

Voyage 1 Limited

Burwell

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Burwell is registered to provide accommodation and care, without nursing, for up to eight adults who have a learning disability. The service consists of two bungalows, each of which is home to four people, and is located in a residential area on the outskirts of the village of Burwell. Each bungalow has four single bedrooms, shared bathrooms, lounge, dining room and kitchen.

The inspection visits to the service took place on 19 October and 2 November 2017. There were seven people living there when we visited. On 23 November 2017 we spoke with some people's relatives.

This service has been operating for a number of years, but this was the first inspection since Voyage 1 Limited took over as the provider in November 2016.

This service requires a registered manager as a condition of its registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a registered manager in place but they were on leave at the time of our visits. The service was being managed by a peripatetic manager.

In July 2017 a number of concerns had been raised with the Care Quality Commission (CQC). These related mainly to staffing; staff turnover; the use of agency staff; and the ways in which some people were being supported. During the inspection we found that some of the concerns were substantiated. However, we also found that some improvements had been made and the provider was in the process of making further improvements.

We received mixed views from people's relatives about the quality of the service being provided to their family members. One person's relative in particular was very dissatisfied with the service. This dissatisfaction had started before the current provider took over the service but the current provider had not done anything to respond to their concerns. Following the inspection we shared this relative's concerns with the provider who took appropriate action to address any current shortfalls and to re-build relationships with this family.

We found that, although the numbers of permanent staff employed had improved in recent months, there

were still not enough staff deployed to ensure that people were kept safe and that their needs were fully met.

People who lived at Burwell were not always able to communicate using words. People showed through their body language and facial expressions that they were comfortable with the staff.

Potential risks to people were assessed and minimised and staff understood their responsibility to protect people from avoidable harm and abuse. Staff were recruited in a way that ensured that only staff who were suitable to work at this service were employed. Medicines were managed safely so that people received their medicines as they had been prescribed.

Staff received training and support to do their jobs well. People were supported to have maximum choice and control of their lives and staff cared for them in the least restrictive way possible. Staff obtained consent from people when they offered care. People's nutritional needs were met and people were supported to have enough to eat and drink. A range of external professionals visited the service to support people to maintain good health.

Staff showed they cared about the people who lived at Burwell and they treated people with kindness and compassion. Staff had good relationships with people, treated people with respect and supported them to maintain their privacy, dignity and independence. Visitors were welcomed and advocacy services were offered to people who needed the support of someone who was independent of the service to act on their behalf.

Care and support plans were in place but the support offered to each person was not always as personalised as it should have been. The range of activities offered to people, both in-house and externally, was improving but was not yet sufficient to keep people meaningfully occupied. Complaints were not always addressed.

Although there had been some improvements to the overall quality of the service, there were still further improvements to be made, especially with regard to staffing levels and activities. The quality of the care was monitored by a range of audits that were carried out regularly and people, their relatives and other stakeholders were given some opportunities to put forward their views about developing the service. Links with the local community needed strengthening.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were not always enough staff deployed to keep people safe and meet their needs.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff recruitment procedures ensured that only staff suitable to work at this service were employed.

Risks were assessed and minimised. Medicines were managed safely and people were given their medicines as they had been prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported well so that they had the skills and knowledge to deliver effective care and support to the people who lived at the home.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make important decisions for themselves.

People's nutritional needs were met and staff involved external healthcare professionals to ensure that each person was supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who knew each person well.

Staff showed they cared about the people they were supporting and they used a range of methods to communicate with each individual.

Staff respected people's privacy and dignity and supported people to be as independent as possible.

Is the service responsive?

The service was not always responsive.

Care and support plans were in place for each person however the support delivered was not always personalised to meet individual needs.

Some activities, outings and events were arranged but further development was needed to make sure people were kept meaningfully occupied. People were given opportunities to take up college courses and work placements.

Complaints and concerns were not always responded to well.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were not enough opportunities yet in place for people, their relatives and other stakeholders to put forward their ideas for developing the service.

There was a registered manager in place who showed good leadership and who was supportive of people and the staff.

A quality monitoring system was in place to check that a good quality service was provided.

Requires Improvement ●

Burwell

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, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and included an unannounced visit to the service on 19 October 2017, an announced visit on 2 November 2017 and telephone discussions with people's relatives on 23 November 2017.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

In August 2017 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. We used this information to assist with planning the inspection.

Only one person who lived at Burwell was able to communicate using words, but they did not want to speak with us, other than a couple of sentences. During both inspection visits we observed how staff and people interacted and communicated with each other. We spoke with two support workers, two senior support workers and the peripatetic manager. We also spoke with two operations managers: one who was leaving and the one taking their place. We spoke with four people's relatives over the telephone. We looked at two people's care records as well as other records relating to the management of the service. These included records relating to the management of medicines, accident and incident records, staff personnel files and fire safety checks. We requested written feedback from health and social care professionals who had had regular contact with the service. Three external professionals replied and their comments have been included in the report.



Our findings

Earlier in 2017, prior to this inspection, CQC had received some concerns that there were not enough staff to provide people who lived at Burwell with the care and support they needed. We were told that a number of permanent staff had left and there was very high use of agency staff. During this inspection we found that there were not enough staff deployed to meet people's needs. One person's relative said, "It just seems they've never got enough staff. They use a lot of agency staff and there's a high turnover of staff." One operations manager agreed that there had been a period when staffing had been an issue. The service had used agency staff but they had always tried to use the same agency staff who knew the people who lived at Burwell. They said that the provider had carried out a very successful recruitment drive, which meant that almost all vacancies had now been filled. Another person's relative said, "It is much better now, with less use of [agency] staff."

However, the peripatetic and operations managers agreed that the service still had some way to go until all staffing issues were fully resolved with a stable, permanent, experienced staff team in place. We found that there were not enough staff in one of the bungalows to make sure that people were safe and their needs fully met. Two of the external professionals who wrote to us told us that, in their view, there were not enough staff who knew the people who lived at the service well enough. One wrote, "I feel improvements could be made to the ratio of permanent staff" and the other wrote, "It feels as if there are insufficient staff to give clients full attention... they could do with more regular staff members to be on shift, and more of them." This external professional quoted incidents that had occurred because of insufficient numbers of staff, and the same incident occurred whilst we were at the service. Staff told us there were not always enough staff. One member of staff said that at times there were only two staff for three people who had quite challenging needs. This meant that a lot of in-house activities had to be put in place because there were not enough staff to take people out.

Although people could not speak with us using words, we saw, through their body language and facial expressions that people felt comfortable with the staff. Relatives were satisfied that their family members were safe. One relative told us, "[Name] is safe. I would know straight away if something was wrong." Another relative said, "I don't think [name's] in any danger."

The provider had systems in place to protect people from avoidable harm and abuse. Staff had undertaken safeguarding training and were able to tell us what they would do if they had any concerns. They demonstrated that they were competent and confident to recognise and report their concerns, including reporting to external agencies such as the local authority and CQC. One member of staff told us they had

never had to report any issues since they had worked at Burwell. A 'safeguarding board' in the office displayed items related to safeguarding, including an 'understanding safeguarding' poster which gave telephone numbers to ring to contact the local safeguarding team.

Potential risks to each person were assessed and guidance put in place for staff to minimise any identified risks. This guidance was integrated into the relevant care plan. In the PIR the provider stated that this was "to more readily identify risks and take further actions where required." We noted that the guidance for staff enabled people to take risks, which meant that they were supported to remain as independent as possible. Risks were assessed using a traffic-light system, which showed that even if the initial risk was high (red), if the guidance was followed by staff the risk was reduced to medium (amber) or low (green). For example, for one person a medical condition meant they were at risk in the bath. When the guidance was followed there was little or no risk.

Personal emergency evacuation plans were available in case they were needed, for example in the event of a fire. They gave the emergency services and the staff full details about each person's needs in an emergency. They were kept in a 'grab bag' that was readily available in each bungalow. There was an emergency contingency plan in place for the whole service, which was also kept in the 'grab bags'.

There were processes to ensure people were safe in the event of fire. The fire safety officer had carried out a fire safety audit of the premises in October 2017 and found that "the outcome was considered to be satisfactory." All required fire safety checks were carried out at the required intervals and we noted that a full evacuation of the bungalows, involving people and staff had recently been carried out successfully. All staff had completed a quiz devised by the Cambridge fire service and had been involved in a fire drill in the last six months. These actions meant that people, visitors and staff were protected as far as possible from the risk of fire.

Staff described the procedure that had been followed when they were recruited. They had not been allowed to start work until all pre-employment checks had been satisfactorily received. These included references from previous employers, identity checks and a criminal records check. This meant that only staff suitable to work at this service had been employed.

The provider had systems in place to make sure that people received their medicines safely and as they had been prescribed. Medicines were stored securely and at the correct temperatures, unused medicines were disposed of correctly and staff had signed the records to show that they had given people their medicines. We counted some medicines that were in their original packets and found that the numbers of tablets remaining tallied with the records. A medication folder was in place for each person, which gave good details about all aspects of that person's medicines. Protocols were in place for medicines prescribed to be taken 'when required' (PRN). We noted on the first day we visited that some of the information was incorrect and some details were missing. By our second visit the peripatetic manager had reviewed everyone's PRN protocols and full information was in place. This meant that we were satisfied that people received their medicines safely and as they had been prescribed.



Our findings

Relatives and external professionals felt that the permanent staff were knowledgeable about their role and provided effective care. One relative told us, "[Staff] seem to know what they are doing, have better communication skills and are better at engaging with [name] and other people who live at Burwell [than previously]." Staff were offered a range of training to help them do their job as well as possible. Training topics were mainly computer-based, with classroom training for moving/transferring and medicine administration. The computer-based training involved each member of staff working on the topic on their own and then completing an on-line test to show what they had learnt and understood. Training to administer medicines was followed by competence assessments to ensure that each staff member was competent before they gave people their medicines. These were repeated annually or sooner if a staff member made a mistake whilst administering medicines.

Staff said they felt they had had sufficient training to be able to do their job effectively. One member of staff said they were hoping to do further, more in-depth training relating to autism and they were confident the provider would support them. Staff felt very well supported by the managers and that they were starting to work together better as a team than they had been doing previously. An external professional told us that the peripatetic manager "is extremely good with the staff...and there was a clear change in the staff just from having someone to listen." The registered manager had started to provide regular supervision sessions and annual appraisals for all staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's mental capacity to make certain decisions had been assessed and DoLS applications made to the local authority when required. Staff's comments confirmed that they understood the principles of the MCA and DoLS and used these in their everyday work. One member of staff said, "We have to assume the person has capacity [to make decisions]." Staff gave people choices at every opportunity, including what they wanted to do, where and with whom they wanted to spend their time and what they wanted to eat, drink and wear. The peripatetic manager told us that MCA and DoLS were discussed at staff meetings and we saw information for staff on the notice board.

In one person's care records we saw that the person had decided they did not want to wear particular items of clothing. They had a medical condition that meant their health might suffer if they did not wear these. A MCA assessment concluded that the person did not have capacity to make this decision, so a 'best interests'

decision had been made and recorded. The peripatetic manager told us that best interests decisions, based on observation and knowledge of each person, had been made as to whether the person had a preference for support from male or female care workers. This showed us that the provider had taken appropriate steps to make sure that people were not unlawfully restricted and their choices and preferences were respected and recorded.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. When required, external healthcare professionals such as the GP and the dietician had been involved in planning the appropriate care. For example, two people had their food blended as they had difficulty swallowing. One person had been on a fortified (high calorie) diet and they had put on the weight they needed to put on. Staff involved people in deciding which meals were on the weekly menu. Pictures were used so that people recognised different foods and people were encouraged to help prepare the meals. Choices were available at each meal if people decided they did not like what was on the menu or had changed their mind.

The registered manager had gradually been introducing different meals and had insisted that as much as possible was cooked 'from scratch', using fresh ingredients. Staff said people were enjoying their meals far more now and we saw that people really enjoyed their dinner. In one person's records we noted that the amount of laxative they needed to take had been reduced, due to a better diet. This showed us that people were supported to have healthy, nutritious meals and that people's nutrition and hydration needs were met.

Staff supported people to maintain their health. Whenever possible, people attended the GP surgery for an appointment when they needed to. However, doctors and nurses from the local surgery would come to the service if the person could not get to the surgery. A GP told us that communication between the staff and the surgery about people's health needs had improved. They now had no concerns that their advice or medication suggestions would not be followed.

Staff also involved a range of other external professionals in people's care when required. These included the dietician, optician and chiropodist. External professionals who wrote to us said that staff contacted them appropriately about people's needs and followed their advice and instructions.



Our findings

We saw that staff had very good, caring relationships with people who lived at Burwell. People showed that they enjoyed being with the staff and one person told us they were happy living at the service. They added, "[Staff] look after me well." Two relatives told us they thought their family members were happy at Burwell and they described the staff as "loyal and caring," and "kind and caring." Another relative said, "The care has been excellent and I have no concerns at all." An external professional wrote, "The staff seem pleasant and approachable. I have always witnessed a good caring attitude towards the residents." Another external professional was impressed by how much support and encouragement staff gave to people who were worried about treatment. They wrote, "This [support] is always done in a very considerate and caring manner."

Some of the staff worked exceptionally well with some individuals and showed that they knew the person very well. For example, we saw a completely different character coming out of one person when a particular member of staff was with them. The member of staff succeeded in enabling the person to show what an amazing sense of fun they had. The person was giggling and acting very cheekily. One member of staff showed us a booklet that had been put together by staff to give agency staff and other visitors a snap-shot of the way the bungalow operated. On the front cover they had written, "Love, laughter and friendship always welcome here." This staff member said, "We try and make it as fun as we can, it's a happy house and that's the way we like it." A relative told us that one named member of staff "has been brilliant in taking my [family member] to a local park. This has transformed [name] into a happier person for sure."

Staff showed that they knew each person well, including their likes and dislikes, their personal history and the care and support they required. A relative told us, "[Staff] seem much more clued up about the people they care for. I am much happier and have less to worry about." One person who was not very mobile enjoyed spending time rolling around on the floor. We saw that when they had had enough, staff used a hoist to assist them to get up. The person thought it was all very funny and staff laughed and joked with the person, explaining what was happening and praising the person the whole time. Each person had their own way of communicating and staff communicated with each person in the way that suited that individual. For example, one person made it clear they did not want their cup of tea by pushing it away. Staff offered another person choices by showing them what the choices were, such as holding a tea-bag in one hand and a jar of coffee in the other. One person's communication plan included examples of what the person might mean if they acted in a certain way.

The peripatetic manager said, "Staff really really do care." As an example, she told us how one member of

staff had recently worked additional hours so that two people could visit their relatives who lived quite a long drive away. The provider was enabling the registered manager to recruit permanent staff with the skills and knowledge so that people were provided with the care and support that fully met their needs. A keyworker system was in place, enabling staff to spend more time with the person they were keyworker to. The peripatetic manager told us this had resulted in improvements such as people being enabled to be more involved in going out to choose and buy their own clothes.

An external professional gave us an example of staff 'going the extra mile'. They recounted how they had recently spent about an hour with several staff members, trying to [provide treatment] to one person. They wrote, "All the staff that helped were nothing but kind and respectful of the [person's] wishes. Even when this meant not completing the treatment."

People were actively involved in decisions about their care. They were given choices in all aspects of their daily lives, including what time they got up and went to bed, what activities they wanted to participate in and how they spent their time. People were also involved in wider decisions about the way the service was run. For example, the provider supported the registered manager to make sure that people who lived at Burwell would get on with each other. The service had had a vacant room for some time. Prospective residents were invited to spend short periods at the home to meet people. The peripatetic manager said, "The person [we offer a place to] has to be compatible with the people already here: it's their home. We won't offer if the person won't fit in." The peripatetic manager told us how one person in particular had made "huge progression" in making choices and decisions. Previously, staff had assumed the person wanted to join in all in-house activities. However, on the first day we visited the service this person had shown very clearly that they had decided not to join in the morning's activity.

Staff respected people's privacy and dignity. We saw that personal care was offered and dealt with discreetly. One person's bedroom was kept locked during the day so that another person would not go into the room and touch the person's belongings. People were encouraged and supported to be as independent as possible. One person was supported to work one afternoon a week at a local industry. Staff assisted another person to put an appropriate amount of food on their spoon so that they could eat independently without choking.

People were supported to maintain contact with their friends and relatives, or to develop new relationships. Attendance at a monthly disco in Cambridge helped people to keep in touch with their circle of friends. Most of the relatives we spoke with told us they were welcomed at the service. One relative felt less welcome so we contacted the provider who arranged to meet with them to try to improve their experience of visiting the service.

People were offered the independent services of an advocate to support them to understand and make decisions about some aspects of their care. For example, one person had an advocate from VoiceAbility (a national disability information and advice service run by and for disabled people) to help them make decisions about a change to their college courses.



Our findings

People were not able to tell us whether or not they had been involved in planning their care and support. Most of the people who lived at Burwell had lived there since the service opened about 20 years ago, so the service being provided to those people had developed over the years. The provider had systems in place to make sure that people were empowered to make decisions and that staff understood what each person wanted. Relatives had differing views about whether or not they had been involved in their family member's care.

When someone was considering making Burwell their home, a full assessment of their needs was carried out. The information was gathered from everyone who knew the person and formed the basis of the person's support plan.

Each person had a support plan in place. These gave staff guidance on the care and support that each person needed and how they preferred that support to be delivered by the staff. The plans were reviewed regularly, involving the person's relatives if the person wanted them to be involved, and amended if the person's care needs had changed. Staff handovers ensured that staff knew if any changes had been made. A one-page profile showed that 'What is important to me' was very prominent and 'A typical day' gave staff very detailed guidance about every aspect of the person's life. In one person's care records we found a 'This is me' document, which included 'what I'm proud of'; 'things I find funny'; 'things I don't like'; and 'things to ask me about'. This information assisted staff to know how to support each person to have as much control over their life as possible. Daily records, written by staff, gave a clear picture of how each person's day had been, including what they had done and how this had affected their mood.

However, we found that some areas of care were not personalised. For example, one person's care needs had resulted in the dietician recommending that staff kept a record of the person's fluid intake. A fluid intake chart had been put in place for everyone who lived at the service, even though this level of monitoring for other people was unnecessary. For many years, a hairdresser had visited the service to cut each person's hair. Staff had decided it would be more personalised if people went out to the hairdresser. Although this was good practice, staff had made an appointment for everyone to go to the same hairdresser at the same time, which defeated the personalisation of the activity. We were also told by relatives that agency staff, who did not know their family members very well, had not been able to respond to the little details that were so important. For example, for one person, not knowing how to put them in the correct position in bed so they were comfortable. One relative told us that their family member's glasses had constantly gone missing and on one occasion another person was wearing them.

Support plans included information about people's medical conditions. However, for one person we found that they had a medical condition, which had not been detailed in their support plan. There was no information for staff about what the condition was, how it manifested itself for this person and what actions staff should take. By our second visit, the peripatetic manager and senior staff had amended this person's support plan with all the information that was required.

People were offered activities, both within and outside the bungalows. Staff told us about visits to the village pub and to a community café in Ely. Some people were attending courses at a college in Cambridge, such as cooking and woodwork. One member of staff was really proud to tell us about how much one person, who attended college on four days each week, had developed since they started going there. Another member of staff said, about a different person who also attended college, "It's lovely to see [name] looking so happy."

Some events were organised at the service. During the morning of our second visit a gentleman had brought a number of small animals to the service. We saw photographs, which showed how much some people had enjoyed looking at or touching the animals. A Pets as Therapy (PAT) dog visited the service regularly to meet those people who liked to see a dog.

However, in one bungalow in particular staff said there were not enough staff on duty to take people out as much as they would have liked. A relative told us that their family member spent little time outside the service. They said that staff had recently started taking this person to "a sensory place in Cambridge" which they enjoyed. Staff had started to introduce sensory equipment such as coloured lights and soft music into one of the lounges so that people would have a sensory environment to sit in if they wanted to. Although this was good practice, there was a possibility that this would then replace people using external resources and they would spend even more time in the home. We were not satisfied that there were sufficient opportunities for people to be involved in stimulating, meaningful activities.

The provider had a complaints and compliments process in place, which was advertised around the service so that people and their visitors knew how to praise the service or to raise their concerns. Staff knew their role was to report the person's complaint to the manager if they could not address the problem immediately themselves. Records showed that complaints had been responded to. However, one relative told us they had raised issues a number of times but these had not been addressed and, in some instances, not responded to at all. We wrote to the provider who promptly made arrangements to meet with the relative and address the issues they had.



Our findings

This was the first inspection of this service since Voyage 1 Limited took over as the provider in November 2016. We asked staff, relatives and external professionals whether there had been any improvements since the new provider had taken over and we received mixed views about the quality of the service provided. There were some positive comments. The environment had been improved with decoration and new furniture and staff morale had improved. Relatives' comments included, "Since Voyage they have made [the service] so much calmer. Whenever I visit it's such a nice atmosphere"; "It is getting better slowly and each time I visit something new has happened"; "Whenever I visit, my [family member] looks so much happier, more relaxed and seems to be doing more [activities]." The peripatetic manager told us, "Voyage are delivering on their promises." An external professional wrote, "It seems better organised."

However, some relatives and external professionals told us that further improvements were still needed, especially in relation to staffing and activities. One person's relative in particular was very dissatisfied with the service. This dissatisfaction had started before the current provider took over the service but the current provider had not done anything to respond to their concerns. Following the inspection we shared this relative's concerns with the provider who took appropriate action to address any current shortfalls and to re-build relationships with this family. Another relative told us that their main issue was about the communication from the staff and management. An external professional wrote, "Though I enjoy visiting Burwell and it is improving, I still feel it has a way to go."

There was a registered manager in post, although they were on leave at the time of our inspection visits. The registered manager was fairly new to the service, having been registered in May 2017. A relative told us, "There's better leadership now. [The service] has improved. Communication is better for a start." One member of staff said, "[name of registered manager] is one of the best managers we've had. I feel we could go to her with anything. She really cares about the people who live here." Another member of staff told us, "[name] is nice, a nice manager." An external professional wrote, "I feel [the new registered manager] has improved the service users' lives greatly." Another external professional wrote, "There appears to be better leadership now."

There were some processes in place for people, their relatives, staff and other stakeholders to put forward ideas for improvements. Relatives told us they had not yet had a written survey to complete but they felt able to talk to the registered manager. One relative told us they had been "invited to attend reviews (of their family member's care)." This had given them the opportunity to comment on the service being provided and other aspects of their family member's care and support. However, another relative said they had not been

invited to reviews recently, had not received any written surveys and had not been offered any opportunities to discuss their views. Staff were given opportunities to put forward their ideas for developing and improving the service offered to people. Staff meetings were held monthly, which all staff had to attend. One member of staff told us, "I feel listened to, even if our ideas aren't always actioned."

There were some links with the local community, such as people occasionally visiting a local public house, using the local shop and going for walks in local parks. These were being developed, along with activities both in-house and externally.

There were systems in place to measure the quality of the service. The provider had introduced an 'office management system' that covered all aspects of the safety and day to day and long term management of the service. Audits and checks were carried out, for example of the management of medicines and of fire safety, to ensure that people were safe. As part of this system the registered manager completed a quarterly in-depth quality audit of all aspects of the service. Any shortfalls were added to a 'consolidation and improvement plan' and signed off once completed. The plan was discussed with staff during monthly staff meetings and in supervisions. The provider's policies and procedures were readily accessible to all staff at all times, both in paper format and on the computer.

Records required by regulation were maintained and were kept securely. The managers and senior staff were aware of their responsibility to send notifications to the CQC as required by the regulations.