "I find the staff both kind and respectful, they are always very professional". Another relative told us, "It doesn't often happen that I need to talk to him in private, but I did speak to him in the office when I needed to inform him of a family bereavement".

People were supported to not only maintain their independence but to increase their skills. For instance, one person had a care plan to support them to increase their money skills in order to manage their own money with less support from staff or family members. The plan was detailed and clearly set out how assistance was to be withdrawn slowly over a period of time as independence increased. The registered manager told us about one person who had not been out of the home for a long time as they refused. Staff respected this decision, however, continued to subtly encourage the person to think about going out and how this would work for them but without pressure. One day recently the person said they wanted to go out for a particular reason, so were immediately supported to do this. They have subsequently been out again since to go shopping. The registered manager described the whole staff team as, 'buzzing' about this outcome. When asked what the service does well, a health and social care professional told us, "They identify individual's needs and strengths to promote independence. Staff appear to care for the clients, they are enthusiastic and appear to enjoy their work".

Some people made sufficient progress to be able to move on to a less supported way of living. For example, moving into their own accommodation with support. Detailed person centred plans were in place to support the move, including choosing where to live, seeking appropriate accommodation and identifying the support required following the move on. The registered manager had developed an assessment tool specifically for one individual to check their skills and abilities before moving into more independent living. This helped to identify the support required once they had moved. The person's family members were fully involved in the plan for move on to ensure the appropriate support and encouragement was accessed.

Good

Is the service responsive?

Our findings

People told us about the many activities they took part in throughout the week. People told us they chose what they wanted to do and although most had planned activities, they could choose on a day to day basis what they wanted to do. One person told us about their planned activities, on Tuesday they did music therapy which they loved, on Wednesday they cleaned their room and on Thursday and Friday they attended two different external activities. A relative said, "They do so much there, lots of activities and they go out a lot".

Some people were able to go out alone and pursue interests outside of the home. For example, some people attended football matches or visited friends and family. Other people needed the support of staff when they went out, either because of their own lack of confidence, or because there was a risk they may forget where they were going or how to get home. People went out most days unless they chose not to, either to attend activities outside of the home or to go shopping or attend appointments. A member of staff told us, "There are lots of ad-hoc activities, people choose themselves what they want to do".

People, and their family members where appropriate, were clearly involved in the assessment of the care and support they required as well as their care plan to describe to staff how they wanted things done. One family member told us, "We were very involved in the initial assessment, they went through things he liked, such as food, activities, and what he liked to do". People signed the plans once completed to say they had been involved. Sometimes people did not want to sign, which was respected as their choice and this was recorded.

Individual care plans were thorough, identifying the support people needed from staff to maintain as independent a life as possible. People were fully involved in planning their care and support, as well as family members where appropriate. A relative said, "We were involved in the assessments and care planning". Support guidelines were in place for staff to follow to make sure people received the correct individual support each day. The guidelines included, for instance, assisting people to clean their bedroom or to maintain their personal hygiene. People's skills and abilities were listed and a description of the support they needed from staff was recorded in a full step by step guide. How people wanted their support carried out by staff was the main element of the support guidelines, making sure their wishes were followed. The care plan showed how people's individual funded hours were used to support people to have their care needs met and maintain and increase independence. For example, the one to one support hours that people had been assessed as requiring to help with personal care, or to go out for activities such as trips out.

Care plans were regularly reviewed every month to check people's support requirements had not changed. A full review of the care plan took place once a year. People were fully involved in the review and were able to invite who they wanted to attend. Family members were also involved in care plan reviews unless people did not want their involvement.

Daily records were kept by staff in specially designed document booklets. Each daily log had two sides to record interactions throughout the day and night, including what people ate for lunch and dinner. This

enabled good communication amongst the team. Making sure an up to date record was kept.

The organisation had a complaints procedure that the registered manager followed. People were given the information they needed to make a complaint in their easy to read service user guide. Posters were on the wall advising people and their relatives about the complaints process. One family member told us, "I have not needed to complain but I am sure if I did they would take my concern seriously". We saw evidence of complaints raised in the last 12 months that were dealt with quickly and appropriately. For example, a neighbour made a verbal complaint regarding an overflow pipe leaking onto their property. The registered manager responded immediately, contacting a plumber and writing to the neighbour to apologise. People living in the home were reminded of how to make a complaint and who to complain to, at the regular residents meetings. All complaints were logged on to the provider's online system by the registered manager and monitored by a quality team at the head office in order to learn lessons as an organisation.

The registered manager made sure that resident's meetings were held regularly, giving the opportunity for people living in the home to have their say and feed in to the development of the service. At the last meeting on 3 December 2016 the items discussed included; checking people's understanding of the fire procedure, people's views of the recently completed refurbishment, ideas for future activities including Christmas plan and a discussion about advocacy, what advocacy means and who can access the service.

The provider asked for people's views of the service provided once a year. In October 2016 they sent out nine easy to read questionnaires to people and all nine were returned completed. All comments received were positive, such as, 'Staff are always there with a smile', 'The community spirit, they all work together', and 'I am happy here'. Relatives were also asked their views once a year. Questionnaires were sent to eight relatives in October 2016 and four were returned. All were positive with comments such as, '(My relative) is well cared for and is happy. The staff take good care of him'.

Good

Is the service well-led?

Our findings

People clearly knew the registered manager well and were seen to seek him out to talk to him regularly throughout the day. We had only positive comments about the registered manager from people, their relatives and staff as well as health and social care professionals. One relative said, "This latest manager is really nice and he has done so much to improve things". Another told us, "I think the home is very well run, yes very much so".

Staff felt well supported by the registered manager and also by the provider's senior managers, describing them as approachable. The culture of respect and transparency was clear to see. One member of staff told us, "The managers are absolutely approachable. The senior managers too – they are so friendly, I would be happy going to them too". Another member of staff said, "(Registered manager name) has an open door policy".

Staff were encouraged to raise any concerns they had with outside organisations if necessary. The registered manager made sure posters were displayed with all the relevant information for staff, such as contact numbers, if they saw something they were unhappy with and needed to raise a whistleblowing concern.

The registered manager received the support they required from their line manager in order to perform well in their role. Regular one to one supervisions and an annual appraisal were held enabling the registered manager access to support and to continue his own personal development. The registered manager told us they got good support from their line manager who visited regularly and was always contactable by telephone or email. The line manager called in while we were visiting. The registered manager also had the opportunity to gain peer support from other managers in the area as the provider had a number of services within reasonably easy reach. Regular managers meetings were held which were valued by the registered manager as supportive and developmental. Weekly bulletins were sent out to services by the provider to give updates and news within the organisation nationally. This meant the registered manager and staff were kept informed about what is happening in the organisation, helping them to feel in touch.

The provider had invested in undertaking extensive refurbishment works to the property which was seen as a big improvement by everyone we spoke to. A relative said, "They have done lots of work there, they have made two houses into one. It is bigger brighter and they have decorated, it is lovely they have made it so much better". One member of staff said, (Registered manager's name) is always on top of things. Anything we say we need, he gets it straight away".

The registered manager told us that due to the upheaval of the refurbishment programme, he had not held a staff meeting since August 2016, however, we could see that one was booked in January 2017. The registered manager had also sent a team briefing to all team members with information and updates as an alternative to holding a team meeting. Previously, staff meetings had been regular and the registered manager planned this again. Staff told us that communication was good in the team and the registered manager kept them informed so it had not been a problem to miss a staff meeting. One member of staff told us, "Communication is fantastic, handovers are excellent". Another said, "I love it here, it's a fantastic team".

Staff knew what their role and responsibilities were. They were also aware of who was responsible for what within the team. One member of staff said, "There is always a positive attitude by everyone in the home".

The provider had a robust approach to quality monitoring, having many structured processes in place. A medicines audit was undertaken once a month, checking the medicines administration records (MAR), ordering and disposal of medicines, stock control and safety, and staff competency. A comprehensive audit was carried out every three months. The organisation's head office sent an annual plan to the registered manager outlining the areas they wanted him to audit for each quarter of the year. A purposefully designed booklet was sent to the registered manager to use when carrying out each audit. A senior manager undertook an independent quarterly audit. Areas that required action were transferred to an action plan with timescales for the registered manager to work towards in order to become fully compliant. For example, one area for improvement included extending a particular specialist training to all staff members. Although the registered manager had arranged this, it was not available for two months, so he recorded the steps he had taken to ensure staff had the information they needed in the meantime. Such as, supplying fact sheets and books for staff to read.

A further comprehensive audit was undertaken by the organisation's quality team once a year. All audits were scored in percentages of compliance, scores were fed in to the organisation's online system where their quality teams and senior managers could continuously check quality and safety and follow up when necessary.

Records were kept well and in good order. Paper copies of care plans etc. were legible and clear and computerised systems meant the provider was in touch with what was going on in the service. Processes were in place to make sure this happened and we found records were up to date and followed the provider's procedures.

The provider sent out questionnaires to staff and others involved with the service, such as health and social care professionals, to gain their views of the service provided. In October 2016 questionnaires were sent to ten staff with five returned, and ten others, such as health and social care professionals, with four returned. Staff commented there was, 'Good communication' and 'Good rapport and atmosphere'. Comments from others included, 'Proactive working' and 'Atmosphere not of a care home, more a shared house, and that is appreciated'. A quality development plan was produced as a result of all annual questionnaires sent. The registered manager had an improvement plan in place based on the results of the surveys. Who was responsible for each action and by when was documented on the plan. Updates of action taken were recorded every three months and monitored by senior managers. The provider and registered manager took quality and safety seriously by having robust processes in place to monitor and follow up with action to improve.