

Voyage 1 Limited Ridgeway

Inspection report

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Date of inspection visit:
13 September 2016
30 September 2016

Date of publication:
21 October 2016

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

We inspected this service on 13 and 30 September 2016. This was an unannounced inspection.

Ridgeway Care Home is a large semi-detached property providing accommodation on three floors. It is located in a residential area opposite a large park and within walking distance of shops and accessible public transport links. Care and support is provided to adults with learning disabilities with limited verbal communication abilities and challenging behaviours. The home accommodates up to six people. At the time we visited there were five people living at the home.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection on 08 September 2015, we made several recommendations to the provider and registered manager. We asked them to seek and follow guidance on how to develop positive behaviour support planning for people in the home. To seek advice and guidance from a reputable source, about providing diverse, meaningful activities for people with learning disabilities in accordance with their individual needs and choices. Seek advice and guidance from a reputable source, about how to keep records well organised or adequately maintained in a consistent manner and about the user friendly and personalised communication Standards. The provider submitted an action plan to show how they planned to improve the service by December 2015.

Care plans identified clear guidelines for supporting people with behaviour that other people may find challenging. The guidelines included clear descriptions of the behaviour, descriptions of possible and probable causes and strategies for supporting each person to become less anxious and calmer. We found that these guidelines were consistent.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Our observation on the day showed that people had a variety of activities. Activities were diverse enough to meet people's needs and the home was responsive to people's activity needs.

Care files included communication passports, which provided clear descriptions of how people communicate.

People had access to nutritious food that met their needs. We observed that people freely made their cold and hot drinks when they wanted them. The provider had fitted a new accessible kitchen that promoted people's independence in the home.

The provider and registered manager had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the provider's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals. All staff received induction training at start of their employment.

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

People knew how to make a complaint and these were managed in accordance with the provider's policy.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had taken necessary steps to protect people from abuse.

Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Health Act 1983 (amended 2007), Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space when they wanted some time on their own.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were clearly set out in their care records. Staff knew how people wanted to be supported. Behavioural guidelines were consistent and clear.

People took part in activities which were of interest to them.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

The provider had a complaints procedure, which was followed in practice.

Is the service well-led?

Good ●

The service was well led.

Quality assurance processes were in place to monitor the home so people received a good quality service.

Records relating to people's care and the management of the home were well organised or adequately maintained.

Communication needs of people had been assessed with the support of external professionals. Easy to read information had been developed to help people understand their support and healthcare needs.

The registered manager had an open and approachable manner and demonstrated a good knowledge of the people who lived at the home.

Ridgeway

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 took place on 13 and 30 September 2016 and was unannounced. The inspection was carried out by one inspector.

This inspection was carried out to check if the provider had made improvements to the service since our inspection in September 2015. Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us about by law. We looked at safeguarding and whistleblowing information we had received. We also looked at notifications about important events that had taken place at the home, which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we attempted to speak with two people who have limited abilities to communicate, spoke with four support workers, one senior support worker and the registered manager. We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, risk assessments and daily care records. We looked at a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

Is the service safe?

Our findings

One person with limited communication skills commented and said, "I like it here" and another person nodded when we asked "Do you feel safe?" We observed that people were relaxed around the staff and in their own home.

Staff had a good understanding of the different types of abuse and how they would report it. They told us about the safeguarding training they had received and how they put it into practice. Staff were able to tell us what they would report and how they would do so. They were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended. There were notices displayed regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). This information was also in pictorial format to assist people. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had information about whistleblowing on a notice board for people who used the service, and staff. This was named, 'See Something, Say Something' to encourage them to speak out or show if they had any concerns about the service provided.

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that may challenge staff regarding service provision to people. As well as having a good understanding of people's behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. For example, one person who needed more support while travelling had plans in place such as 'one to one' support to help the staff keep them safe when travelling out in the community. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines. These were to support people with identified needs that could put them at risk, such as epilepsy seizures. People had individual care plans that also contained risk assessments which identified risk to people's health, well-being and safety. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The

records we looked at such as the rotas and training files confirmed this. The registered manager and three members of staff were on duty on the days of our inspection. The home had a 'sleep-in' staff overnight to meet people's needs at night.

Safe recruitment procedures were followed. Recruitment records contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them.

People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained to them. We observed two trained staff members administering people's medicines during the home's lunchtime medicine round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. There was a system of regular audit checks of medicine administration records and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. We checked two people's medicine records. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in 2016. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was reviewed in August 2016. Fire equipment was checked weekly and emergency lighting monthly.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Is the service effective?

Our findings

One person with limited communication skills commented and said, "Staff listens to me". We observed that people were relaxed around the staff and in their own home. We observed that people had the freedom to move around the home and spend time alone in their rooms as well as in communal areas. People seemed relaxed. We observed staff members responding to people's specific needs in a timely and responsive manner.

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with learning disabilities. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included equality and diversity, health and safety, fire safety, safeguarding and food hygiene. Staff told us they had training specific to the needs of people who lived in the home such as autism and epilepsy. As some people could display behaviours that could be challenging, staff had received training in Management of Actual or Potential Aggression (MAPA). MAPA training emphasis is always on minimising the risk of dangerous behaviour developing and on ensuring that people are treated with respect, and together with staff, that their safety is ensured. Following this training, the registered manager had developed individual behavioural support plans for each person who lived in the home. These plans included specific strategies that worked effectively for each person so there would no use of physical restraint.

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the registered manager. This would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people. Records confirmed that supervision and annual appraisals had taken place.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave examples of how they supported people who did not verbally communicate to make choices. Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the home were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. We observed people making their own breakfast independently in a newly refurbished person centred kitchen. People made cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. Weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well men clinics. People were regularly seen by their treating team. Records for one person who had epilepsy had appropriate protocols in place concerning the administration of emergency medicines if a person had a prolonged seizure. These had been developed with an epilepsy nurse who had provided suitable expert guidance. Staff had also received specific training about how to manage seizures and how to support people with epilepsy. This meant that people's health needs in relation to their epilepsy were being monitored and managed. Health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

Is the service caring?

Our findings

We observed that staff respected people's privacy. All bedrooms doors were closed. For example, when we arrived, we observed that staff were supporting people with personal care in the privacy of their rooms with doors shut. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff were kind, caring and patient in their approach. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people according to their mode of communication in a friendly, sociable manner and not just in relation to what they had to do for them. We saw that people were able to respond with one word and their body language most of the time, which showed they were comfortable with staff.

Staff knew the people they were supporting well. Some members of staff had worked in the home for about 15 years or longer. This provided for consistency. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. A member of staff said, "It is homely here and we have consistency of staffing."

People were involved in their day to day care. People's relatives or legal representatives were invited to participate each time a review of people's care was planned. Relatives told me they visit as often as possible and keep in touch in between times.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. Advocacy information was on the notice board for people in the service.

Is the service responsive?

Our findings

At our last inspection, on 08 September 2015, we found that support plans identified clear guidelines for supporting people with behaviour that other people may find challenging. However, these guidelines are inconsistent. Also, our observation on the day showed that people had limited choices of activities. Activities were not diverse enough to meet people's needs and the home was not always responsive to people's activity needs. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People were unable to verbally tell us about their experiences. Our observation showed that people were comfortable approaching staff with their needs. For example, one person's support plan stated 'likes to interact with his peers and staff at mealtimes if they are in the vicinity.' We observed this at breakfast when the person joked with staff and his peers in a comfortable manner.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed by the registered manager and staff and care plans had been updated as people's needs changed. Staff used daily notes to record and monitor how people were from day to day and the care people received. The support plans were designed to meet each person's needs after their initial assessment. Where other agencies needed to be involved, this had been done and recorded.

People's care records were individualised and provided the reader with information about the person, including their care needs, communication skills, risks that they were exposed to in their daily lives, likes and dislikes, medication needs and goals for the future. Staff were armed with the key information they needed to ensure the care they delivered, was both appropriate and safe. The home operated a keyworker system where individual staff members were allocated to different people living at the home. A keyworker is someone who co-ordinates all aspects of a person's care in the home. These staff members held the responsibility for ensuring that the person they were keyworker for, received the most appropriate care for their needs and that their care records were up to date. This showed that people had been listened to and staff acted on their views.

Records and staff knowledge demonstrated the registered manager had identified individual behaviour that challenges others and put actions in place to reduce the associated risks. Some people display behaviours that could impact on the wellbeing of others as well as their own health. The staff team worked closely with healthcare professionals to manage those behaviours to keep people and others safe. Records showed that where there were any incidents of concern, records of these were made in the accident and incident log and behavioural support plans were reviewed accordingly. We found that these behavioural support plans were consistent without contradictions.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's community learning disabilities team. Details of Speech and Language Therapist (SALT) referral and guidance were in place demonstrating the provider promoting

people's health and well-being. Information from health and social care professionals about each person was also included in their support plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

Activities took place daily. Staff consulted people and took their preferences and suggestions in consideration before planning the activities programme. There were group activities and one to one sessions for people who preferred or who remained in the home. Activities included bowling, exercise, music, dancing, going to clubs, seaside, horse riding and arts and craft. One to one sessions included puzzles and gardening. During our visit, three people went out to the seaside and two people stayed indoors according to their wish and as stated in their support plans. There was a weekly activities timetable displayed in people's care files and staff confirmed that activities were promoted regularly based on individual's wishes. We found that activities were now person-centred. People were able to express their wishes and choices through their interests. This example showed that activities were diverse enough to meet people's needs, and the home was always responsive to people's needs.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). The registered manager had not received any complaints since our last inspection. Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

Is the service well-led?

Our findings

At our last inspection, on 08 September 2015, we found that the registered manager had not quickly identified and responded to gaps, inconsistencies and contradictions in records which required addressing. We also found that care files did not include communication passports, which would have provided clear descriptions of how people communicate. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

We observed that the management team encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included 'passion for care'. 'We are intensely passionate about delivering personal outcomes for individuals. We place their safety, security and equality above all else.' Staff demonstrated these values by being passionate about the care we observed being delivered. Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team.

The registered manager at Ridgeway was supported by the operations manager, in order to support the home and the staff. For example, the operations manager supported the registered manager to have all action plan for CQC in place with achievement dates. The registered manager oversaw the day to day management of the home. The registered manager knew each person by name and people knew them and were comfortable talking with them.

The operational manager visited the home to carry out a service audit. The provider's action plan following the most recent quarterly quality audit in July – September 2016 had been signed off by the operations manager on 18 August 2016. As a result, the registered manager had completed these identified shortfalls. Previous action plans showed dates when the actions had been completed which showed that improvements were continually being made to the service.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews. We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the home. The registered manager had effective systems in place for monitoring the home, which were fully implemented. They completed quarterly audits of all aspects of the home, such as medicine, care plans, nutrition and health and safety, risk assessments for staff. They used these audits to review the home. Audits routinely identified areas for improvement and the registered manager produced action plans. These clearly detailed what needed to be done and when action had been taken.

There were systems in place to manage and report accidents and incidents. Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled

the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. All incidents were documented using the ABC (Antecedent, Behaviour and Consequences) form. It was reported to the operations manager who would go through the form and also report it to higher management if need be. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

The home had implemented and encouraged communication with people who use the service through the development of care files that included communication passports, which provided clear descriptions of how people communicate. For example, we found communication passport which were user friendly with pictures in people's files. Communication needs varied for people in the home, using one or several of communication aids such as pictures, objects and signing supported people with their understanding. By improving people's communication and therefore their understanding staff have found people's behavioural challenges had reduced. Further, easy to read information had been developed to help people understand their support and healthcare needs. Management now have adequate communication systems in place for people with learning disabilities who might have difficulties in communicating.

Communication within the home was facilitated through monthly team meetings. We looked at minutes of August 2016 meeting and saw that this provided a forum where areas such as risk assessments, safeguarding, staff handover, infection control and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

The provider, registered manager and staff worked well with other agencies and services to make sure people received their care in a joined up way. We found that the provider was a certificated gold member of the British Institute of Learning Disabilities (BILD). This organisation stands for people with learning disabilities to be valued equally, participate fully in their communities and be treated with dignity and respect. The registered manager told us that being a member of BILD has enabled them to be up to date in their skills and knowledge of how to support, promote and improve people's quality of life through raising standards of care and support in the home.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the home were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The registered manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met.

