Care Quality Commission

# Voyage 1 Limited

# Mountain Ash

## Inspection report

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Date of inspection visit: 12 and 19 October 2015
Date of publication: 25/01/2016

## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | Requires improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires improvement |

## Overall summary

Mountain Ash provides support and accommodation for up to 10 young people with learning disabilities and physical disabilities. There were nine people living in the home during the inspection and all required some assistance with looking after themselves, including personal care and support in the community. People had a range of care needs, including epilepsy and diabetes and eight people were unable to verbally share their experience of life in the home because of their disabilities.

The home was purpose built, all the rooms were on the ground floor and there was a large secure garden, which was easily accessible for people using wheelchairs.

A registered manager was responsible for the day to day management of the home and had been in post for several years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

# Summary of findings

'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.

This inspection took place on the 12 and 19 October 2015 and was unannounced

The quality monitoring and assessing system used by the provider to review the support provided at the home was not effective. It had not identified issues found during this inspection, including the lack of appropriate training for staff to support people with learning disabilities and that records did not reflect the support and care provided.

The staffing levels were not appropriate to the needs of people living in the home. A number of permanent staff had left, they had not yet been replaced and bank and agency staff made up the staff team.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

Staff had attended safeguarding training. They demonstrated an understanding of abuse and said they would talk to the management or external bodies if they had any concerns.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training and had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered management had followed current guidance by seeking advice from and independent mental capacity assessor and making appropriate referrals to the local authority.

People were able to choose what they ate and where and, advice had been sought from appropriate health professionals to ensure people were offered a nutritious and varied diet safely.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished.

Staff said the manager was approachable and they felt they could be involved in developing the service to ensure people had the support they needed and wanted.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

**Requires improvement**

The service was not consistently safe.

The staffing levels were not sufficient to meet people's needs.

Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

Medicines were administered safely and administration records were up to date.

The premises were well maintained and people had access to all parts of the home.

**Is the service effective?**

**Good**

The service was effective.

Staff had received fundamental training and provided appropriate support.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed

**Is the service caring?**

**Good**

The service was caring.

The manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect. Staff ensured that people's equality and diversity needs were respected.

People were encouraged to maintain relationships with relatives and friends, and they were able to visit at any time

**Is the service responsive?**

**Good**

The service was consistently responsive.

# Summary of findings

People's support was personalised and care plans were reviewed and updated as people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint

**Is the service well-led?**

**Requires improvement** 

The service was not consistently well led.

The quality assurance and monitoring systems were not robust and did not identify areas where improvements were needed.

The registered provider was responsible for managing the service and provided clear leadership and guidance.

People, staff and relatives were encouraged to be involved in developing the support and care provided.

# Mountain Ash

**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 checked 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 was unannounced and took place on the 12 October 2015 and, on receipt of additional information was completed on 19 October 2015. The inspection was carried out by an inspector and an expert by experience in learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with all of the people living in the home, one relative, eight staff, the registered manager and regional manager. We observed staff supporting people and reviewed documents; we looked at three care plans, medication records, four staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home due to their disabilities. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Requires improvement

# Is the service safe?

## Our findings

People said, "I'm ok" and, when asked if they felt safe and comfortable they said, Yes". A relative felt people living in Mountain Ash were, "Quite safe" and, were well looked after. Staff felt they supported people safely and had a good understanding of how to protect people from harm. The registered manager told us there had been changes in the staff team in previous months as some staff had left, but they felt they had been able to provide the support people needed. A relative did not have any concerns about the staff team.

However, we found the staffing levels were not flexible and there were not enough staff available to support people if their needs changed. One person had been unable to attend a day centre, which meant there were three people in the home with two staff to support them. Staff were unable to provide support for the three people, the housekeeping staff were asked to observe people to ensure their safety when support staff assisted two people with personal care. Staff said this was normal practice as the housekeeping staff also worked as support staff, but this meant that staff may not have provided the support people need when their needs change or some staff may not be able to continue with their own work.

A number of staff had left in the months before the inspection and the registered manager had been actively advertising and interviewing new employees. Staff told us it had been difficult, they had worked extra hours and agency staff covered some shifts, which meant they had to observe and advise them as well as support people living in the home. One staff member told us, "We have agency staff it is ok now." Another member of staff told us there were sufficient staff to keep people safe, although they had struggled for staff recently and, "Have offered me a full time job". Staff felt the management had taken steps to employ new staff. Those employed as bank staff, who covered for staff who were off sick or on leave, had been offered permanent posts; some had accepted these and some of the staff who left had returned to work at the home. The registered manager said the recruitment of staff was ongoing and would continue until there were sufficient staff to provide appropriate cover when people's support needs changed. This meant that until a permanent team of staff were in post, and had attended appropriate training, the staff may not be able to provide the support people need and want.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training and understood the different types of abuse and described the action they would take if they had any concerns. Staff had read the whistleblowing policy and stated they would report any concerns to senior staff and the registered manager. If they felt their concerns had not been addressed to their satisfaction they would contact the local authority or CQC. Staff said the contact details for the relevant bodies were available in the staff room and they could all access these if they needed to. Staff told us they had not seen anything they were concerned about and were confident if they did action would be taken. A relative said they had no concerns about the home and felt people were safe.

Risk assessments had been completed depending on people's individual needs. These included moving and handling with information about people's mobility, nutrition risk and specific dietary needs, and waterlow assessments for risk of pressure damage. They were specific for each person and included guidance for staff to follow to ensure people's needs were met. We asked staff about their understanding of risk management and keeping people safe whilst not restricting freedom. Staff said, "People are encouraged to do things for themselves as much as possible." "People can take risks and we are aware that some people take more risks than others because they can move around the home by themselves" and, "People can also be dependent on us to look after all their support need. This means we need to be aware of the risks because they are unable to tell us if something is wrong." Staff said they had a good understanding of people's risk assessments and provided the examples of pressure relief for people using wheelchairs, the use of hoists to assist people to transfer from bed to chair or when using the pool and how people were enabled to move around the home safely.

We asked staff how medicines were ordered, given out and disposed of if not needed, and we examined the Medicines Administration Record (MAR) charts. We also observed staff giving out medicines and looked at the provider's medicine management policy. Medicines were delivered and disposed of by an external provider and the management

# Is the service safe?

of this was safe and effective. They were stored in named, individual containers in a locked cupboard. The MAR charts contained photographs of people for identification purposes, with details of allergies, and there were no gaps in the records. Staff were knowledgeable about the medicines they were giving and had attended training, including specific training for giving people insulin for diabetes. Staff said there were no controlled drugs. Staff had a clear understanding of the home's policy with regard to as required medicines (PRN), such as paracetamol for pain, and the reasons why PRN medicines were given were recorded on the MAR. Staff explained how they would assess people's need for pain relief if they were unable to respond verbally. For example, through their body language and verbal noises. Some medicines were given in jam, to assist with swallowing. Staff said this had been discussed and agreed with the GP, and there was evidence to support this in the care plans.

Recruitment procedures were in place to ensure that only suitable staff were employed. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records, evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Staff said DBS checks and references had been obtained before they started to work at the home. One member of staff said, "They check everything to make sure only the right people work here, which is what should happen."

All rooms were on the ground floor and people had easy access to all parts of the home and garden. Staff felt they provided a safe environment that enabled people to live comfortably in the home. A daily health and safety check was carried out on the environment and there were regular checks of the vehicles used for trips out, which ensured the tail lift for people using wheelchairs was safe to use. The home was well maintained with ongoing repairs and replacement as required.

There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. The swimming pool was checked daily by staff to ensure the water was safe for people to use; if there were problems with the water the maintenance staff addressed them and there were audits to evidence this. There were regular fire checks by staff who had been trained to do this; the fire systems had been checked by the Fire Service and the seals on doors to reduce the spread of smoke had been replaced. Fire training was provided for all staff and the records showed they had attended.

The provider had plans in place to deal with an emergency. There was guidance in the care plans for staff regarding the action they should take to move people safely if they had to leave the home at short notice.

Accidents and incidents were recorded and action was taken to identify how these occurred and what action should be taken to prevent a reoccurrence. Audits were carried out to see if there were any trends and CQC was informed if appropriate.

Good

# Is the service effective?

## Our findings

People could choose what they had to eat and made choices about how they spent their time. They attended day centres and went out for lunch and/or shopping. The manager and staff felt there were no restrictions on what people did. One member of staff said, "It all depends on how they want to spend their time and even if they can't tell us we know from how they react, that's how we know what they like doing." Staff said they had the skills and experience to support people and felt they had attended all the training they needed to.

Staff said they were required to attend the training provided and were satisfied with the training opportunities on offer. The training plan supported staff comments and showed staff had attended, they including the dates when updates were required. One staff member said they had, "Every mandatory training going," including epilepsy, diabetes, medicine training, moving people safely, first aid, health and safety, fire training and safeguarding. Another staff member told us, "We all are qualified lifesavers, so people are able to use the pool safely." Staff demonstrated a good understanding of people's support needs and discussed how they enabled people to be independent; they identified when people's needs changed and what action to take. Such as contacting the GP or community learning disability team.

Staff said they had really good induction when they had started work at the home. One staff member said, "I was really well supported by senior staff and I had to complete the induction programme that was signed off when I completed it, to show that I was competent to support people properly." The registered manager told us they were introducing, for all new staff, the Skills for Care Certificate training as part of staff induction. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff felt supported by the management to work towards national vocational qualifications (NVQ); six staff had completed level 3, six staff level 2 and two staff were working towards the Social Care Diploma level 2.

Staff said supervision was provided every two months and felt it was a good opportunity to talk about anything. The supervision and appraisal record sheet showed that staff received regular supervision. One staff member said, "We are able to talk about anything any time really. The manager is always available, but the supervision is on our own and we can talk about any training we would like to do." Another member of staff told us, "Supervision is a two way process. We talk about training, how we support people and if there is anything we need to improve on. We can talk to the manager anytime though, so we know what is going on and the supervision and appraisals are a formal way of recording everything."

The registered manager and some staff had completed training and had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included the nature and type of consent, people's rights to take risks and the necessity to act in people's best interests when required. Mental capacity assessment had been completed for each person as part of their care plan and where necessary advice was sought from an Independent Mental Capacity Assessor (IMCA). This meant that people who were unable to tell staff about their wishes and needed support with all aspects of their lives were independently assessed and decisions, taken in their best interest, were included in their care plan. Staff said it was important to involve people in decisions about the support and care provided. One staff member said, "We always ask their consent before we do anything, they can let us know if they don't want to do anything, and we have to respect this." We observed staff talking to people about how they wanted to spend their time; staff explained what they were going to do before assisting people to use the bathroom and asked people where they wanted to sit in the dining room.

DoLS, which is part of the MCA is to ensure someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them. The manager had applied to the local authority regarding DoLS for some people as it was not safe for them to leave the building and they were unable to say what their preferences where. Some people had bed barriers in place that protected them from falling out of bed, lap straps ensured people were safe when they used wheelchairs and the front door was locked. Staff had an understanding of DoLS and said, "It means depriving them of something they want to do." "It proves any danger to them because they lack capacity to make informed decisions." "Discussions take place with social services, the family and staff so that decisions can be made

Good

# Is the service effective?

on behalf of people if they are unable to make those decisions themselves" and, "It has to be done with the right professionals and people involved so that we don't stop people doing things unnecessarily, the decisions are based on keeping people safe, not restricting them."

There were choices at each meal and people were supported to eat between meals if they wanted to, one person had a yoghurt and another some cake. Packed lunches were made for people going to the day centre and people who remained at the home were offered a choice of meals at lunchtime, including macaroni cheese and sandwiches. One person who was unable to communicate verbally was offered a meal, but did not want to eat at that time and staff understood this by their response. One person chose to eat their meals in the hall and staff assisted them to do this. They were offered a choice of four different cakes and drinks. Staff said people were offered choices about all aspects of the support provided and meals were very important. Staff felt the food was very good and people were offered vegetable and fruit every day. They said, "People have a well-balanced dinner." "They love making smoothies." "I think the food is brilliant. They get plenty of food and it varies over the week. The main meal was provided in the evening, as most people were out during the day. People were offered choices and staff assisted them if they needed support. Staff had their meal with people in the dining room and the atmosphere was sociable and relaxed, they talked about how people had spent their day and there was joking and laughter.

Staff said the dietician and speech and language team had been contacted and advice had been sought to ensure people were offered nutritional meals safely. Specific diets were provided, including pureed meals and thickener in drinks to prevent choking. Information about people's needs was in the kitchen for staff to follow, and they confidently discussed people's individual needs and how these were met. This meant people were provided with nutritional meals in a safe way and, specific cutlery and plate designs were provided so that people could enjoy their meals without support from staff.

People had access to health care professionals as and when they were required. These included the community learning disability team, dentists, chiropodist and district nurse. GPs visited the home as required; staff felt they could contact them if they had any concerns and staff assisted people to attend hospital appointments or arranged for relatives to do so.

Good

# Is the service caring?

## Our findings

There was excellent friendly interaction between people and staff and we observed staff treated people with respect and asked for their permission before they supported them with personal care. The atmosphere was lively and people were actively involved in what was going on in the home when they returned in the afternoon. Some people were moving around the home independently while others relaxed in the lounge/dining room or their own room. A relative said the care provided was very good. A health professional told us the staff understood how to care for people living in the home and had no concerns.

People's preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person's life, with details of people who were important to them, such as their family, and their hobbies and interests. Staff said they had read the care plans and told us each person was different, they had their own personality and made their own choices, some liked music and were involved in activities while others liked to sit quietly, and they enabled people to do this as much as possible.

Staff demonstrated that they had a good understanding of people's needs through the caring and thoughtful way they supported people throughout the inspection. People were treated with respect, staff used good eye contact when speaking with people and talked to them as they would each other, the conversations were friendly and relaxed. Staff were patient, they supported people quietly and staff waited for people to respond before they provided support. Staff made sure everyone living in the home was able to make choices and demonstrated an understanding of people's care and support needs when they were unable to communicate verbally. People let staff know what they wanted to do through body language and facial expressions. Staff gave examples of people not opening their mouths to eat food when it was offered if they did not want it. Staff were aware that if a person had an epileptic seizure they may not respond to staff in the same way afterwards, and they kept this in mind as they provided assisted them with personal care and meals. One person made specific vocal noises depending on the support they wanted, such as with personal care, and staff recognised these. Comments from staff included, "We make sure people are as independent as they can be, everyone can make some decisions and we respect that." "I think if people can do something for themselves we let them do this, even if it takes longer that if we did it. This means they are as independent as they can be" and, "I like to let people decide what they want to do and if someone doesn't want to do something then it is up to them."

Staff respected people's privacy and dignity. They knocked on each person's door and asked for permission to enter before they walked in. People's doors were closed when they had a rest in the afternoon. Staff told us this was their choice and respected their privacy; other people were not able to enter their room unless they wanted them to.

Staff regarded information about people as confidential. Staff said they had been given a copy of the confidentiality policy and were clear that they did not discuss people's support needs with other people, relatives or each other in a communal or public area of the home. The registered manager and staff told us they never discussed people's support needs with anyone else, including each other when they were near other people, relatives, and visitors or in a public area. They said, "It would be completely inappropriate."

Staff had attended equality and diversity training and had an understanding of the issues and their implications for the people they were supporting. One staff member told us, "We need to make sure we understand people's backgrounds, their likes and dislikes, so that we can provide the right support and so that people can be independent. We have a good understanding of people's needs, some moved into Mountain Ash soon after the home was built and we have worked together to get to know each other and make sure we provide the support they want." One person wanted to attend church and this had been arranged and another person liked to move around on the floor of the home and they were supported to do this safely.

People were supported to make choices about their appearance, they chose the clothes they wore as much as possible, and staff ensured they were smart but comfortable. We saw people were dressed in contemporary clothing that was clean and cared for. A keyworker system was in place and each person was supported by a member of staff who regularly checked they had sufficient toiletries and clothing, if necessary relatives were contacted or the

Good

# Is the service caring?

home purchased these on people's behalf. People could use the hairdresser if they wished, they visited the home regularly and people had different hair styles based on their preferences.

Relatives and friends could visit at any time and a relative said they were able to visit when they wanted to and were quite happy with the care provided.

Good

# Is the service responsive?

## Our findings

As far as possible people were involved in decisions about the support they received and relatives were invited to six monthly reviews of support plans with care managers and staff. Staff said when people's needs changed they contacted relatives to keep them informed and there were records in the care plans to support this. Relatives were given information about how to raise any concerns when people moved into the home and, a relative said they had no complaints.

People's needs had been assessed before they moved into the home and care plans had been developed from this information. The care plans contained information about people's individual needs and how these could be met and there was evidence that people, their relatives and representatives had been involved in developing these. They included risk assessments with details of the preventive measures that were in place to keep people safe. For example air mattresses and cushions to prevent pressure sores with the settings recorded and information about people's mobility and the support they needed to move around the home. Staff assisted some people to transfer using hoists, each person had their own sling and, people who used wheelchairs had been provided with ones that had been adapted to meet their specific needs. Communication, mental capacity assessments and lifestyle choices were included as part of people's care plan. One person liked to play a tambourine, this had been identified as being important to them and staff said it was available at any time for them to use.

People's specific support needs and what action staff should take if there were any concerns were recorded. For example, staff called an ambulance if a person's epileptic seizure lasted longer than a specific time and if another person's blood sugar was too low or too high and did not respond to the treatment provided. Care passports were in place, with clear guidance regarding people's support needs if they were admitted to hospital and, the registered manager and staff told us people were always supported by a member of staff when they were outside the home. During the inspection a member of staff supported a person who was in hospital.

Each person's keyworker updated the care plans monthly, they recorded any changes when they happened and the provider audited them to ensure the correct information was recorded. Staff said they found the care plans easy to use, people's needs had been clearly recorded and they felt they could provide the care and support people needed if people were unable to tell them.

Staff recorded the support they provided in the day care books. Although there were gaps in these the staff demonstrated a good understanding of people's support needs and how they assisted people to have a comfortable and relaxed day, doing what they wanted to do. Staff said they provided individualised care and enabled people to be independent and make choices, as much as possible.

A range of activities, in addition to trips out and attendance at the day centre, were organised in the home. The main dining area had a number of pictures and ornaments, chosen and made by people living in the home, with the assistance of relatives and staff. Halloween decorations had also been made to decorate the area for the planned Halloween party. People's rooms had been decorated in the colours of their choice, one room was pink with dreamcatcher decorations and another was plainly decorated with posters of the person's choices. Photographs and ornaments personalised the rooms, relatives, friends and staff supported people do to this. Most people had lived at Mountain Ash for several years, some since the home first opened in 2001, and they were supported to use local facilities including the pub and shops.

Staff used the sensory room on the first day of the inspection to provide foot and hand massage for two people, who smiled and relaxed during and after this. Another person joined them; they played cards with animal pictures on and made quite a lot of noise when trying to make the animal noises. The expert by experience felt that this may have impacted on the two people who relaxed on the mats, but there had been no reactions or movements to show that they were affected and when asked staff said they had a good understanding of people's preferences and, "Kept an eye on all them," to make sure none had been affected by other people or the activities they had been doing.

The registered manager had organised a holiday at Butlins for 2016. Staff would accompany three people at a time and, staff said they were looking forward to supporting people and enjoying time with them in a different place.

Good

# Is the service responsive?

A complaints procedure was in place; a copy was displayed in the home and given to people and their relatives. Staff told us they rarely had any complaints, and the registered manager said they kept a record of complaints and the action taken to investigate them. There had been no complaints since the last inspection and the relative we spoke with said they did not have any complaints.

Requires improvement

# Is the service well-led?

## Our findings

From our discussions with staff, the registered manager, relative and health professional and, our observations, we found the culture at the home was open and relaxed. Support focused on encouraging people living at Mountain Ash to make choices and decide how they spent their time. Staff said the registered manger was available and they could talk to them at any time. They felt supported and able to raise issues or put forward suggestions. We observed the registered manager talking to people and staff and getting involved in decisions about the support provided and assisting people with meals.

A quality assurance and monitoring system was in place and we were advised that the regional manager visited the home monthly. However, the system had not identified the concern about the lack of training in learning disabilities for staff. Although staff said they had a good understanding of people's needs and they provided approriate support; staff also said they had not attended any specific training with regard to learning disabilities. This meant that staff may not be up to date with current guidelines and may not meet peoples specific needs. Staff told us they thought this would be appropriate training for them to do and the registered manager reviewed the training available and arranged this during the inspection.

Some people received one to one support and staff kept a record of how much time they spent with each person in a work book. Staff recorded assistance with meals and washing and dressing as part of the one to one or two to one support and throughout a 24 hour period the records showed that staff only spent time with people for 15 to 30 minutes depending on what support had been provided. For example, 15 minutes when they assisted people to use the bathroom, 30 minutes for washing and dressing and 15 minutes for assistance with meals. On one day a person who required two staff to support them with personal care and transfers and one staff with meals received 205 minutes in the 24 hour period. Staff also recorded the support provided in care books, there were gaps in these and there was no system in place to check that staff completed them. The records were not clear and did not reflect the support people needed or how much time staff spent with people. This was an area discussed with the manager as one to be reviewed and appropriate changes made.

Staff used the phrase 'People we Support' when writing or speaking about people living at Mountain Ash. We saw this in all the records we viewed, including minutes of staff meetings. The registered manager and staff said the provider had asked them to use this phrase when writing about or talking about people living in the home. This suggested that people were not regarded as individuals but a group who were being supported. This was an area discussed with the manager to be reviewed.

The sensory room was very small and provided limited opportunities for people to take part in activities. The wall and floor mats were worn, the soft ball area was small and it was difficult to see how young adults could use this area. The registered manager said they had not sought advice from a specialist professional who may be able to offer suggestions to update this room. The registered manager said they would discuss this with the provider.

There were clear lines of accountability and staff were aware of their own responsibilities when they provided support for people. They felt involved in decisions about the how the service supported people and how it could develop in line with changes in people's needs and relevant guidance for people with learning disabilities. Staff felt they provided personalised care and supported people as individuals to live the same life as they did, which meant they enjoyed their lives and were involved in decisions about the support provided as much as possible

Staff said they could talk about anything with colleagues and management at any time and were kept up to date through regular team meetings, which they felt were very good and gave them an opportunity to discuss issues as a group. Staff felt the worked well as a team, one member of staff said, "Considering the problems we have had with staffing, we work very well together."

Satisfaction questionnaires were given to people living in the home, their relatives or representatives and health professionals. The most recent responses were very positive, with no suggestions for improvements.