

# Voyage 1 Limited

# Ling Crescent

## Inspection report

2-4 Ling Crescent  
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Tel: 01428713014

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## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

At the time of the inspection, six people were living at the home. All of them had complex needs and sometimes demonstrated behaviour which may challenge others. The home is in a residential area and has been converted from two semi-detached houses which have been knocked through. The home also has a garden for use by the residents.

At our last inspection we rated the service outstanding. The service had been found to be outstanding in two domains, Responsive and Well-led. All other domains had been rated as Good.

At this inspection we found the evidence continued to support the rating of outstanding in the Responsive domain. The Safe, Caring, Responsive and Well-led domains were all found to be Good.

The home provided accommodation and care to four men and two women, all of whom were living with a learning disability and/or autism. Some people in the home also had a physical disability, although everyone could walk a short distance. People living the home had some challenges around communicating verbally. Staff were knowledgeable about each person's preferred communication methods and could understand and be understood by them.

The provider had considered how to ensure that people at Ling Crescent were provided care in line with the recommendations made in Registering the Right Support and other best practice guidance. The home was in a residential area of a small town and provided easy access to shops and other commercial premises such as banks. Public transport routes were accessible on foot for people. People were supported to use local facilities and to feel part of the local community. For example, one person visited local shops and the bank on the first day of inspection. People were also encouraged to do activities that supported them to live fulfilled and active lives.

People were supported to have a healthy diet, eating food they enjoyed. However, records for a person who was underweight did not describe accurately what the person's healthy or average weight was, or what staff should do if the person lost weight. We have made a recommendation about current guidance on Learning Disability and weight management.

Staff had been trained to administer medicines safely. The registered manager and staff had worked with health professionals to review people's medicines and ensure they were not being over-medicated. They had done this by working with the professionals to find alternative strategies to support people when they displayed behaviours that could challenge others.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager and staff understood and followed the requirements of the Mental Capacity Act 2005. They were committed to supporting people to achieve as much independence as possible, while ensuring each person

was safe.

The registered manager and staff were committed to providing care which supported people to live as independently as possible. People were encouraged to do activities they enjoyed both inside and outside the home. Some of the activities supported people to have an active lifestyle which included wall climbing, archery, boating, zip wires and bowling. People were also supported to go on holiday both in the UK and abroad. Staff understood how playing music and attending concerts was important to one person, while other people enjoyed going to the theatre. People were supported to use information technology to help them with aspects of their life, including communicating with families.

Feedback from families was very positive and included comments such as "He's happy, we are very happy... staff very good" and "I find the home good, very good staff... It's his home, staff are more like family."

The home was in a quiet residential area where people could access public transport which helped them be independent. People were also able to walk to local shops and banks with staff and undertake chores around the house. The home was well maintained and clean throughout. People had personalised their bedrooms, choosing décor, flooring and furniture according to their preferences.

Staff had been recruited and received training to ensure they were knowledgeable about how to support people well. Staff understood their responsibilities to safeguard the vulnerable people in their care.

The registered manager ensured that the quality assurance policies and procedures of the provider organisation were followed. Where issues were identified, remedial action was taken. Senior managers also visited the home to provide support as well as complete audits and checks on the home and how it was run.

Further information is in the detailed findings below.

## 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 remains Good.

People were supported by enough staff who had been recruited safely.

People had their medicines administered by staff who understood their responsibilities to store, record and administer medicines safely.

People were protected from the risk of abuse.

The home was clean and hygienic. Staff followed good infection prevention and control practices.

When incidents or accidents occurred, action was taken to reduce the risks of reoccurrence.

### Is the service effective?

Good 

The service remains Good.

People's physical mental and social needs had been assessed and care plans described how to support them to achieve effective outcomes.

People were supported to eat a healthy, well balanced diet. However, where people were seen to be losing weight which could put their health at risk, records did not accurately identify the person's acceptable weight range or what staff should do about it.

People were supported by staff who were trained and experienced to deliver care.

People's capacity to make decisions was assessed and actions were taken in line with the Mental Capacity Act 2005

The home was well maintained and provided people with spaces to socialise or be private if they wished.

### Is the service caring?

Good ●

The service continued to be Good

People were treated with kindness and compassion.

People were supported to express their views and be actively involved in decisions about their care and support as far as possible.

People were given privacy and respect.

Families were able to visit when they wanted. Staff also supported people to visit relatives.

### Is the service responsive?

Outstanding ☆

The service remains outstandingly responsive.

Each person had a very personalised care plan which supported them to be as independent as possible.

People did a wide range of activities which took into account their individual preferences, interests and aspirations.

Staff knew people and their backgrounds very well and supported them to follow culturally relevant activities.

People were supported by staff who understood their communication needs and preferences.

There was a complaints policy and procedure. People could use advocates to support them raise a concern if they needed to.

### Is the service well-led?

Good ●

The service was well-led.

The provider had a clear vision and strategy which led to positive outcomes for people

There was a registered manager in post who understood his responsibilities.

The registered manager was respected and liked by relatives and staff.

There were quality assurance systems in place. The governance framework supported the smooth running of the home.

The service looked at ways to improve and share best practice.

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# Ling Crescent

## 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 comprehensive took place on 26 and 27 September 2018 and was unannounced on the first day. The inspection was carried out by one adult social care inspector.

Prior to the inspection, we reviewed information we held about the service. This included information we had received from the service in a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at statutory notifications sent in by the service. A statutory notification contains information about significant events, which the provider is required to send to us by law.

During the inspection, we met all the people living at Ling Crescent and spoke with one of them. We were not able to speak to others receiving personal care as they did not have verbal communication skills. However, we spent time with them in communal areas observing the care they received.

We met and spoke, a senior manager and four staff during the inspection. The registered manager was on leave during our inspection, but did come in for part of the first day to meet us. A registered manager from another of the provider's services provided cover for the home during the inspection and therefore we met and spoke with them. We reviewed care records, medicine administration records and the daily notes for three people living at Ling Crescent. We also reviewed other records relating to the running of the service, including staff rotas, training records, minutes of meetings and quality monitoring records. After the inspection, we spoke by phone with the registered manager. He also sent by email, further information to support the inspection.

During the inspection, we met and spoke with one visiting professional. After the inspection we also contacted ten health and social care professionals who support people. We received feedback from three of the professionals. After the inspection we also spoke by phone with three relatives.

# Is the service safe?

## Our findings

People continued to receive safe care.

There were systems in place to keep people safe. This included systems to ensure they were not abused. Staff understood their responsibilities to keep people safe from the risks of abuse. Staff described what actions they would take if they thought someone was being abused. This included reporting concerns to the registered manager, senior staff and the local authority safeguarding team. A professional commented "People very comfortable and relaxed. No-one seems worried or scared." They also added "Really nice home, if I had a relative here I wouldn't be worried about it."

Environmental checks were carried out regularly to ensure the home was a safe environment for people living in it. There were regular checks of fire equipment such as fire alarms and extinguishers. Other environmental checks for water temperatures, legionella and general maintenance and repair were carried out. Where issues were found there were systems to ensure they were fixed. Each person's care record contained a personal emergency evacuation plan. This described how the person communicated and understood communication as well as the support they required in an emergency. This meant that staff had thought about providing information which would be useful to the emergency services if they had to rescue the person.

The home was clean and odour free. Staff used personal protective equipment (PPE) when supporting people with personal care. For example, they used disposable aprons and gloves. Cleaning rotas were followed to ensure high standards of cleanliness and hygiene throughout the service. A visiting professional commented "Very clean and never smells." They also described how one person has a condition which could have created problems, but they said, "It always feels that it is clean and hygienic."

People received their medicines safely and on time. The registered manager described how they had been working closely with health professionals to reduce people's prescribed medicine. For example, they said they had supported one person to reduce their levels of a medicine which had had very positive outcomes. This had included a reduction in the person behaving in ways that challenged others.

Medicines were stored in a locked cabinet in a locked room. The medicines cupboard was neat and tidy, with boxes labelled to show whose medicines were in it. Medicines were administered, recorded and disposed of safely. Everyone at the home needed staff to support them to receive their medicines. Some people were on medicine dosage systems (MDS) supplied by the local pharmacy. Where medicines were not supplied in MDS, there were systems to ensure they were administered safely. Two staff were involved when medicines were administered to reduce the risk of errors. Care records contained details of what medicines people were prescribed as well as how they should be supported to take their medicine.

Staff had completed medicine administration training which was updated regularly.

Staff described how they supported each person to receive their medicines. Staff followed good practice



guidance when administering medicines to each person. Staff were observed taking time when giving a person their medicine. They asked the person if they were happy to take their medicine at that time and proceeded to administer the medicine with a drink, watching while the person took the medicine and asking them to show they had swallowed the medicine, which the person did. Staff then signed the medicine administration record (MAR) to say the person had had it.

Audits were carried out regularly to check that medicines were in date and that MAR were completed and accurate. Where issues or errors were identified, appropriate actions were taken to reduce the risk of recurrence.

People's care plans contained assessment of risks to people. For example, one person's care record contained details of a long-term condition and the risks associated with it. The risk assessment described how to keep the person safe and what staff should do if they identified a concern.

There were sufficient staff to ensure people were kept safe and had their needs met. Some people required one-to-one support during waking hours, while others required one-to-one support when they were receiving personal care or out of the home. The registered manager explained that staffing levels were adjusted taking into account people needs. For example, on the first day of inspection there were five staff on duty as four people were planning to do activities outside the home. A professional commented "Always enough staff – seems well staffed." However, another professional commented that at times, staff had appeared too busy to engage with the professional fully. The registered manager said he would "always make sure a staff member is with [visiting professionals] to talk with [person] especially as [persons] are non-verbal and cannot communicate themselves and the staff are knowledgeable about the needs of the [person] and can communicate on their behalf." During our inspection, we found this was the case.

Staff had been recruited safely. There were checks undertaken prior to someone being employed by the service. Prospective candidates underwent pre-interview screening, an interview and the employment offer being made subject to satisfactory background checks. Checks included references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. A person's right to work in the UK was also checked. New staff completed a probationary period which included supervisions with the registered manager to check on their progress.

The home had a proactive approach to learning when things went wrong. Where incidents and accidents had occurred, staff had acted to reduce the risks of a recurrence.

## Is the service effective?

### Our findings

The service continued to be effective.

People were supported to have a balanced, healthy diet. Meals were prepared by staff for people. Most people ate their main meal at lunchtime. Where people did not want to have the main meal that was offered, they were able to choose an alternative. Drinks were available throughout the day for people and staff encouraged people to drink with meals and at other times.

Evidence shows that weight issues are more prevalent in the population of people with a learning disability than in the general population. Significant underweight and significant overweight are both associated with health issues, some of which can have serious consequences including premature death.

We reviewed one person's record, who had been identified as significantly underweight. Their care record showed that a referral to a health professional had been undertaken in September 2017. The professional's report indicated that the person's weight had fluctuated in previous three years, and they were below the recommended healthy weight for their height. The advice given by the professional had been to encourage the person to have a high protein, high calorie diet. The recommendations included offering whole or gold top milk and butter; as well as providing nourishing drinks between meals and a snack and milky drink at supper. They also recommended weighing the person each month.

Although staff were recording the person's weight each month, it was unclear from the records what action they should follow if the person dropped below a certain weight. The weight was recorded on a sheet in the care record. At the top of the sheet it described "My Healthy Weight/BMI" as seven to nine and half stone. The person's average weight was described also in this weight range. However, the monthly recordings were all recorded in kilogrammes so it was not clear whether they were within the average or healthy weight range which had been noted in imperial measure. The records showed the person's weight throughout 2018 was not in the healthy weight range. At one point their weight had dropped even further.

We spoke with a health professional after the inspection, who said that given the weight loss they would have expected the person to have been referred again for specialist advice and support.

Staff were on some occasions recording, in the person's daily notes, what food they had eaten. We spoke with one member of staff about the person's diet; we asked whether the person was given foods to enrich their diet. The member of staff said the person was given full-fat milk but was not able to describe other foods the person was encouraged to eat to increase their calorific intake. After the inspection, the registered manager sent evidence which showed there was a high protein, high calorie diet plan in place for the person.

We asked the registered manager whether there was any guidance for staff to follow if the person's weight dropped below a certain weight. They said there was not. The registered manager said the person was due to have their annual health check. They also said they would ensure it was raised with the person's GP at

this meeting.

After the inspection, the registered manager said the person had seen their GP and was being referred for a specialist appointment so their weight loss would be reviewed. Evidence was also provided after the inspection that the home had taken prompt action to refer the person to their GP. This had been when staff had identified a health issue which had caused the person to eat less.

We recommend that the service review their systems for monitoring and recording people's weight and diet to ensure they are in line with national guidance

Another person had been supported by staff to lose weight, which had improved their health. Staff described how the person was supported to do this, including reducing portion size.

The provider had considered how to ensure that people at Ling Crescent were provided care in line with the recommendations made in Registering the Right Support and other best practice guidance. The home was in a residential area of a small town and provided easy access to shops and other commercial premises such as banks. Public transport routes were accessible on foot for people. People were supported to use local facilities and to feel part of the local community. For example, one person visited local shops and the bank on the first day of inspection.

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.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the requirements of the MCA. DoLS applications had been made for all the people living at Ling Crescent. Four people's DoLS had been approved in previous years, and one of these DoLS was still in force. Applications for renewal of DoLS had been made for the other three people. The registered manager showed records of how they contacted the DoLS teams to ask for updates on when the DoLS would be reassessed. This showed the registered manager understood their responsibilities

Where there were concerns about a person's ability to make a decision, best interests meetings had been held. Meetings had involved, where possible, the person, their family, staff and professionals. This meant that the home recognised the importance to work within the requirements of the MCA. Decisions made were in the best interests of the person and were the least restrictive possible. A relative commented that their family member had more freedom and was more active at the service.

Staff had been trained and understood their responsibilities to work within the MCA. Staff described how they worked with people to support their independence as much as possible. For example, one person did their own banking. Three people were able to use public transport which meant they could get to places of their choosing without relying on the home's vehicle.

Staff undertook an induction programme when they started to work at Ling Crescent. The induction

programme was aligned to the Care Certificate. The Care Certificate is a national set of minimum standards designed by Skills for Care for social care and health workers that should be covered as part of induction training of new care workers. Training was a mixture of face to face courses, e-learning and shadowing more experienced staff.

Staff were also expected to refresh their knowledge and training at regular intervals. Refreshers helped to ensure they remained up to date with the knowledge and skills necessary to support people effectively. Staff were supported to undertake specialist training to support people, for example training to support people living with autism. Staff were also able to undertake nationally recognised qualifications. A health professional commented that they had provided some training to staff although they had found it difficult to run in the home as staff were called away to support people. The registered manager acknowledged that there had been intensive training, which had not worked well in the home. They said they had not received any negative feedback from any professionals about how the training had gone.

Staff received regular supervision from the registered manager every two months. This was confirmed by records of the supervision meetings. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have. Staff also had an annual appraisal each year.

People's ongoing health needs were assessed regularly and, where necessary, staff contacted health professionals including the person's GP. Health professionals said staff would proactively contact them if they had a concern. They also said staff worked with them by following their advice to address the concerns and feeding back any issues or improvements. For example, one health professional commented "Staff refer to us appropriately and respond to advice."

The adaptation, design and decoration of the premises helped to promote people's independence and provided a homely space. The home had been converted from two houses on a residential estate. Adaptations had been made to the home to ensure it was suitable for the people living there. There were three communal lounge areas including a conservatory which meant that people could choose to sit away from others if they wanted to. The home was decorated and furnished comfortably throughout. Each person's bedroom was individualised and personalised. People had been involved in choosing décor and carpeting for their rooms. This demonstrated that the home was working within the requirements of Registering the Right Support and enabling people to live as normal a life as possible.

# Is the service caring?

## Our findings

The service remains caring. Feedback from families was all very positive. Comments included "He's happy, we are very happy... staff very good" and "I find the home good, very good staff... It's his home, staff are more like family."

Health professionals also provided positive feedback making comments such as "Very good relationships between staff and residents"; "Very welcoming and very friendly" and "no concerns at all, nothing negative in fact all positive."

People were very relaxed with staff who were observed supporting people with kindness and compassion. Staff helped people to do things they wanted to do. For example, one person enjoyed playing music. Staff ensured the CD player was close to them and that they had the music they wanted to hear. Another person wanted to go out, just after they had arrived back home. Staff gently took their hand and walked outside with them until they were happy to come back indoors.

Staff said, and relatives confirmed that families were free to visit whenever they wished. Families also said staff supported people to visit them in their own home at times. Relatives said staff did not stay with the person. However, they said people were sometimes dropped off by staff and they were always ready to leave if they were being picked up by a family member.

Staff were aware of the needs of each person to be respected. For example, staff understood that one person was not able to join in a musical activity run in the home without making it very difficult for the other people to enjoy it. Therefore, during the session, staff encouraged the person to go out for a drive, which was an activity they enjoyed. A professional said, "Staff understand [people] and [people] therefore feel comfortable... staff will coax and help..."

Staff were committed to valuing people and treating people as they would wish to be treated themselves. The provider respected and promoted the rights of people with learning disabilities. This ethos was reflected in the way the registered manager and staff behaved. Although most people had such profound learning and physical disabilities, staff supported them in positive ways. For example, one member of staff encouraged a person to help in the kitchen. They described how the person could put things in the bin. They explained this was a positive thing the person could do, rather than focussing on the things the person was not able to do. We observed some interactions, for example the member of staff praised the person when they achieved doing something, which encouraged the person. Another member of staff spent time with another person in the dining room, rolling a car to the person across the table. This clearly delighted the person who joined in the activity and rolled the car back.

Staff recognised the importance of equality and diversity in the care provided; it was evident that people's differences were understood and supported by staff who had completed equality and diversity training. This included people's right to religious freedom. The family of one person had indicated the religion they followed. This person attended a local church service of this faith each week, supported by staff. We

discussed whether the person could make a decision about this. The registered manager explained that the person did not have capacity to decide about what faith they followed. However, the registered manager said the person appeared to enjoy the visits and therefore they were continued. A professional commented about another person that "Staff felt it was acceptable that [person] attended the [place of worship] once a year, as he used to attend regularly when living with parents." However, the registered manager explained that they had offered to take the person to the [place of worship] on a number of occasions, but the person had declined to go in. The registered manager said they had discussed this with the family, who agreed it was the person's decision to make.

Personal information relating to people and staff was stored securely. Documents were also stored on computers which were password protected. The registered manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used. This meant the service was ensuring they were working in line with the requirements for the change in legislation.

## Is the service responsive?

### Our findings

At the last inspection the service was found outstanding in Responsive. At this inspection, we continued to find the service very responsive to people.

The home had received positive feedback from relatives. One relative described how pleased and thankful they were to staff for their efforts in giving a person a nice birthday celebration. Other relatives' comments included "...made the right choice to live here at Ling Crescent" and "Thank you so very much for the care and love you give [person]. We are forever grateful to you all."

The service was working to ensure that people could have a life which did not rely so heavily on medicine to keep them calm and happy. The registered manager explained that the use of some medicines to manage a person's behaviour when it was challenging to others had had a negative impact on the person's ability to live a full and active life. They described how one person was unable to undertake activities due to the side effects of the medicine. The registered manager had led a piece of work, alongside staff and health professionals, to reduce inappropriate use of psychotropic medicines. This was in line with the national NHS England programme STOMP which aims to reduce over-medication of people with a learning disability, autism or both. A staff member commented that their approach was to "Study behaviours and have less challenges so more activities." A professional commented "Person I have been supporting is about to be signed off. Staff have worked to reduce medication while ensuring that the person does not increase self-harm. They have found ways to reduced self-injuries..." Care records contained details of what staff needed to do to ensure each person was supported to reduce their anxieties. For example, one person took an early morning walk which helped to reduce their self-harming episodes. Records showed there had been a significant reduction in the use of psychotropic medicines prescribed for both regular use and 'as needed use'. This had led to the person being able to do more activities both inside and outside the home.

People were encouraged to fulfil ambitions, for example one people had gone on holiday to the country of their origin, which had involved them flying for the first time. Staff had worked with the person to ensure they were prepared for the experience. They had done this by arranging for the person to use a flight simulator at a college, before taking short flights to cities in the UK. Once the person had gained confidence and felt familiarised with the experience of flying, they had been supported to go on an overseas trip. Photographs of these activities were in the person's care records.

One person who was passionate about music, was encouraged to listen to their preferred music and sing along to it. Staff had also arranged for the person to see a tribute act of one of their favourite singers. Staff were planning to take the person to another tribute concert later in the year. Two other people had been supported to watch an autism friendly showing of the Lion King production in a London theatre.

The service worked to fulfil the requirements of Registering the Right Support to live as normal a life as possible, promoting and enabling people's independence. The registered manager and staff encouraged people to do activities both inside and outside the home, which helped them to live as fulfilled a life as possible. A relative commented how the home "involve us in meetings and ways to stimulate [person]."

People were supported to be as independent as possible. For example, one person had been supported to develop the skills to do their own banking. Staff had encouraged them to gain enough confidence to visit the bank and draw money out. Three people had been supported to use public transport. This had enabled them to go out more, including one person going to the cinema for the first time. People were also supported to get involved in daily chores such as their personal care, cooking, keeping their room clean and shopping.

People participated in sport and outdoor activities to help them maintain good physical health. For example, one person had been supported to learn to ride a bike and was now able to use this regularly. People also visited a country park each week, for activities they chose to do. Activities included wall climbing, archery, boating, canoeing, zip wires and bowling. Staff described how this was one of the only days where most people went together to an activity. They said the visit enabled people to bond as a group, although they were also able to choose to do different activities either at the park or elsewhere. A relative commented "...lots of activities, horse riding, take him on holiday, always call us and let us know. Always good, clean and tidy, staff are helpful."

The service was flexible and responsive to people's individual needs. Staff had also developed areas of the home to meet people's needs. For example, staff and people had created a vegetable garden which had meant people were able to grow their vegetables which had been used in the home. A second sitting room had been turned into a quiet room which could be used by people who did not want to spend time in the main sitting room or conservatory.

Where one person needed to be checked on at night, a window had been installed in their bedroom door. This adaptation had been put in place after staff had worked with a health professional to look at ways to keep the person safe, while being able to observe them when needed. The window had a blind which meant they could have privacy during the day if they wanted it. The window also meant they were not disturbed by staff coming in when they were checked overnight. The staff had spent time ensuring that the person was happy with this arrangement before they fitted the window and blind.

The registered manager and staff understood the requirements of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.

The registered manager commented "To promote [The Accessible Information Standard] in Ling Crescent we use easy read leaflets provided by medical professionals...designed around attending medical appointments and any treatment they could be receiving. We have easy read documents on potential illness such as cervical cancer, prostate cancer, lung cancer and breast cancer if we need to discuss this with the [person]. The medical professionals that support [people] are aware that they are non-verbal and require support from staff with medical appointments.

Although people were unable to communicate verbally, throughout the inspection, we observed people being very relaxed and comfortable with staff. Staff were very aware of changes in people's moods and would respond quickly to support them. For example, one person who had just arrived back for lunch, showed signs that they wanted to go out. A member of staff immediately went to support them. They gently held their hand and took them for a walk locally. The person returned with the member of staff a little later to eat lunch. They were clearly calm and happy when they came back.

Staff used innovative ways to empower people and enhance their wellbeing. People were supported to use



information technology to help with their communications. For example, one person had purchased a communication application (app) for their tablet computer. The person who was non-verbal, had been encouraged to learn how to use the app. The app enabled the person to 'speak' through it. Relatives who had taken the person out for lunch, had for the first time, received a 'spoken' response when they had asked the person what they wanted to eat. The person had been able to respond "Burger."

Another person, who had limited verbal communication skills, had been supported by staff to increase their vocabulary. Staff had helped the person learn new words through the use of a shopping catalogue which the person enjoyed looking at.

Additionally, the very detailed care and support plans contain information about the preferred style of communication for people being supported." This was evidenced by each care record containing information about how the person communicated. For example, a one-page profile for one person described how they communicated with facial expressions, body language and using pictures as well as being able to communicate verbally. Further information to support each of the communication methods was detailed in the care plan. People received personalised care that responded to their needs. Care plans were developed with people, their families and professionals' involvement. Care plans reflected people's physical, mental, emotional and social needs

Staff knew people's backgrounds well and could describe each person's families and other important people in their lives. Details about people's histories were recorded in their care plans. These helped staff to support people to remain in touch and close to their families. Families said staff involved them in their relative's care. For example, one relative commented that staff "contact me when necessary and deal with things well." They said they had been asked about their family history and social norms. Staff described how this information was used to tailor care individually. Another relative described how their relative had been supported to follow the family's religion. Staff said, and records confirmed, that the person visited their local place of worship. Staff said that although the person was not able to communicate verbally, they appeared to enjoy the visits. Staff described how, because the person was not comfortable in large crowds, they did not attend regular church services. To overcome this, the person went to the church at other times. Staff had also arranged for a church official to visit the home and meet with the person.

A visiting professional commented "...very impressed about the care and support provided...The home is doing fantastic work with [person]. He is well presented, with clean clothes and well supported."

A member of staff who was leaving the service commented "I must say it was a great joy working with you and getting to see [person]'s progress over the years."

There was a complaints policy and procedure which supported people and their families to raise concerns and complaints. None of the people living at Ling Crescent had communication skills which would enable them to make a formal written complaint without the support of an advocate working on their behalf. The complaints policy described how the registered manager was responsible for ensuring that people were supported by an advocate where necessary. Relatives we spoke with said they were happy with the care provided by staff at Ling Crescent. There had been no formal complaints from people or their relatives since the previous inspection. A complaint from a member of the public had been received in 2016. This had been investigated and actions taken to address the concerns raised.

## Is the service well-led?

### Our findings

There was a manager who had registered with the Care Quality Commission (CQC) in November 2015. A registered manager is a person who has registered with the 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. The registered manager was aware of his responsibilities to provide information to the CQC as required.

The registered manager was supported by a team of senior care workers as well as senior managers in the provider organisation. Staff were positive about the registered manager. One member of staff said "[Registered manager] is good, very well organised."

Comments from health and social care professionals were positive and included "...proactive, responds to advice", "All advice has been followed, no concerns at all, nothing negative in fact" and "Will refer to us appropriately and work with us." One relative said about the registered manager "manages issues between residents very well."

The provider organisation had a clear vision and strategy to deliver high quality care and support. The registered manager and staff understood the aims and objectives and were involved in the delivery of them.

Care records were well maintained and securely stored. The registered manager commented, "Each folder contains information that is relevant to the individual and this is shown by some support plans having more information than others based on the needs ... Additionally we really pride ourselves in knowing all about the people we support including vast detail around personal choices, likes, dislikes and preferences. This means that when we deliver care it is truly person centred and this is very important when we consider supporting people with behavioural challenges." Throughout the inspection we saw evidence that this was the case.

There was a quality assurance framework in place which included audits undertaken by the registered manager. Checks were undertaken to ensure the safety and maintenance of the home, vehicles and equipment used. Checks were also carried out on care records and staff records. Improvements were made where the checks identified issues. Another registered manager from another service owned by the provider also undertook a peer audit. Senior staff visited the home every three months to undertake quality assurance checks. The audits were linked to the five domains (safe, effective, caring, responsive and well-led) used by the CQC when inspecting services. Action plans were drawn up to rectify issues. Action plans were monitored to ensure actions were completed.

There was a culture in the home which supported equality and diversity. People and staff were from different ethnic backgrounds. Staff showed respect for each other and people, whatever their background and were sensitive to different ways of living. Staff who had English as a second language had been

supported to improve their language skills. The registered manager said, "As the staff team are predominately non-English this does work well with the [people], especially around supporting culture and religion as they are keen to promote this as they do for themselves." Staff also respected a person's gender. Care records described how one person preferred a female care worker when receiving personal care.

Incidents and accidents were recorded and responded to appropriately. Records showed that incidents were followed up and investigated where necessary. Strategies to reduce the risks of incidents and accidents were introduced and reviewed at times to see whether they were effective.

Feedback was regularly sought from people, families and staff as well as health professionals. Community relationships were encouraged by inviting neighbours to events such as a summer barbecue and sending them Christmas cards.

The registered manager and staff at the home, were keen to work with organisations to help promote the delivery of safe and high-quality care. Skills for Care is a national organisation who provide support and guidance to care services and staff. They had used Ling Crescent as a model service in a new leaflet they had produced to illustrate to other providers what they need to ensure they have safe staffing. Feedback had included that the registered manager had provided great insight and good practice which would provide practical considerations for other services. The home had also received compliments from a member of staff at Skills for Care following the production of the leaflet.