

Voyage 1 Limited

Mawney 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

About the service

Mawney Road is a residential service providing care and accommodation to people with learning disabilities and or autism. Mawney Road accommodates up to six people in one building. At the time of our inspection six people were living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Systems had been established to safeguard people from the risk of abuse. At our previous inspection we recommended the service review the way risk assessments were updated; at this inspection we found improvements had been made. Individual risks had been assessed, and people were protected from the risk of harm related to their individual support needs. Risk assessments were up to date with the maintenance of the service and to prevent the spread of infection. Medicines were being managed in a safe manner. There were enough staff working at the service and pre-employment checks were carried out on prospective staff. The service learnt from accidents and incidents to provide safe care and support.

Assessments were undertaken to determine people's needs before they moved into the service. Staff received training to support them in their roles. Staff were provided with ongoing support through supervisions and appraisals and received an induction to enable them to provide effective care and support. People's nutritional needs were met, and people were supported to try new foods. People received care and support from relevant healthcare professionals. The service took into consideration individual preferences and likes when decorating the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated in a caring manner by staff and the staff understood what life was like for people living in the service. People and their relatives were involved in the planning and reviewing of their care. Staff understood how to support people in a way that respected their dignity, privacy and promoted their independence.

People received person-centred care that met their needs. People were supported to engage in their local community and participate in activities of their choice. Information was provided to people in an accessible format. People told us they felt able to make a complaint and were confident that complaints would be listened to and acted on. People's end of life wishes had been explored.

People engaged well with the registered manager. Relatives and staff spoke positively about the management team and said the service was managed well. There were processes in place to manage and monitor the quality of the service provided. The registered manager kept up to date with best practice to ensure a high-quality service was being delivered.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mawney Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

Inspection site visit activity started on 20 November 2019 and ended on the same day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

What we did during the inspection

We met with all six people who used the service. It was not always possible to speak to everyone and ask direct questions about the service they received because of their support needs. However, people could express how they felt about where they were, the care they received and the staff who supported them through non-verbal communication. We observed interactions between staff and all the people using the service as we wanted to see if the service communicated and supported people in a way that had a positive effect on their wellbeing.

We spoke with two relatives and six staff including the registered manager, deputy manager, the service improvement manager and three care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

What we did after the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at minutes of meetings and analysis of incidents.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to ensure people were protected from the risk of abuse. People appeared to feel safe in the company of staff. For example, one person stayed in their room on the day of our inspection but left their door open and did not appear unsettled by people and staff walking past. One relative told us, "I haven't had a minute's worry in my life."
- Staff were aware of safeguarding procedures, knew how to identify abuse and how report any concerns to protect people from harm. One staff member told us they, "Would tell the manager straight away. If nothing happened I would let the [head] office know."
- The registered manager told us, "We have a really good relationship with safeguarding, we advise them of potential risks and we work well together." As a result, there had not been any safeguarding concerns raised since the last inspection.

Assessing risk, safety monitoring and management

At our previous inspection we recommended that best practice is adopted to ensure risk assessments are assessed with people and recorded.

- This inspection found that the service had made improvements. The registered manager told us, and records confirmed, "In the support plans now, we review individual sections rather than overall plans and they are guided by the registered or deputy manager."
- People's risks were properly assessed to ensure people were supported in a safe manner. Risk assessments were in place for individual support needs including medicines, supporting people to access the community while considering the use of transport and extreme weather conditions, skin care, oral healthcare, finances and mobility. Risk assessments guided staff on how to keep people safe. Risk assessments were person centred. For example, one person's risk assessment said, "When [person] is walking in the community [person] likes to hold the hand of a staff member. [Person] walks slowly and should not be rushed. [Person] will show signs of fatigue by stopping then sitting on the floor. Staff should find a suitable and safe place to let [person] rest then continue with the activity or walk." Records confirmed these were reviewed to reflect people's changing needs.
- Staff were aware of how to support people to manage risk. One staff member told us about how the service managed people's changing support needs, "People's mobility is changing every day, but we raised it to our manager, we spoke about this and we got the wet room." We saw a wet room had recently been fitted to allow people to maintain their personal care in a more accessible way.
- All environmental risk assessments were up to date including fire safety, electrical checks and maintenance checks. Each person had a Personal Emergency Evacuation Plan ; we saw these were updated every six months or as and when a person's needs changed. They looked at whether people understood the

alarm and guided staff and emergency services on how to keep people safe.

Staffing and recruitment

- There were enough staff to meet people's needs. One staff member told us, "We haven't had any risk escalate for so many years because we have enough staff. There is always staff at any time." Another staff member confirmed, "There are enough staff."
- Records confirmed most staff were permanent and had worked at the service for a long time. This meant people received consistent care and support and staff understood people's needs.
- Safer recruitment practices were followed. Pre-employment checks such as Disclosure and Barring Service (DBS) checks, references, employment history and proof of identity had been carried out as part of the recruitment process. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

Using medicines safely

- Systems were in place to ensure people were supported to receive their medicines in a safe way.
- People were assessed to see what their level of understanding was about their medicines. We observed one person be supported to take their medicines; staff were kind, patient and explained to the person before, during and after about what was happening.
- Staff were aware of how to support people to take their medicines in a safe way. Records confirmed staff undertook medicines training and received three medicine competency assessments before managing medicines independently. They were then assessed annually or if a medicine error occurred. When managing medicines there was always one care worker administering and one care worker witnessing; this was to ensure medicines are managed in a safe way and reduce the number of medicine errors.
- Medicine administration record (MAR) charts were in place had relevant details. Staff signed to say medicines had been administered at the appropriate times.

Preventing and controlling infection

- Systems were in place to help prevent the spread of infection. Staff told us they had access to all equipment needed to ensure the service was clean and relatives told us they had not ever had any concerns.
- We found the service was clean throughout and staff told us they all managed the cleaning between themselves.

Learning lessons when things go wrong

- We saw accidents and incidents were recorded so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence.
- The registered manager told us that in order to ensure staff were up to date with policies and procedures that could keep people safe, they were reviewed quarterly with individual staff members. This was a more effective way of making sure the service was running safely.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service. Assessments covered different areas of people's lives where they may need support. They included information about their health and welfare, their personal safety and risks, their social history and networks and a variety of other topics that provided insight into their needs and preferences.
- We also saw records from the local authority that provided more information about the person from other relevant health and social care professionals and enabled the service to understand the person better.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their needs.
- New staff received an induction, which included shadowing a more experienced member of staff and learning about the policies and procedures of the service. Staff spoke positively about the induction they received. One staff member told us, "The induction was good."
- Staff told us, and records confirmed all staff were up to date with relevant training including safeguarding, infection control, moving and handling and first aid. One staff member told us, "Yes, [training is good], [we covered] dementia, we learnt more about how to be patient with [people], how to attend to them, how to stay calm."
- Records also showed that staff had completed or were in the process of completing the Care Certificate; the Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervisions and an annual appraisal. This meant they were supported to be up to date with best practice guidance and felt able to provide effective care and support to people.

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

- People's nutritional needs were being met and staff supported them to stay hydrated and have a healthy diet; all the food was home cooked. One staff member said, "The food is good, they give [people] choice." One relative confirmed, "They give [person] new healthy things to try and support [person] with this."
- Care plans advised staff if people required support with meals and discussed people's preferences and how to support them to have a choice. One person's care plan said, "Staff will offer [person] two choices of cereal, [person] will usually stare at the cereal [they] would like or occasionally grab the box."
- We observed staff supporting people during lunch; a variety of healthy foods were available and were prepared in ways that meant people could manage food independently and with minimal support. People expressed if they wanted more food or drink through verbal cues and staff were responsive to their needs.

- Daily records confirmed people spent time with staff preparing the weekly menu and had a choice. One person's records said, "[Person] spent the morning helping staff to plan next week's menus."

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

- Staff worked with other agencies to the benefit of people using the service. Individual care plans contained contact details for professionals and guided staff to liaise with relevant agencies if concerns arose. One person's care plan explained, "[Person] is unable to attend medical appointments unsupported; [person] would be very vulnerable if out in the community alone."
- Within people's care plans we saw they each had a 'Hospital Passport.' This is a document that explained people's care and support needs and could be transferred between their home and hospital to ensure consistent care. The registered manager said, "We always make sure people's hospital passports are right by people [in hospital] and their needs are up to date. We want people to have the best quality care they can have." When people did go into hospital they were supported by staff from the service. The registered manager confirmed, "If people are in hospital we request a specialist learning disability nurse but also we will put our own staff in with them. This speeds up recovery and is reassuring for the person and families."
- Staff demonstrated a clear understanding of how to work with other health and social care professionals to ensure people stay well and told us they worked well with others.

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

- The service had recently been adapted and decorated with people's support needs and preferences in mind. Staff spoke positively about the changes and said the service felt much homelier and safer. There were hand rails in place in the communal areas; this ensured people with mobility support needs would feel safe when walking around the home and could feel more independent.
- People's bedrooms and communal areas were personalised. Staff told us people were consulted about their preferences. People's bedroom walls were painted in their favourite colours and had been set up in a way that the person preferred. For example, one person liked spending time in their arm chair, so this was positioned in a way that enabled them to sit there and still be seen by staff for monitoring their safety and wellbeing. One person who had visual impairments had their walls painted with textured paint that acted as a border; this enabled the person to navigate their way around their room. A relative confirmed, "[Person's] bedroom has pictures painted by her [relative] and family photographs around the room."
- The service had a garden that was used and well maintained. Staff told us people liked using the garden when the sun was out, and they had recently had a summer party which was enjoyed by everyone.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Observations confirmed that before people received any care or support staff asked them for their consent

and they acted in accordance with their wishes. Staff confirmed they would always for people's consent before providing care and support, "Consent is asking [people], letting them show me through their hands, always knock on the door."

- The registered manager demonstrated they understood the principles of the MCA and had completed Mental Capacity Assessments and Best Interest Meetings for people who did not have the capacity to consent to care. Records also confirmed that DoLS were in place where relevant and the registered manager had applied for them in a timely manner.
- There were also 'decision making profiles' in place that advised staff when were the best and worst times to discuss things with people.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had systems in place to ensure people were treated in a compassionate manner. Observations showed that staff spoke to people in a respectful and calm way. One person was seen to be playing with sensory toys and had a selection to choose from; one member of staff was sat close to them throughout to offer reassurance and engage with the person if they wished. We also saw two people playing bingo with staff; they were encouraged to participate and were smiling. When one person became slightly agitated towards the end of the game staff responded quickly and advised this was the person's way of indicating they wanted to stop. Staff supported this person to pack the game away and change the activity.
- We spoke to one staff member who said, "This house is so calm, every day, so relaxing." They felt this was because people were treated with respect and kindness and provided with the care they wanted, adding, "If [person] wants a cup of tea, if [person] wants to be in bed, [person] can have whatever [they] want."
- Relatives confirmed the service was caring. One relative told us, "The care [person] has is second to none." Another relative told us, "I can't fault staff at all, they are all so lovely. They are like a little family. I am honestly so happy. It is simply perfect."
- Care plans discussed people's needs relating to equality and diversity and staff understood how to provide care and support and promote equality and diversity. This showed people were protected from potential discrimination.
- The service recently implemented an initiative called, 'Walk a mile in my shoes' where staff spent time in the position of people receiving care and support. The registered manager told us they hoped this would increase staff understanding of what life was like for people living at the service. We heard from staff that this was a positive and helpful exercise. One staff member said, "I had no voice, I found it hard to know if people were listening to me or not. I found I had to work harder to be heard and because I didn't use words to make my needs known it took me longer to get staff to understand me." Another staff member told us, "[It allowed me to] gain a better understanding of what it feels like to rely on staff to meet your needs." This showed the service were striving to provide good quality care and understand how to treat and support people well.

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

- People were consulted about in their care and support. One person's care plan said, "When planning a holiday [person] should be involved in the process of choosing and planning." People were consulted throughout the day about what they would like to eat and do, and how they would like to spend their time.
- Staff told us relatives were involved in all elements of care planning where appropriate and, "Relatives [visit] anytime." One relative confirmed, "They keep me updated and tell me things, I visit a lot." The registered manager confirmed, "One of the reasons this home works as well as it does is the support from

family and outside agencies."

Respecting and promoting people's privacy, dignity and independence

- The service worked in a manner that ensured people's privacy and dignity was respected. Staff knew how to protect confidential information of people they supported and told us they would not share the information with people that were not authorised. The service had relevant policies and procedures on confidentiality.
- We saw that people were treated with respect and their dignity was promoted. One person was observed to have spilt food on them during lunch and staff were gentle in their approach to clean the person's face and top, treating them with respect and maintaining their dignity. Staff let people eat their food in a way that suited them and supported them to do so, rather than conforming to other people's standards.
- Staff told us, and observations confirmed, people were supported to maintain their independence. For example, after lunch one person was encouraged to put their used plate and cutlery in the sink. Another person who had mobility related support needs was encouraged to sip their own drink. One person's daily records said, "[Person] helped staff clean [their] bedroom this morning by dusting [their] shelves." Another person's care plan said, "Staff to encourage [person] to be as independent as possible with the washing and hair washing; only assisting [person] where necessary."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff understood people's preferences and how to provide care and support that was person-centred. One staff member told us about a person, "[They] like bread and jam and a cup of tea." Observations confirmed staff supported people to have a choice and take control of how their care was delivered. For example, one person was seen to be walking around the home; staff explained the person was happy and enjoyed taking in what was going on around them. The registered manager told us about a person who had a specific item they used as a comforter; we saw this person use this throughout the day and were smiling while using it.
- Care plans were in place for people using the service and were reviewed regularly to ensure changes were reflected. They were detailed and contained information related to personal care, sleep routine, communication and activities and interests. Each person had a 'one-page profile' that explored, 'What people like and admire about me' and, 'What is important to me.'
- Daily records were maintained so it was possible to monitor that care was provided in line with people's assessed needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was able to provide information to people about their care in an accessible format. We saw support care plans had information about people's communication needs. One person's care plan said, "[Person] does not use Makaton, pictures or symbols. However, when [person] wants something specific [person] will take staff by the hand and lead them to a specific area. [Person] has strong facial expressions and eye movement which often indicates what [person] may want or need." Staff had a good understanding on how to communicate with people and responded to people's needs in a person-centred way.
- Information was available regarding the running of the service in accessible formats. For example, there were visual aids available to support people with their meal choices.
- Records showed that people had their own picture books with photos, notes and words from their past, present and future that enabled them to communicate and contribute towards their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us, and records confirmed that people were supported to participate in activities of their choice. During our inspection we saw people were supported to attend day centres and other activities. One staff

member said, "[Person] likes singing, they go to music class." We spoke to one person who had been out for the day; with the support of staff they were able to tell us that they had been offered a paid position at a local centre and were planning to take this up. We also saw that this person had been employed by the provider as a quality checker and they audited other services from a perspective of a person receiving care.

- Staff told us about friendships that people in the service had developed over time and how some people enjoyed doing activities together.
- The registered manager told us that staff were mindful of people's support needs and preferences when supporting them to access the local community. For example, for one person who didn't like busy environments, the staff contacted the shopping centre to find most quiet times to take the person out. This showed the service was working to ensure people avoided social isolation and were supported to follow their interests.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure for dealing with any concerns or complaints. The registered manager told us the service had not received any complaints since our last inspection. One relative said, "If I had any concerns I would make a complaint. But I have no faults at all."
- We saw there had been a high number of compliments received from relatives and other health and social care professionals. One relative had said, "I must say that yourself and [staff] being at the hospital with [person] has been tremendous help for me knowing that [person] is being cared for by such dedicated people like you both." Another relative had said, "All your staff at the home do a fantastic job looking after everybody there, I commend you all, it makes me feel so safe [person] is in such good hands."

End of life care and support

- Records confirmed staff had received end of life training, and people's preferences and choices in relation to end of life care had been discussed and documented. For example, we saw people had funeral plans in place. The registered manager told us they had invited in an end of life facilitator from the local authority to support the home with recording end of life care plans and were advised they were good as they were, and no changes or amendments were recommended. This showed that the service would be able to provide appropriate end of life care to people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the registered manager, and observations confirmed people felt comfortable and safe around the registered manager. One staff member told us, "[Registered manager] has an open-door policy, you can go to them for anything, personal or work, anything." During the inspection the registered manager engaged well with people living at the service and people were happy to see them and talk to them about their day. They told us, "My main goal is that the six people that live here are secure and safe and well cared for and happy." We also saw the registered manager was hands on in terms of supporting staff to provide care, "I attend health appointments in the community with people, work late and early shifts. I will do whatever the person requires, immediately."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager was aware of their legal responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events. All notifications to the CQC had been submitted in a timely manner and evidence of ensuring people were safe was recorded.
- Records confirmed that the management team were open and honest with people, learnt from accidents and incidents and responded to complaints to ensure the service runs well. One staff member told us, "[Registered manager] is good, and [because of this] big incidents are not a thing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns. One staff member told us, "[We have a] very good manager, we get attention when we need it, they let us know [things] that are relevant." The registered manager told us they felt supported by their manager too.
- The provider had systems in place to monitor their provision of care and support and sought to continuously improve. These included audits of care plans, medicine records, daily notes and health and safety checks. Staff received regular supervisions and ongoing support and the registered manager completed observations to monitor the delivery of care and ensure people were safe and well looked after.
- The service was also audited every quarter via compliance management teams; they gave advice and guidance on how the service was meeting their regulatory requirements and providing quality care.

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

- Staff told us, and records confirmed, that staff attended regular team meetings to discuss the running of the service. One staff member said, "The environment is great, we all work as a team together, we all have our strengths and weaknesses, good team work."
- The service aimed to gather feedback from relatives of people using the service and other health and social care professionals. Relative feedback was mostly positive. One relative said, "I would certainly recommend anyone thinking of placing a family member at Mawney Road." Another relative wrote, "I have noticed in more recent years that the emphasis on a focussed person-centred approach has been developed further under the leadership of [registered manager]."
- Due to the support needs of people living at the service, it was not always possible to gain feedback about how they felt their care and support was through specific surveys. The registered manager told us their interactions with staff within the home was closely monitored and any concerns were responded to, to ensure they were happy and well.

Working in partnership with others. Continuous learning and improving care.

- The registered manager evidenced they engaged well with other health and social care professionals and with their management team to provide the best care possible to people. We saw that they attended regular networking meetings and learning opportunities to keep themselves up to date with the latest regulations and practices.
- The registered manager was open and receptive throughout the inspection. They showed they were keen to improve the service where possible and took guidance well.
- The registered manager had won "Manager of the year" award in 2018 from the provider, and in 2019 one of their staff members won "Support worker of the year." The registered manager said, "The staff team are so committed, they have all worked here for so long. They are all so involved. If we are doing our job, [people] have nothing to worry about." They all evidenced they were striving to provide the best care for people.