Voyage 1 Limited

Edward Avenue

Inspection report

3 Edward Avenue
Bishopstoke
Eastleigh
Hampshire
SO50 6EH
Tel: 023 8065 1531
Website: www.voyagecare.com

Date of inspection visit: 26 and 30 November 2015
Date of publication: 20/04/2016

Ratings

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

Overall summary

This inspection took place on 26 and 30 November 2015. This visit was unannounced. We had not carried out an inspection of this service since it had been registered with a new provider. We had inspected this service on 03 September 2013 under its previous provider organisation and found they were meeting all of the expected standards of care.

Edward Avenue is a home which provides accommodation and care for 4 people who have a learning disability or an autistic spectrum disorder. The home was fully occupied at the time of our inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 told us they felt safe living at Edward Avenue. Staff received safeguarding training and knew how to recognise and report concerns within their organisation and to appropriate authorities. Risks associated with the delivery of care had been identified and alternative activities were identified to minimise those risks yet still captured the essence of the person's wishes. People were involved in the assessment and planning of their needs. All assessments and care plans were reviewed and updated involving the people and their families.

The registered manager, staff and people ensured there were sufficient staff to support people with their care and social activities. Staff were deployed specifically at the times when people needed to be supported. This flexible approach meant staff put in extra hours to ensure people were fully able to involve themselves in activities away from the home. We saw how staff went the extra mile to support people by taking them to events when they were off duty. Staff received suitable training and support to enable them to deliver the care required for people. Specific training was available to meet the identified specialist needs of people.

A robust recruitment process was in place to ensure staff were suitable and had the right skills and experience. People were involved in the recruitment process and identified characteristics and interests they were looking for in the people who were going to support them.

Medicines were safely administered and were stored in appropriate secure areas within the home. Staff received appropriate training to enable them to give medicines competently. They were observed and assessed to ensure they were safe to administer medicines.

People were involved in maintaining the safety of their home. One person had chosen to be involved in carrying out the routine weekly fire alarm tests.

People's care plans were personalised and contained detailed information about each person's likes, dislikes, history and preferences. People received effective care as their needs had been assessed prior to admission. Care plans were written to identify needs of people and contained sufficient information for staff to deliver care accordingly

People chose their meals and were supported to prepare their own and others meals in safety. They said the food was nutritious and they received support on how much they chose to eat. People were supported to maintain good health and had good access to GPs and other healthcare specialists.

The service had a strong and visible person centred culture which gave people the confidence to tell staff about how they wanted to be supported. Staff and the registered manager spoke highly of their desire to involve people in developing and maintaining their care plans

People told us about the outstanding way they were supported by staff and how staff were prepared to go the 'extra mile' to ensure people's needs were met. We heard from people, their relatives and staff about the commitment and dedication staff had to support people in the way they wished to be supported. We also heard how much people had achieved to develop independence and involvement in their care.

People told us how staff understood their social and cultural values and beliefs and how they were encouraged with their diverse preferences. Their care was planned with them and they felt they were listened to and valued.

The service was flexible and responded to people's individual preferences and needs. They found creative ways to fulfil people's wishes to live as full a life as possible. People were involved in their local community and were encouraged to belong to other services outside of the home.

The registered manager sought the opinions of people and staff regularly on aspects of care and improving service delivery and the environment. People regularly gave feedback and identified things they would like to change or new activities they wanted to try. Staff were encouraged to think of ways in which to enhance people's lives and told us they were listened to by the registered manager when they made suggestions.

The service was well led and there was a positive culture which placed people at the centre of care they received.

Summary of findings

Relatives were kept up to date on events in people's lives and were encouraged to maintain their relationships with people. Auditing systems were in place to ensure high quality care was delivered to people. The registered manager ensured other essential audits of health & safety and the environment were regularly carried out.

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?

Good

The service was safe

People felt safe as the provider had systems in place to recognise and respond to abuse. Staff received training in the provider's and local authority's policy on safeguarding.

Risks associated with the delivery of care were assessed and there were imaginative ways identified to minimise that risk and provide people with the experiences and care they required. Medicines were administered, stored and managed safely.

People identified when they required support and staff were flexible in the hours they worked to provide the necessary support. People were involved in the provider's safe recruitment practices.

Is the service effective?

Good

The service was effective.

Staff received training to give them the skills and knowledge to support people effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interest.

People received sufficient and nutritious food and drinks and received support to plan and prepare their meals. They were able to access appropriate health care when required.

Is the service caring?

Outstanding

The service was caring

People enjoyed strong relationships with staff that were person centred and enabled them to feel empowered and valued. They were fully involved in writing and amending their care plans.

Staff regularly went above and beyond their role to ensure people's needs were met. People identified when they required support and staff made sure they were available for those times.

People were supported to maintain their dignity and privacy. They were encouraged to maintain and develop their independence skills.

Is the service responsive?

Good

The service was responsive.

People's care and support was planned proactively and they were involved in the assessment of their needs and in developing their care plans. Their care plans were personalised and people told us they had been listened to and felt valued.

People's diverse needs were respected and they received support that was understanding and flexible. Staff knew how to support people and encouraged them by suggesting activities people might enjoy.

Summary of findings

People knew how to complain and were confident their concerns would be addressed.

Is the service well-led?

Good

The service was well-led

People, their relatives and staff all said there was an open, warm and enabling culture in the home. People were seen as being at the centre of this culture.

The provider and registered manager had suitable systems in place to monitor and improve the quality of the service.

Edward Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 30 November 2015 and was unannounced. This was carried out by one inspector as this was a small service for four people.

Before the inspection we looked at the reports from previous inspections, when this service was registered previously under a different provider's name. We also looked at notifications about important events that the provider is required to send us by law.

During the inspection people showed us around their home and let us see their rooms. We observed people engaged in activities and preparing for activities outside of the home. We observed medicines being administered. We spoke with all four people, the registered manager and three members of staff.

We looked at three people's care plans and associated records of care. records of recruitment, training and supervision for four members of staff. We also looked at management records, policies and procedures, information on accidents, incidents, complaints, health and safety checks and auditing processes.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with said they felt the care provided in the home was safe. One person told us, "I feel so much safer living here than I did where I lived before." Another person said, "Staff are always available to support me If I want them to help me when I go out." A relative told us, "Staff are very good at making sure [my relative] remains safe."

People commented, "The staff are very good at making me feel safe when I am at home and especially when I am out," and "Staff have been trained in how to keep me safe." Staff were able to identify and respond to allegations of abuse appropriately. A member of staff said, "We have all received very good training about safeguarding and I would have no hesitation in reporting anything to my line manager. I know they will deal it with and report it on to the correct authority." Staff told us they had all received training in recognising abuse and safeguarding. This was confirmed by their training records, which showed all staff had completed training or attended an update training session within the last year. Staff told us how they would support a person if they disclosed a safeguarding concern to them.

The registered manager shared with us the most recent safeguarding concern that had been identified. The provider's policy included guidelines on managing safeguarding concerns and alerts as well as a timeline in managing and reporting concerns. This referred to the local authority policy and guidelines in safeguarding adults. The concern had been identified and managed appropriately by the registered manager. Their investigation of the concern was thorough and identified actions to make sure the person was safe and how to reduce the risk of another incident happening.

One person said, "The staff encourage me to talk about how I am feeling. Where I was before, I got scared when other people got angry. I told staff about this when I came here and when somebody gets upset, staff always check that I am alright afterwards. The people I live with are much nicer so that also makes me feel safer." They added, "I know if I told staff about things they would look into it and I would not be made to feel bad for telling them about it."

People's care records contained risk assessments associated with delivery of care. These were regularly reviewed to ensure actions remained current and reflected the person's condition. People were involved in the risk assessments and talked to staff about any changes they wished to make.

There were plans in place to respond to emergency situations. Each person had a personal evacuation and escape plan in place. They practiced evacuation of the home every three months and a note was made of the time it took from raising the alarm to people being safely out of the building. Arrangements were in place with another home in the provider organisation should they be unable to return to the home following and emergency situation. Health and safety and fire equipment and detection equipment were checked every week. Records showed these had been completed regularly and highlighted any repairs that were required.

People told us there were always sufficient numbers of staff on duty. Staff told us they worked hours according to the needs of people who used the service. The registered manager explained how they planned their staff rosters by checking with people what activities they had planned for the next week and any other requests they may have had for staff support. This ensured staff were available for the times people required their support.

There were robust recruitment processes in place that made sure staff were knowledgeable and suitably experienced to meet the needs of people. People were involved in the recruitment process by identifying qualities they wanted in staff to support them. They also met prospective candidates and told the registered manager who they liked. One person told us, "I like to select my staff as I want to make sure they have the same interests as me." All new staff undertook Disclosure and Barring Service (DBS) checks. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings. Staff files contained two references from previous employers and certificates of training they had completed.

There were effective systems in place regarding the administration, storage and auditing of medicines. Medicines were supplied by a pharmacy every 28 days. All medicines were checked on arrival and stored in an appropriate medicines cabinet. Each person had an individual medication profile. This contained information on the medicine, instructions on why the medicine was required, how it should be administered and how the

Good

Is the service safe?

person required to be supported. This profile included information about prn (as required) medicines including guidance on when it could be given and monitoring of the person's condition after administration. There was an information sheet about the medicine with a photo of the medicine and the manufacturer's instruction sheet for the medicine. Each week the senior member of staff audited MAR sheets and checked stocks of people's medicines to ensure these were correct. The registered manager carried out a monthly audit of all records related to medicines.

We observed medicines being prepared to be given to an individual. Staff checked the MAR sheet when preparing the medicines for administration. We heard staff talk to the person about the medicine they were taking and ensured the person consented to take the medicines as directed. After the person had received their medicine we saw staff checked the medicine administration record (MAR) and signed it. Staff told us they had all received training in the administration of medicines and had been tested as to their competency to administer medicines. We found staff were knowledgeable about the medicines given and of the best way for each person to be involved in this task.

There were systems in place to monitor medicines which people took with them when they visited their relatives. These were signed by staff and by relatives when they received them. They were checked and signed as returned when the person returned to the home. Auditing systems were in place for weekly and monthly checks of medicines, records and stock control. Medicines no longer required were returned to the pharmacy and a record kept of these. Although nobody required controlled drugs systems were in place to store and record these if required.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable and met their needs. Comments received included, “Staff are great, they go out of their way to support me.” and, “Staff really do understand me and make sure they know what I want.”

Staff received a wide range of training to enable them to understand how to meet the needs of the people they supported. All staff completed an induction programme when they started and were working alongside experienced staff until they had completed their induction programme. The home had been using the Skills for Care common induction standards for their new staff. These are the standards which employees working in adult social care should meet before they can safely work unsupervised. This had recently been replaced by the new Care Certificate which is the new standard for the care sector. A member of staff said, “I really enjoyed my induction as it gave me the essential information I needed, but more importantly, an opportunity to get to know the people I would be supporting.”

Staff commented, “I’ve had a lot of training which made me understand more about how to support people effectively.” and, “There is a good variety of courses but e-learning doesn’t work for my learning style.” The registered manager was aware that this was a problem for other members of staff as well. They were looking at how to use the learning materials in a way which involved a group of staff and give them the opportunity to discuss the subject. Staff files showed the different types of courses and learning staff had achieved. The registered manager had a system in place to monitor all staff training undertaken and when they required an update. Staff had received training in a number of routine subjects such as safeguarding, medicine administration, infection control, food hygiene, health and safety, first aid and moving and handling. Staff had also received training in areas specific to the needs of the people they were supporting. This included person-centred planning, epilepsy, learning disability and Autism. Staff had received specific training in managing behaviours. This was crisis intervention and management training which emphasised ways to support people without physical contact from staff. One member of staff said, “Although we may not need it the training taught me to look at how I respond to people when they are upset.”

Staff told us they received regular supervisions and appraisals. Supervision and appraisals are systems which offer support, assurance and learning to help staff development. A member of staff said, “I have monthly supervisions that give me an opportunity for feedback and a chance to raise concerns.” Whilst some staff were reluctant to have supervisions they did recognise the importance of the opportunities to receive and give feedback. Records showed all staff had received monthly or two monthly supervisions regularly throughout their employment.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The (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. One person’s care records contained an assessment of their capacity to manage their own financial affairs. This showed they had full capacity and understanding to do this but the person had requested support from staff around looking after money and saving. One member of staff said, “Luckily most of the people who live here have the capacity to make decisions. I know with one person they may not answer questions, but if we give them time, they will tell us what their choice is. With major decisions we would look at a best interests meeting to ensure any decision made is fair to the person.”

When staff were supporting a person to get ready to go to a daytime activity they checked with the person that this was what they wanted. People were asked ‘is it okay?’ and staff waited for the person to consent before supporting them with the next stage. One person said, “When I receive support, staff always wait for me to agree or to say no.”

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). The registered manager had made applications for DoLS authorisations on behalf of three people, as they required support to access their community safely. Although people had capacity to choose when they went out they required

Good

Is the service effective?

support to recognise danger and manage road safety awareness. One person was being supported to access the community independently and a plan was in place showing how levels of support were reduced in stages.

People received a choice of nutritious and healthy food and drinks. People were involved in writing their own menus. One person said, “We all take turns to choose the evening meal. If it is something I don’t like, I can change it for something else.” People were encouraged to prepare their own meals. Two people were very keen on healthy eating choices due to their interests in sports and enjoyed looking at recipes and diets suitable for them. They were accessing cooking classes outside of the home at a local college as a regular weekly activity. One person said, “I enjoy the cookery class as I get to make exciting new meals and learn about what food is good for me.” Staff were aware of people’s likes and dislikes for food and drinks and this was recorded in their care records. Where people required support on how much they liked to eat, this was done under the advice of the person’s GP and diet plans were agreed with the person. One person said, “Staff have really helped me and make sure I eat healthy food.”

People had sufficient to eat and drink. They were able to prepare their own drinks and had access to a range of snacks in the kitchen. People were monitored monthly for their weight and one person had a nutrition support plan in place with a risk assessment for malnutrition. This highlighted staff needed to observe and maintain a record of what this person ate and drank. Records were maintained and had been consistently completed by staff. There were clear guidelines in place for staff to follow on adding natural supplements to their diet such as cream and butter. These had been regularly reviewed and discussed with healthcare professionals.

People were able to access local healthcare services and were all registered with a local GP. Care plans identified how people wished to be supported by staff when attending appointments or receiving treatment. For example, one person had attended the GP surgery for their flu jab. Staff had explained to the person why they needed to have it and what the process involved. A note in the care records showed this was what they wanted to do. Care records for two other people showed they had chosen not to have the flu jab. These showed how staff had explained the consequences of not having the inoculation and people had stated they had understood this.

Outstanding ☆

Is the service caring?

Our findings

People told us about the strong relationships they had formed with staff and how happy they were with the care and support they received. They told us the staff were very kind and helpful. One person said, "I get very good support from staff and they help me to be as independent as possible." Another person said, "I like living here and get on really well with my key worker. All the staff know exactly how I like to be supported and go out of their way to help me get to activities and care for me." Relatives said, "We are so glad we placed [relative] here. Staff have really got to know [relative] well and involve them in all aspects of their care." And, "Every member of staff is extremely friendly and you are always made to feel very welcome. They always keep us informed about [relative]'s activities and care plans."

There was a strong person-centred culture within the home. Two people told us of their love for football. This was evident from the pictures on the walls of their rooms of favourite football teams and players. They had shown a keen interest in playing football and we saw this was very important to them in their care plans. Staff had supported them to join the local premier league football team's programme to support people with disabilities. As part of their participation in this group both people had become members of the Saintsability football team. They attended training three times a week and played football at the weekend. They had also been abroad with the team to play in tournaments representing Southampton. One person showed us photos of Barcelona and Holland where they had been playing. We saw photos of them attending an awards ceremony at Southampton's stadium. A member of staff told us how one of the people was asked for their autograph after they had been playing in a game. Both people were extremely proud of their achievements and the way in which they had been supported to do this. Staff were committed to supporting both people to attend all of these events. They went above and beyond their role by accompanying them abroad when they played in tournaments and providing support throughout the time they were away. Particular members of staff made themselves available to support the two people to attend these activities which ensured they received consistent support. One member of staff attended matches when they were off duty to cheer and support the two people.

On another occasion, a member of staff, who was off duty, invited a person to accompany them to attend an England cricket match as they thought the person would enjoy it. This was not a planned activity but the registered manager was able to respond flexibly to this and undertook a risk assessment of the activity. The person said, "It was great to go to the cricket. I wasn't expecting it but really enjoyed it. It's amazing that staff are willing to give up their own time to help me enjoy activities I love. I am so lucky they share my interests."

Sometimes people's activities were planned to end after a normal staff rota would have finished. For example, one person's activity would have finished at 22.30 hours. They often liked to talk to people after the event which meant they may not have returned to the home until after midnight. A flexible roster system meant that staff were able to support the person to enjoy the activity until the finish, rather than returning home earlier. Staff were rostered in specifically to support this person until the end of the activity. One person said, "Staff are really good at working when I need them. They won't go home until they know I am home safely and help me to get myself ready for the next day. It means I can go to activities that are important to me." A member of staff said, "It can be tiring sometimes doing extra hours to ensure people get to do what they want, but after all, we are here to support them and it's only fair we work the hours they require us." This flexible approach to staff working patterns was an essential aspect of people's care plans and allowed them to have greater opportunities to maintain interests and relationships that were important to them.

People were comfortable with the staff, which showed the strong personal relationships they had established with staff. This was evident in the way people joked and laughed with members of staff. One person had been out Christmas shopping at the time of our visit and had returned to the home. They sought out the registered manager to especially show them what they had bought and also showed some Christmas ornaments they had put in their room. Another person we saw in their room had decorated their room ready for Christmas and was talking to staff about their favourite Christmas music. One person said, "I like having a joke with staff, it's so good to be able to do that."

People were able to express their views about their care in a number of ways. There were regular house meetings

Is the service caring?

where people could talk about the menus and activities and special celebrations and events. Minutes of this meeting showed how people were involved in making choices and changes they wanted to make to their care and within the home. People had weekly meetings with staff who acted as a key worker for them. Key workers are members of staff who take a lead responsibility for a person and their care planning, arranging new experiences and reviewing the care and risk. People had chosen their own key worker based on their own reasons for wanting that member of staff. One person said, "I've asked to change my keyworker. It's not that I don't get on with them anymore, I just thought it would be nice to get to know [staff name] better as they like some of the same things I do.

One person told us about one of their care plans they had helped write, concerning the support they required when they became unhappy or got angry. The care plan described how the person had said they showed they were upset and the usual actions that occurred when they became angry. They said they needed support to make sure they remained safe. They had identified different things that could cause them to become upset and were honest to say some of these causes were due to drinking alcohol, tiredness or frustration that something they did had not worked. The person's care plan identified ways in which staff could respond to them which would help them to become calm. The person told us, "I can get upset and it is nice to know staff will help me the way I want to be helped so that I don't get more upset. This has meant that I don't have as many incidents as I used to." This was supported by a health care professional who had observed positive changes in the way the person had reduced the number and intensity of incidents where they had lost their temper.

One person had identified they would like to try skydiving and deep sea diving. The staff discussed these with the person's relative, the person and members of the community learning disability team. The risks associated with these activities were high and required some imaginative solutions to ensure the person could experience these activities. Staff identified taster experiences which contained a lower element of risk but gave the person experiences very similar to what they wanted to do. If the person enjoyed them, they could then look at how to facilitate the person achieving their desired wishes. For sky diving they took the person to an indoor skydiving centre where they could fly in a wind tunnel with an instructor. They joined a local scuba diving club and went to a local swimming pool for diving lessons. These were greatly enjoyed by the person and they showed us photos of them at these events. They told us they were looking at becoming more experienced in scuba diving and would like to do this in the sea. A tandem sky dive was also being researched for later on this year. This was a positive use of risk assessments to develop a clear path of experiences leading up to the identified activity.

We observed staff respected people's privacy and dignity throughout the days of our inspection. People had keys to their own rooms and chose if they wished to close the door or leave it open. When we were introduced to a person the member of staff knocked on their door and entered when invited in. They spoke with the person about our visit and asked them if they wished to speak with us in their room or in the lounge. They also checked with us how much time we needed and asked if the person wanted to be supported or was comfortable to speak with us alone. On one occasion the person wanted a member of staff to stay with them. One person said, "Staff are very good at giving me time on my own when I want it. They will check on me to make sure I am okay but they always knock before coming into my room."

Staff told us their aim in supporting people was to enable them to be as independent as possible. They were aware of what each person could do for themselves and those areas where they needed verbal or physical support. For example, one person required a topical cream to be applied daily for a skin condition. Staff had initially begun applying this when it was first prescribed. Within a month this had changed to the person applying it themselves without direction from staff. The care plan reflected how staff had reduced their input from fully carrying out the care to steps where the person received physical support to verbal guidance and finally to be reminded and they would complete the task. The individual had achieved something they were proud of and meant staff did not have to physically support them to do a task they could now do in private. Staff stated the overall aim for the person was to take responsibility and gain awareness of some of their health needs. The next goal in the care plan was for the person to make their own appointments with their GP to discuss this condition.

One person said, "I have written my end of life plan." We were told by the registered manager the person did not

Outstanding ☆

Is the service caring?

want this in their care file as it was personal to them. They had informed the registered manager where they kept it. The person told us it had been hand written by them and gave details about their funeral arrangements, songs and readings for the service. Other people had chosen if they wanted to complete their end of life plan. As they were young and in good physical health, people said it was not something they were interested in. Staff told us they had not experienced end of life care with people they supported. If people's needs changed they would want to support people to stay within the home for as long as was possible. They would expect to receive training and support in that area if required.

Good

Is the service responsive?

Our findings

A person-centred culture was evident throughout the service and in how care was delivered. People received care that was personalised to their needs and designed to develop and maintain areas of independence, which was empowering for them. One person said, "I know I have a care plan, which staff use when working with me, as I was involved in writing it." Another person said, "If I want to change anything in my care plan I talk to the manager or staff about it and they make changes." A relative said, "[relative] is fully involved in making decisions about their life at Edward Avenue." Another relative said, "Not only do I feel listened to by staff my [relative] is certainly listened to, which is so important to me."

Care plans were personalised and were written with people involved. They were based on an assessment of their needs and risks associated with delivery of care. People and their relatives were involved in a comprehensive assessment of their needs and provided essential personal information on their preferences and history. We saw how people had been involved in writing their care plans. One person said, "I am really happy that I can talk about my care plans with staff. They asked me a lot of questions about what I like and want to do and what I can do for myself." The care plans were comprehensive and contained sufficient information from the person, their relatives and professionals. Staff said they could deliver consistent care based on the guidelines in each care plan. For example, one person's care plan was around their communication needs. The person had good verbal skills and enjoyed talking to staff and other people. However, their care plan identified, 'When I go quiet, I may be concerned about an issue. Staff should allow me time to discuss my worries re-assure me and offer alternative activities." Staff told us this was important for them to know, as they saw this person as a happy and chatty person who was very good at entertaining everyone and appeared comfortable in all situations.

Staff used information from people and their families to create a life history of the person. This included important events and people in their lives. They included a relationship map which showed the relevance and importance of people within the life of that individual. For one person this showed a relative and a friend outside of the home as being most important. Care plans reflected how the person was supported to maintain these relationships and frequency of contact the person wished to maintain. A relative said. "I think they have the balance right. [Relative] has their independence and I am involved appropriately when necessary. This has helped us to maintain a good family life."

People were supported by staff and the provider to express their choices and preferences about their sexuality. One person talked openly to us about their sexuality and how they were supported by staff to express this. They told us about places they liked to go and friendships they were looking to make. The registered manager had ensured the person received professional support and guidance on maintaining safe relationships, which the person told us they had asked for. They told us how they had attended local and national gay pride events and told us how much they had enjoyed them. They said, "Staff have no problem in helping me to attend these events and I think they enjoy seeing me being so happy." A member of staff told us they had enjoyed supporting the person to attend these events. They said, "[the person] is very comfortable with their choice and it is our job to help them express themselves and keep them safe."

Person-centred care was embedded in the ethos of the service. The care records contained profiles of the individual and details of what the person considered to be important to them. There was a section on 'the perfect day' for the person which highlighted events and routines that were important to them in order for them to have a successful day. Communication plans identified how the person best communicated and how they understood instructions. Support plans were accompanied by risk assessments which ensured activities of care could occur in safety. For example one person's risk assessment highlighted care required around shaving and grooming. The person had identified they wanted to use a battery shaver but identified they were concerned the battery would run out and the shaver could pull on hair rather than cut it. This was covered by having new batteries available when they shaved.

A person-centred review occurred every six months for each person. This was attended by the person, their invited relative, home staff and health and social care professionals. This was where they could talk about their achievements and identify what they wanted to do over the next six months. We saw in one person's review record a

Good

Is the service responsive?

section concerning future placements. The person had requested that they were fully involved in any discussions about their future placements and that they were very happy at Edward Avenue.

People were involved in a wide range of activities both within the home and outside of it. One person enjoyed playing the drums and had played in a band. They attended a music group for people with disabilities where they could play the drums. As they were talented at this, the staff at the group asked the person if they wanted to become involved in teaching other people to play the drums. The person told us, "It was a bit of a shock when they asked me to help teach others. I love playing the drums and it is great to share this with others and help them to enjoy it as much as I do."

Each person had a full diary of daily activities which reflected their personal interests and we saw people coming in and leaving the home for their activities all day. One relative said, "[Relative] has a full and happy life there, what more could I wish for." One person said, "I am so lucky to be able to do things I do. Staff understand what I like and move everything to make it happen for me. Recently I went to the House of Lords." Another person told us, "I love visiting museums and interesting places. Staff have taken me to Milestones Museum, Monkey World, Historic dockyard in Portsmouth but the one I liked most was going to Downtown Abbey." We saw these had all been identified as places the person wanted to go to in their person-centred plan. Staff told us they had supported people to attend college courses and work experiences in the past and would help people to identify these opportunities if they requested them.

People told us they were able to inform the registered manager about things they were unhappy about. One person told us, "I've finally got a window in my bathroom." We saw this had been mentioned in a service user questionnaire by the individual, as they said they did not like their shower because it was mouldy. This had been caused by a lack of ventilation. The registered manager arranged for this to be assessed by a builder and presented the plans to senior managers within the provider organisation. Funding was approved and the person's en-suite shower room was re-furbished.

People, their relatives, staff and visiting professionals were regularly asked for their opinion of the quality of the service in an annual quality audit which was sent to them by the provider organisation. Results were collated and actions were identified in response to concerns made. For example, a relative had said, "We had issues with the wet-room, but I believe things are much improved now." People had commented on the new decoration within the home which had been highlighted in the previous year's audit. Staff were able to share ideas for improving the service within the quality audit. For example we saw a comment about staff rotas and the use of the provider's monitoring and recording system, which did not reflect hours done, as it was based on set times for shifts. The registered manager had reported this on to the provider and this system was changed to reflect the extra hours of support provided by staff.

The provider had a comprehensive complaints policy in place which was available for people to access. One person said, "I've got nothing to complain about. If I did then I would talk to a member of staff or the manager." Another person said, "I'd probably talk to my mum if I wanted to make a complaint about the home." The registered manager maintained a complaints folder which contained a copy of the provider's policy and timescales for responding to complaints. Although they had not experienced a complaint the registered manager was knowledgeable in the process of managing complaints.

Good

Is the service well-led?

Our findings

People, relatives and staff told us how well managed the service was. One person said, "The manager is very good. I can talk to them at any time if I want to." Another person said, "The staff are well organised and are always available to support me when I need them." A relative said, "The manager has always responded promptly and is helpful. They always keep us up to date on [relative]." A member of staff said, "Probably the best run home I have worked in," Another member of staff said, "We have a really good staff team here. We all work together to get the best outcomes possible for the people who live here."

People and relatives told us the registered manager responded promptly to concerns raised. People said they knew these would be dealt with by the registered manager and staff promptly. For example one person told us, "I was concerned about staff being available at the times I want them to support me outside of the home." The registered manager informed us the person was involved in preparing staff rosters and identifying which staff they would like to support them and an alternative if that member of staff was not available. This had eased their anxiety and staff changed duties to accommodate the person's wishes.

The positive person-centred culture within the home was described by a member of staff as, "The staff team have experience, know the people well and work hard together. We always put the service user's needs and well-being at the forefront of everything we do." This was evident in how included people were in the planning and delivery of their care. People were empowered by being able to select their key worker and new staff to the home. One person said, "I know what I want and staff have helped me to achieve so many of my goals." A relative said, "The staff are very understanding with my relative. Ensuring [Relative's] needs are met is as important to staff as it is to me. The most important thing is that [Relative] is very happy to live there and feels so involved in everything that happens."

The registered manager had been working at the home for a number of years and the majority of staff had been employed for over three years. There was a low turnover of staff which had enabled people to be consistently supported by staff who they knew and who knew them well. New staff had been selected by people and the registered manager and shared the interests and values of people.

Monthly checks and audits were carried out by the manager and senior managers within the provider organisation to monitor the quality of the service. A report was produced from the provider audit which identified actions required of the registered manager to improve elements of the service. The most recent provider's audit stated, "One person has been supported to put their Christmas decorations and lights up in their room today even though it is 11 November. This reflects on how person-centred this home is." Under their audit tool's heading of responsive the operations manager had identified, 'DoLS; waiting for new forms and applications to be returned. Verbal authorisation has been received that these are in place. Manager to ensure this is recorded in people's care records.' An action plan showed when the registered manager had carried this out and staff were aware of the verbal authorisation when supporting people in the community.

Other checks concerning health and safety, fire systems and water temperatures were carried out each week. Records were maintained of these checks, which were current and consistently completed. One person's care plan showed they were involved in the weekly test of the fire alarm system and was responsible for recording when this had been carried out. The records showed they had done this every week and identified the call points they used to set off the alarm. The registered manager also monitored care plans and records for their consistency and when reviews were required. Medicine audits were carried out each week with an overview every month. This looked at MAR sheets, stock checks of medicines held and use by dates for as required medicines and creams. Checks were made of cleaning schedules and task sheets and control of infection audits.

Accidents and incidents were recorded at the time they happened. We saw where an accident had been recorded and how this had been managed. The register manager explained they had used details of the accident in a staff meeting to identify how this could have been prevented and how they could ensure this did not happen again. Incidents were recorded on a form and identified actions to be considered to prevent or lessen the impact of further incidents.