

# Voyage 1 Limited

# The Granary

## Inspection report

Church Lane  
Brandesburton  
Driffield  
Humberside  
YO25 8QZ

Tel: 01964543332  
Website: [www.voyagecare.com](http://www.voyagecare.com)

Date of inspection visit:  
10 March 2016

Date of publication:  
26 April 2016

## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 March 2016 and was unannounced. We previously visited the service on 13 January 2014 and found that the registered provider met the regulations we assessed.

The service is registered to provide personal care and accommodation for up to 15 adults with a learning disability or autistic spectrum disorder, and on the day of the inspection there were 11 people living at the service. The home is located in Brandesburton, in the East Riding of Yorkshire.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). 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. The registered manager was on leave during this inspection, and a senior support worker was overseeing the service in their absence with support from an 'on call' registered manager from another of the registered provider's services.

During our inspection we identified one breach in regulation. This related to the cleanliness of some areas of the premises and equipment. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living at The Granary and we found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

People's medicines were administered safely by trained staff and the arrangements for ordering, storage and recording were robust.

Staff had been employed following robust recruitment and selection processes and received a range of training opportunities. Staff told us they were supported so they could deliver effective care; this included staff supervision and staff meetings.

We saw that there were sufficient numbers of staff on duty to meet people's individual needs, and to allow people to undertake their chosen activities.

People were supported to eat and drink enough and, where necessary, supported to access healthcare services. We saw that people were encouraged to make their own decisions and when they needed support to make decisions, these had been made in their best interests.

We observed that staff were kind, caring and attentive to people's needs and people's privacy and dignity were respected.

Care and support plans were reviewed regularly so that staff were aware of people's changing needs and we saw that there were systems in place to assess and record people's needs so that staff could provide personalised care and support.

There was a process in place to manage complaints that were received by the service. In addition to this, there were systems in place to seek feedback from people who lived at the service, relatives, staff and other professionals.

We saw that the registered provider had a quality assurance system for the service, which included audits, action plans and service reviews. The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns.

## 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** ●

Some aspects of the service were not safe.

We found some areas of the service were not clean and maintained to an acceptable standard.

People that used the service were protected from the risks of harm or abuse because there were safeguarding systems in place and staff received training and were aware of their responsibilities.

There were sufficient staff to safely care for people, staff were appropriately vetted to work with vulnerable people and had been recruited following the registered providers policies and procedures.

People were protected against the risks associated with the use and management of medicines, as there were robust policies and procedures in place that were followed by staff.

### Is the service effective?

**Good** ●

The service was effective.

We found the provider understood how to meet the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported by trained and competent staff that received induction to their roles, were supervised regularly and took part in an appraisal scheme.

People told us they were happy with the meals provided by the service.

### Is the service caring?

**Good** ●

The service was caring.

Staff were observed being professional, attentive, and unrushed when providing care and support and we saw people's privacy and dignity was respected by staff.

People's individual care and support needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

People who lived at the service told us that staff were caring and we observed positive relationships between people who lived at the service and staff.

**Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences and this enabled them to provide a personalised service.

Visitors were made welcome at the service and people were encouraged to take part in suitable activities.

There was a complaints procedure in place and people told us they would be happy to speak to the registered manager if they had any concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a manager in post who was registered with the Care Quality Commission. People felt the service was well run.

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

There were sufficient opportunities for people who lived at the service and staff to express their views about the quality of the service provided.

Staff were supported by the registered manager. There were clear lines of communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

# The Granary

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 10 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from East Riding of Yorkshire Council's (ERYC) contracts and safeguarding teams about the service; they did not have any concerns about The Granary at the time of our visit. The registered provider submitted a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the service.

On the day of the inspection we spoke with four people who lived at the service and spent time observing their care and interaction with other people who lived at the service and staff. We also spoke with two members of staff and one visiting contractor.

We looked around communal areas, bathrooms and bedrooms in the service. We also spent time looking at records, which included the care and medicine records for two people who lived at the service, the recruitment records for three members of staff and other records relating to the management of the service, including staff training, quality assurance and health and safety.

# Is the service safe?

## Our findings

We asked people if they felt safe living at The Granary. All of the responses we received were positive and comments included, "Yes, I am safe" and, "Yes, I am happy. I like the staff." We asked staff how they kept people safe and one person told us, "It's a balance between independence and safety. As well as following the risk assessment you are always using your eyes and ears."

The provider information return (PIR) we received told us, 'There are specific risk assessments within the person we support guidelines and in their individual emotional and behavioural support guidelines which have been written by the Voyage behaviour therapist which are reviewed'. We saw that care plans included the risks associated with each person's care and support needs. People had risk assessments in place about medication, physical health and 'getting upset'. Risk assessments recorded the identified risk and guidelines to manage the risk safely and were reviewed on a regular basis to ensure they remained relevant to the person concerned. This showed that any identified risks had been considered and that measures had been put in place to manage these.

When people displayed behaviours that could put themselves or others at risk, plans had been developed to advise staff how to manage the person's behaviour to minimise any risk. We saw people had 'emotional and behavioural support guidelines' in place that were reviewed every six months. We saw that people's 'Monthly recording workbooks' recorded if any behavioural reports had been completed. This showed that triggers had been considered and that measures had been put in place to try to manage these. The senior support worker told us that all staff (with the exception of one who was booked on a course) had completed training on 'Non crisis intervention' (NCI) or 'Management of actual or potential aggression' (MAPA). We were able to verify this in the training records we looked at.

We were told that the service was undergoing a process of refurbishment and the senior support worker was able to show us a full construction plan for the communal areas of the service. We saw health and safety policies, risk assessments and insurance certificates were in place for the work taking place. We looked around the service and we saw that refurbishment work was on-going in the dining room, one upstairs hallway and the laundry area.

The registered provider had an infection control (IC) policy and procedure in place and a comprehensive cleaning schedule for all areas of the service which included a daily cleaning schedule with tasks such as checking shower curtains, pedal bins and cleaning baths and toilets. We saw an equipment checklist which recorded the cleanliness of equipment such as commodes, hoists/scales, wash bowls, showers, baths and sinks; we noted this had not been completed in January 2016.

There was a weekly 'IC walk around log' which included checks on all skirting boards, curtain poles, light fittings, hand wash basins, taps and air vents. We checked the completion of these records from 8 January 2016 through to 21 February 2016 and saw staff had recorded that a refurbishment was being undertaken in certain areas which had created some dust. We saw that all the logs had been signed to record that all the areas were checked and clean.

There was a laundry system in place with separate containers used for dirty and clean linen. The senior support worker told us laundry was put away as soon as it was dried. This helped to reduce the risk of cross infection. The lounge in the main building was clean, free from any odour and provided comfortable seating for people to relax, watch television or take part in activities.

We saw that staff had adequate access to personal protective equipment (PPE) in the service. However, we noted in one bathroom in the main building that plastic gloves were stored loosely in a plastic box which had a large crack in the bottom; upon further inspection of the contents we saw the plastic gloves had mould on them. We also saw a dirty toilet brush and that the radiator was rusting along the top. We discussed this with senior support worker who removed the plastic box and its contents and replaced the toilet brush with a new one during this inspection.

We looked at the bathrooms, toilets and peoples bedrooms in the service and noted that all of the toilets had facilities to enable people to effectively wash and dry their hands. We saw that hand wash basin and bath plugs were either missing or not attached in seven of the rooms. In one of the upstairs bathrooms there was a strong malodour of urine and the floor around the toilet was badly stained. The toilet seat and the base of the toilet were not clean and the toilet pipe had thick black rust on it. We saw the shower tray and the frame of the shower were stained and the back of the hand wash basin was dusty.

In another bathroom we saw there was no plug on the bath or the hand wash basin. This meant that people using the service would not be able to use this bathroom for their personal hygiene needs. We saw the skirting boards were dirty, the pedal bin was not clean and the end bath panel was loose. . Additionally, we found that the flooring was split behind the toilet which meant that any spillages would be able to leak under the flooring. All of these issues would prevent the area from being effectively cleaned, increasing the risk of infection.

We saw stained/marked bed linen in two of the bedrooms. The senior support worker removed the bed linen and re-made the beds with clean linen during this inspection. In another bedroom we saw significant amounts of dust and dirt behind the bed and bedroom furniture. This indicated that the cleaning of these surfaces was not carried out effectively.

In the dining room the flooring was not intact and had pieces missing, one of the dining chairs had a small split in the seating material and the three dining tables were scratched and marked. We saw a large dresser in the dining room with a door missing from it. We saw pictures had been removed in the main building and were stored on the floor of one of the stairways; this presented a trip hazard. We discussed this with the senior support worker who immediately removed these.

This was a breach of Regulation 15 (1) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which states that the premises and equipment must be clean and properly maintained.

Training records evidenced that staff had completed training on safeguarding adults from abuse. The staff who we spoke with told us that they would report any incidents or concerns to the registered manager. One person told us, "There is a folder in the office with all the information we need. I have a card in my wallet with details of the safeguarding team on and I would always report to my manager."

The PIR we received told us the registered provider had a 'Whistleblowing policy in place for staff to report any abuse and harassment and bullying and any breaches of human rights'. We were able to view this policy and the registered providers safeguarding policy and saw they included details about relevant legislation and guidance on best practice. The information we already held about the service told us there had been 11



safeguarding adult's incidents in the last 12 months. We saw safeguarding concerns and actions taken were recorded on a monitoring log, which included details about the name of the person involved, an outline of the issue and details of any action taken. The safeguarding log also included the East Riding of Yorkshire Council (ERYC) Safeguarding Adult's Team risk tool for determining if a safeguarding referral needed to be made to them. This meant people were protected from the risk of abuse.

The registered provider had a system for recording and responding to accidents and incidents, in order to keep staff and people using the service safe. The PIR we received told us, 'Voyage has in place a weekly service report in which shift leaders log all accident and incidents'. We saw that accidents/incidents were inputted on-line into the registered provider's weekly service report and audited and evaluated each month. Any accidents that had occurred were recorded and we saw they included the date of the accident, details of the person concerned, the type of accident or incident, where the accident had occurred and any action needed. This showed us accidents and incidents were appropriately managed.

We looked at the service certificates to check whether the premises were being maintained in a safe condition. There were current maintenance certificates in place for gas safety, the electrical installation and portable appliances. There was a fire risk assessment in place, a pictorial fire roll call which included photographs and room numbers for each person living at the service, a fire safety record that was completed each day to indicate people's whereabouts in the building and if any contractors were on site. Fire drills were carried out weekly; the most recent fire drill was held in February 2016. In addition to this, checks were carried out on the fire alarm system, emergency lighting and fire extinguishers. We saw the emergency fire and evacuation plan had been reviewed in January 2016 and each person living at the service had a personal emergency evacuation plan (PEEP) in place that recorded any assistance they would need to leave the premises in the event of an emergency. This showed that the fire safety arrangements in place at the service were robust.

We checked the recruitment records for three members of staff and these records evidenced that an application form had been completed, references had been obtained and checks had been made with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We saw that prospective employees provided documents confirming their personal identity and received a copy of their job description upon employment; this ensured they were clear about what was expected of them.

The senior support worker told us there was 11 people using the service at the time of the inspection, with one senior staff and four support staff on duty during the day and two 'waking' support workers on duty during the night. Staff were required to log in with their fingerprints when coming on duty and this electronic clocking-in system was linked to an electronic rota which we saw during the inspection.

We looked at the duty rotas for the week of this inspection and the previous four weeks; we saw that staffing levels were flexible so the needs of people who lived at the service could be met. For example, we saw there was one day when six staff were on duty in order to support people to go out. The rotas showed us there was sufficient staff on duty during the day and at night. The staff team consisted of the registered manager, senior support workers and support workers. One staff member told us, "Sometimes there isn't enough staff when there are only four on duty but that doesn't happen regularly and no-one is at risk because of it." A visiting contractor told us, "Yes there is enough staff; the level of care I have seen is so good. If my mum had been in this home I would have been happy."

There were systems in place to manage medicines safely and only staff trained to give people their medicines carried out this task. The registered provider's policy contained clear information on safe ways of managing medicines in line with best practice guidance.

Additional medicine procedures were available for staff to follow that recorded specific instructions, such as protocols for people that required 'as and when' (PRN) medication; these were held with medication administration records (MARs) and recorded the decision making for the administration of any PRN medication. Criteria on what to look for were recorded such as high temperatures, changes in behaviour and flushed skin. We saw these protocols were reviewed monthly by the registered manager.

We spoke with a senior support worker who explained the services medication procedures to us. We saw that people's medication was kept in a lockable cupboard in the main office along with the MARs. We saw that the temperature of the area where medication was stored was monitored and we noted that temperatures were recorded consistently and that they were within recommended parameters.

Medication was ordered via an online system with the pharmacy and each individual had a medication order form which recorded each medicine that had been ordered, and the date it was ordered, received and checked into the service. This meant there was an audit trail to ensure that medication prescribed by the person's GP was the same as the medication provided by the pharmacy.

Medicine was supplied by the pharmacy in blister packs; this is a monitored dosage system where tablets are stored in separate pods for administration at a set time of day. Blister packs were colour coded to identify the time of day the tablets needed to be administered; this reduced the risk of errors occurring.

We observed the administration of medicines and saw that this was carried out safely; the staff member did not sign MARs until they had seen people take their medicine, and people were provided with a drink so that they could swallow their tablets or medicines.

We checked a sample of MARs and saw that they included a photograph of the person concerned to aid recognition. We saw that two staff had signed hand written records to show they had been double-checked and that there were no gaps in recording. We saw that medicine systems were audited both weekly by the support staff and monthly by the registered manager.

Any medication that was returned to the pharmacy was recorded on an individual returned medicine record which recorded the person's name, date, medication strength and amount to be returned. The service staff returned the medication to the pharmacy who signed to confirm they had received. This meant the arrangements in place for returning unused medication to the pharmacy were satisfactory.

# Is the service effective?

## Our findings

Staff told us they were happy with the training and induction provided for them. One staff member told us their induction was "Pretty good." A person who used the service told us they thought the staff "Know what they're doing" and a visiting contractor told us "Sometimes people don't realise you're there when you're working and I have seen nothing but terrific care and without a doubt the care staff are skilled."

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. We saw the details of the registered provider's induction programme, which included information about the workplace, conditions of employment, health and safety, security, fire, conduct and completion of the 'Care certificate' that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource and the 'Care certificate' is an identified set of standards that health and social care workers are expected to adhere to in their daily working life. Staff also completed a walk around the premises and introductions as part of the initial induction.

Staff completed a 24 week probationary period upon commencement of their employment which we saw included probationary reviews at week one, eight, 16 and 24. A probationary period is the initial period of employment during which the supervisor carefully considers whether the employee is able to meet the standards and expectations of the job.

The provider information return (PIR) we received told us, 'All staff undertake regular training and have regular supervisions and annual appraisals.' We saw the registered manager held a training record that listed all training completed by staff so that their need for refresher training could be easily monitored. We were given access to this training plan at the inspection.

Each member of staff was listed on the plan which recorded when they had completed training on topics such as safeguarding, manual handling, infection control, medication, fire safety, first aid and food safety. We saw evidence of staff training in their recruitment and training files and this showed that staff were appropriately skilled and qualified to support people with learning disabilities which included Autism awareness training.

Records showed staff participated in additional training to guide them when supporting the physical and mental health needs of people who used the service. This training included topics such as falls awareness, nutrition, allergens, dysphagia, percutaneous endoscopic gastrostomy (PEG) feeding, Deprivation of Liberty Safeguards (DoLS), Mental Capacity Act 2005 (MCA) and equality and diversity. These measures ensured that people were supported by qualified, trained and competent staff so their needs were effectively met.

The provider told us in the PIR, 'Regular supervisions and appraisals are undertaken with all staff to review and discuss their work practices.' Staff told us, "[Name of registered manager] does listen to me and I listen to her. I have supervision about every three months and I find this really useful as I sometimes need help with peoples support plans" and, "I get good praise in supervision." This helped to ensure staff were kept up

to date about the service and their professional development.

We saw that 'shift planner' sheets were used on each shift to record the staff on duty, senior support worker responsibilities, appointments, activities and tasks that required completion. During the inspection we observed two incidents involving one person using the service; we observed the staff verbal 'handover' where these incidents were fully discussed (including the actions taken), along with discussion around each individual and how they had been during the shift.

The PIR told us, 'People we support are encouraged and guided by staff to make choices based on their day to day support needs.' Staff obtained consent from people by asking and waiting for an answer before providing any support required. During this inspection we observed people making choices about what to do for the day, what they wanted to eat and drink and if they wanted to take their medicines.

We saw that care plans had a section called 'Decision making profile' which evidenced a person's capacity had been assessed and their ability to make decisions considered. The profile clearly recorded how the person made decisions, ways to help the person understand and the 'good' and 'bad' times to make decisions for the person. One staff member told us, "I will ask [Name of person using the service] if he wants to have a shower or a shave. He will shake his head and say no if he doesn't want to and this is always respected."

The care plans we reviewed had been discussed with and consented to by the person involved. We saw the person had signed to say their support guidance, reviews, health action plans and 'one page profiles' had been discussed with them. A 'one page profile' is a short introduction to a person, which captures key information to give family, friends or staff an understanding of the person and how best to support them. One person's care plan recorded that a discussion had taken place and they were happy with the care they received and understood why the support was in place for them. The person had indicated they would like discussions about their reviews, health action plans and workbooks. This showed that people were involved in the care and support they received.

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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The PIR told us, 'Following deprivation of liberties put in place for some people we now have an IMCA advocate.' An IMCA is an Independent Mental Capacity Advocate. IMCA is a new type of statutory advocacy introduced by the MCA. The MCA gives some people who lack capacity a right to receive support from an IMCA. We were informed by the senior support worker that five people were restricted using a DoLS and we were able to verify this in the records we saw. Mental capacity assessments and best interest meetings were held for people whenever they were required. The service was following the principles of the MCA legislation, which meant that people's rights were upheld.

The senior support worker told us that no one using the service required support to eat and drink. We observed nine people during the lunchtime meal and saw that this was the case. People were offered a variety of choices which included sandwiches with various fillings, cake, soup, crisps, hot dogs and fruit. One

person told us they had made their own lunch and another person told us, "The food is ever so good. In a morning I will have a bit of porridge and a slice of toast." We observed people snacking during the inspection and staff asking people if they would like food and drinks.

People told us that they could see their GP when they needed to. One person told us, "I used to see [Name of GP] and sometimes he would come to see me here. When I want the doctor the staff will get them for me and I'm going to the ear/nose/throat clinic on Tuesday." We saw that any contact with care professionals was recorded in the persons 'Health file'; this included the reason for the contact and the outcome. People's records included visits to dentist, GP, opticians and nurse. We saw that people also had appointments with chiropodists and a hairdresser.

We saw that people could move around the service unaided. People were physically able and independent with their mobility and therefore required no specialist adaptations or equipment. Communal space was appropriately furnished and the people's bedrooms we saw were personalised according to the individual's tastes.

## Is the service caring?

### Our findings

People who we spoke with said they felt staff cared about them; one person told us, "I am very happy and well looked after." This was confirmed by the staff who we spoke with. They told us, "I have worked here 8 years and have been around a few homes and this is a lovely home, everyone is well cared for" and, "Yes staff care."

The provider information return (PIR) we received told us 'All staff are trained in dignity and respect and this is a core value of the service we provide, this is monitored by staff supervisions and observing staff practice to ensure it happens e.g. offering choices, knocking on doors, speaking in a respectful way.' One staff member explained to us how they respected people's privacy and dignity. Their comments included, "We knock on people's doors" and, "When helping people with their personal care in bathrooms or bedrooms we make sure the curtains or blinds are shut." We saw that people's bedrooms had enough space to enable them to see visitors and health care professionals in private.

We saw that care plans recorded whether people wished to be assisted with personal care by a male or female carer; this information enhanced a person's dignity and ensured that their individual wishes for care could be promoted.

People's care plans recorded information about the tasks they could do themselves under headings which included, 'Getting up for the day' and, 'What I did this morning'. Entries we saw included, for example, "Choose my own clothes", "Made breakfast of porridge and fruit toast", "Made [Name of another person using the service] and myself a cup of coffee" and, "Tidied up the kitchen and conservatory and looked after my dog."

The service aimed to promote people's independence. 'Monthly recording workbooks' recorded information about what people were able to do for themselves, for example, 'make tea and coffee' 'going out shopping' and, 'choosing a new blanket,' as well as details of tasks they may require support with. This showed us that the service had considered people's individual needs and the importance of supporting people to maintain their independence by providing care and support only when necessary.

It was evident from our discussions that staff knew people well, including their personal history and any likes and dislikes. One staff member told us, "I help [Name of person using the service] plan outings they want to do. They like recycling and going to the Green project. I also help them with road safety when they go out to keep them safe."

There were good interactions between the staff and people using the service, with friendly and supportive care practices being used to assist people in their daily lives. We saw people ask for meals, drinks and support with activities. For example, one person asked if they could go to the local post office to post a card and this was responded to promptly. We found that staff knew how to approach people in a variety of ways to ensure that they received the support they required in a prompt and timely manner.

We observed staff calmly and empathetically supporting one person to have some quiet time in their room during a period of anxiety. One staff member told us, "[Name of person using the service] lifts up their leg and this means they want to go out for a walk." We observed the person doing this and the staff supporting them to go out. Peoples care plans included a section called 'Communication' which recorded the person's preferred methods of communicating, for example, "Can communicate verbally", "Likes to talk to staff" and, "Can become tearful". We saw there was clear information to inform staff on what this may mean for the person. This showed us staff understood peoples preferred methods of communication.

We saw that the people who lived at the service were clean, appropriately dressed, had tidy hair and were wearing appropriate footwear. One person's one page profile recorded 'It is important to me to be clean and tidy'. We spoke with this person during this inspection and observed they were dressed very smartly.

## Is the service responsive?

### Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs; this enabled staff to provide personalised care to each individual. People using the service told us, "I can go to bed and get up when I want. Every day they come and ask us what we want and I will fill my own work book in" and, "I go out regularly with my keyworker, she's the best, and I choose all my own clothes." This showed us that people's choices and decisions were respected.

It was clear that staff knew people's personalities, wishes and care needs. Staff told us they got to know people by talking with them. One staff member told us, "People just want time to express their feelings and we give them time to do that and listen."

The provider information return (PIR) we received told us, 'All people we support have person centred guidelines which details what is important to and important for the individual. Each person we support has activity plans, access to the community for presence and inclusion. Each person we support has an annual review and person centred reviews are held where family, support workers and other significant people to the person we support are invited and involved.' We found the care plans we reviewed to be well organised, easy to follow and person centred. They described in detail a person's needs and how the service planned to meet these needs whilst also promoting their independence.

We saw that people's initial needs were assessed and support plans put in place detailing how those needs would be met. 'Support guidelines' included what was important to and for the person such as medicines, finances, meals, family contact, personal hygiene and friends. We saw that care plans were reviewed by the service on a regular basis to ensure that the information remained reflective of the person's current level of need and that service reviews took place annually.

People using the service had a 'Health file' and the ones we reviewed contained a 'Health book' which gave staff clear guidance on what they needed to know about the person in relation to any health issues/diagnoses, medicines, consent, health professional contacts and any health appointments attended. This meant people who used the service were supported to access appropriate health care professionals and received effective treatment and support for their medical conditions when needed.

People using the service were supported to access their wider community and pursue their own hobbies and interests. The senior support worker told us the service had access to two vehicles to support people with activity. They told us five people attended the 'Green Project' twice each week. The Green Project is a working farm and people were supported by staff at the project to do planting, grow vegetables and build houses for chickens. People using the service told us, "Do you know they will take us anywhere. Every Tuesday I go to a craft lesson in the village. I enjoy that. [Name of senior support worker] is a good lad; he puts Mrs Brown's boys on for me. I love that", "I like doing arts and crafts" and, "I like diggers and I went to Digger Land." We were able to see photographs on a computer of the person's recent trip to Digger Land.



The senior support worker told us there was an 'Activity planner' for each week and we saw that planner included daily activities such as baking, attending the Green Project, shopping, walking, going to the local pub, board games, reading skills, recycling, arts and crafts and going to the church. The service held an 'Activities file' which contained all weekly activity planners and we saw the activities people participated in were recorded in their 'Monthly recording workbooks.'

We saw the service had a large dedicated room for people to spend time doing activities. The area had an abundance of arts and craft items, books and games for people to use. However, at the time of this inspection the room was being used for storage due to the refurbishment that was taking place at the service.

During the inspection we observed people making clear choices about what they wanted to do during the day and spending time going to the local shops, going for walks, drawing and watching TV.

The PIR we received told us, 'The service has a complaints procedure to ensure any concerns or complaints are dealt with in a timely and transparent way.' We saw the registered provider had a complaints policy in place and we saw that the complaints procedure was displayed on the service notice board alongside 'See something, say something' information. This included the details of various local authorities that people could contact if they were concerned about anything at the service. We saw from the records we held that there had been one formal complaint made to or about the service in the last 12 months and that this had been responded to appropriately. One member of staff told us, "Staff sometimes discuss any problems with each other and the manager would listen and respond to any complaints. If not, there is the Operational manager who we could go to." In one person's care plan it had been recorded that the person had said they would feel comfortable in speaking to someone at the service if they were concerned about anything.

There were other opportunities for people working and living at the service and their families or friends to raise concerns or provide feedback to the registered manager. These included residents meetings, keyworker meetings, staff meetings, supervisions and quality assurance surveys. The noticeboard in the service also contained upcoming activities, news about The Granary, contacts for Age UK, Alzheimer's Society, Action on elder abuse, 'Easy read' versions of the last Care Quality Commission (CQC) report, and information on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 'Easy read' refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities, and may also be beneficial for people with other conditions affecting how they process information. These steps ensured that people could have their say about the service and were kept up to date with any events or significant changes.

## Is the service well-led?

### Our findings

We sent the registered provider a 'provider information return' (PIR) that required completion and return to CQC before the inspection. This was completed and returned within the given timescales. The information within the PIR told us about changes in the service and any improvements being made.

The registered provider is required to have a registered manager as a condition of their registration. There was a manager in post at the time of this inspection who was registered with the Care Quality Commission (CQC). This meant the registered provider was meeting the conditions of their registration. At the time of this inspection the registered manager was on leave and a senior support worker was overseeing the service in their absence with support from an 'on call' registered manager from another of the registered provider's services.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we were able to check that appropriate action had been taken.

We asked for a variety of records and documents during our inspection. We found that these were well kept, easily accessible and stored securely.

During this inspection we saw that there were clear lines of communication between the senior support worker and staff. The senior support worker knew about the specific needs of people living at The Granary as they had worked at the service for many years. We asked staff if they felt able to discuss things with the registered manager and we received positive responses. One member of staff said, "[Name of registered manager] gives you very good support, has a good balance and is very approachable."

Meetings were held regularly with staff so they could focus on specific issues. We saw the last staff meeting in February 2016 included discussions around any issues from the previous meeting, annual service reviews, training, health and safety, dignity champion, safeguarding and the on-going renovations to the service. One staff member told us, "We have staff meetings every month. They are very good." We were given access to the minutes of the meetings held for people using the service. We saw these were recorded in a pictorial format and contained updates from the previous meetings, the refurbishment and ideas for activities and holidays. We saw people had talked about karaoke, games, going on a steam train and picnics. This showed us that the registered manager was using meetings to discuss information with care staff and people using the service and to support improvements within the service.

Satisfaction surveys had been completed in August 2015 and we saw these had been sent to people using the service, relatives/friends, staff and other professionals; people using the service had received their survey in an 'easy read' format. The results had been analysed and we saw responses were positive. Comments included, "I go to the Green Project and shopping", "People are nice and friendly", "[Name of registered manager] is a lovely manager", "Staff at The Granary support clients with difficult behaviours" and, "The registered manager appears to be working well with the client group and staff address issues promptly."

Quality audits were undertaken by the registered manager and senior support workers to check that the systems in place at the service were being followed by staff. We saw audits were completed daily, weekly, monthly, quarterly and annually on areas such as medicines, infection control, care planning and health and safety. An overall internal quality audit was completed by the organisation with clear records of any concerns, action plans and actions taken. This meant any patterns or areas requiring improvement could be identified. The service had scored 84.8% in the overall quality audit.

We asked staff and people using the service to describe the culture of the service; comments included, "The place has a warm feeling to it", "Oh [Name of registered manager] is really lovely. I like [Name of registered manager] and I am happy" and, "Yes, I like the staff." A visiting contractor told us, "This place is fantastic and they have made us so welcome."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 15 HSCA RA Regulations 2014<br/>Premises and equipment</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and cleaning in some areas of the service. Regulation 15 (1) (a) (e)</p> |