

Voyage 1 Limited Woodlands

Inspection report

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Woodlands on 29 December 2016 and 12 January 2017. The first day of the inspection was unannounced, which meant the staff and registered provider did not know that we would be visiting. We informed the registered provider of the second day of our inspection.

When we last inspected the service in January 2015 we found that the registered provider was meeting the legal requirements in the areas that we looked at.

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

Woodlands provide care, support and accommodation for up to 14 people who have an acquired brain injury. The aim of the service is to support people to regain their social, cognitive, and independence skills and to develop people's confidence to enable them to return to independent living. The service has ten en-suite bedrooms and an attached self-contained flat with private lounge and cooking facilities. To the rear of the property there are a further three flats. People who use the service have the opportunity to progress from one of the rooms in the main part of the service to one of the flats, as their skills improve. At the time of the inspection there were 10 people who used the service.

The registered provider is also registered to provide personal care to people in their homes, however at the time of the inspection there wasn't anyone who used this service.

The service provided outstanding care to people. Staff were exceptionally caring and inspired people to do well in achieving their goals. People were cared for by staff who knew them well and understood how to support them and maximise their potential. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, this was reflected in the care and support that people received. We saw that staff treated people with dignity and respect.

Staff understood people's different ways of communicating and how to make people feel valued. The home had a strong, person centred culture and staff went that extra mile for the people and families they supported.

People were protected by the services' approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service they received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls and going out independently. This enabled staff to have the guidance they needed to help people to remain safe.

There were sufficient staff on duty to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw that people were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. .

People's independence was encouraged. Activities, outings and social occasions were organised for people who used the service.

People's needs were assessed and their care needs planned in a person centred way. We saw that risks identified with care and support had been identified and included within the care and support plans.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People told us they felt safe. Staff were aware of the different types of abuse and what would constitute poor practice. Staff knew how to recognise and respond to abuse correctly.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People told us that staff asked for their consent, and staff showed a good understanding about how they sought this.

People were provided with a choice of nutritious food and where able were supported to prepare their own food. People were weighed on a regular basis and nutritional screening took place.

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

Is the service caring?

Outstanding 

This service was exceptionally caring.

People were extremely well cared for. People were consistently complimentary of staff and the support they provided. People

were treated with respect and their independence, privacy and dignity were promoted.

Staff interacted with the people in a way which was particularly knowledgeable, kind, compassionate and caring.

Staff took time to speak with people and to engage positively with them. People were consistently involved in conversations and reviews about their own care and contributed to making decisions with the help and support of staff and other health professionals.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings.

People were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good ●

The service was well-led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Woodlands

Detailed findings

Background to this inspection

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

We inspected the service on 29 December 2016 and 12 January 2017. The first day of the inspection was unannounced, which meant the staff and registered provider did not know we would be visiting. We informed the registered provider of the second day of our inspection. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we sat in communal areas and observed how staff interacted with people. We spoke with eight people who used the service. We looked at communal areas of the service, three of the flats and some bedrooms.

We spoke with the registered manager, the deputy manager, the therapy assistant, a senior support worker, an acting senior support worker and four support workers. We also contacted commissioners of the service for their views. They did not report any concerns.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medicine records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service about safety, one person told us, "They [staff] are around whenever you need them." Another person said, "The staff are brilliant and I feel very safe. I love it now I have my own flat and I can lock my door on a night."

We discussed safeguarding and whistleblowing procedures with staff. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff said, "Our manager is very approachable and has encouraged us to report anything at all which we are uncomfortable with." Another member of staff said, "Our training on safeguarding was very good and I would have no hesitation in reporting any abuse."

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, going out independently and falls. This enabled staff to have the guidance they needed to help people to remain safe. Staff told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people's behaviour that challenged. They told us of actions they took to minimise the identified risk. The registered manager and staff told us they had a policy of no restraint, they told us they worked in a way as to support positive behaviour.

Staff told us how they supported one person to take responsible risks. They told us after a period of assessment and working with the person they were able to access the community independently. They told us to minimise risks and ensure the person's safety the person let staff know when they were going out and roughly a time when they intended to return. The person and staff had agreed that they would take just enough money just to buy what the person wanted. The risk assessment detailed that if the person was not back within the agreed time period then staff would initially look for the person in case they had lost track of time. If the person was not found then the person would be reported missing to the police.

We looked at the recruitment records of two staff who had recently started working at the service. Examination of records and discussion with the registered manager demonstrated that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

Through our observations and discussions with people and staff members, we found there was enough staff to meet the needs of the people who used the service. At the time of the inspection there were 10 people

who used the service. The registered manager told us there was six staff on duty during the day and on an evening five support staff. Overnight there were three support staff. On each of the shifts one of the support staff was always a senior member of staff. We looked at duty rotas which confirmed this. In addition the registered manager worked during the day Monday to Friday and the therapy assistant worked during the day and one evening a week. We spoke with people who used the service about the amount of staff on duty. One person said, "I can go out whenever I want. I never have to wait." A staff member we spoke with said, "There is plenty of staff on duty to ensure people receive a very good quality of care and get all of the help they need. They [people] can do what they want whenever they want." From our observations we saw when people needed help that staff were visible and available to provide the help and support and people were supported to go out into the community.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw a certificate to confirm that portable appliance testing (PAT) had been undertaken in August 2016 and was satisfactory. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

People lived in a safe environment. Assessments, audits and checks of the building and maintenance systems were regularly carried out to identify any potential risks to people's health and safety. Regular fire safety checks were undertaken to reduce the risks to people if there was fire, and people had Personal Emergency Evacuation Plans (PEEPs) recorded within their care records. These showed the support people required to evacuate the building in an emergency situation.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents in order to identify any patterns or trends and put measures put in place to avoid re-occurrence.

Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Each month senior staff completed a stock check of medicines and ordered what was needed for each person for the month ahead. Medicines were checked in by senior care staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner.

We looked at how staff at the service managed people's medicines and found the arrangements were satisfactory. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. Policies and procedures were available for staff to refer to. Staff had received training to help them to safely administer medication. Regular competency checks to monitor their practice were undertaken by the registered manager to ensure they were competent to administer medication safely. Medicines were stored in a treatment room, which we saw was always locked when not in use. On the first day of the inspection we saw that staff kept a record of the room in which medicines were stored. We saw that on many occasions the room temperature was too warm. This was pointed out to the registered manager who by the second day of the inspection had spoken with the registered provider and arranged for an air conditioning unit to be fitted within the next few weeks. This would ensure medicines were stored at the correct temperature and fit for use.

Medicines that required cold storage were appropriately stored in a medicines fridge, with temperature records maintained daily. The people we spoke with didn't raise any concerns about their medicines and told us they received them at the times they needed them.

Some people who used the service needed PRN (as required) medicines and we found there were protocols in place to provide guidance to staff about when this medicine should be given and under what circumstances.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I have everything I want and need right here." Another person said, "They [staff] are always there to rely on."

Staff told us there was a thorough, robust staff induction programme in place, which all staff completed when they first commenced employment at the service. They told us this consisted of e-learning, interactive quizzes and face to face learning. Staff told us they shadowed more senior staff until they were confident and competent to support people. One staff member said, "Our induction training was very good. You were not allowed to do anything for the first couple of weeks. You shadow people until you feel confident. Our mandatory training is also very good and gives us the knowledge to do our job."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding, fire, health and safety, nutrition awareness, medicines administration, infection control and working with challenging behaviour.

In addition there was some service specific training that staff were to complete such as training in Korsakoff syndrome (type of chronic memory disorder) and an acquired brain injury. On the first day of the inspection we noted that a number of staff had not completed this training. This was pointed out to the registered manager who confirmed on the second day of our inspection that this training had been booked for early February 2017. The registered manager told us that although a number of staff had not completed this training, they had worked very closely with health care professionals to understand people and their needs.

The registered manager told us staff were trained in Positive Behaviour Support, an approach that explored strategies and methods to reduce the incidence of behaviour that challenges. The registered manager explained that the aim of the approach was to increase the person's quality of life through teaching them new skills and adjusting their environment to promote positive behaviour changes. This is vital for people who may experience difficulties in communicating or managing their emotions and use behaviour as a way to express themselves. Care records showed that this approach was effectively implemented.

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member said, "Our manager is very supportive and the whole staff team are very supportive of each other."

The registered manager told us that management and staff worked well as a united team. They had an open door policy and any concerns were addressed promptly before they became a bigger issue. Staff told us the registered manager was a visible presence and that they were readily available for advice and support.

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

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. At the time of the inspection two people were subject to DoLS authorisations. People subject to DoLS had this clearly recorded in their care records and the service completed regular audits to ensure the records were up to date.

When people were deprived of their liberty we saw that staff used the least restrictive options available. For example, people were unable to leave the service independently, however the door to the rear garden was left open during both inspection days. We saw staff encouraged people out into the garden to enjoy the fresh air and plants. We saw people enjoyed being out in the garden and had the freedom to walk around.

In care records we saw that mental capacity assessments were available. Capacity assessments identified that people lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were discussed with staff, family and other professionals. Evidence of best interest decisions were recorded.

People who used the service told us that staff asked for their consent before providing care or support. Staff were also able to describe how they sought consent from people. One person said to us; "The staff always knock and ask if they can come into my flat. I can do a lot for myself but sometimes I need help and they [staff] always ask me first."

Each week people who resided in the main part of the building met with staff to organise menus for the week ahead. We saw records which confirmed people made individual choices. Alternative food choices were always available if people wanted something different. Staff and people who used the service would then go shopping to buy what was needed. For those people accommodated in the flats and who required minimal support, staff supported people to make healthy choices and prepare their own food. One person said, "I am having chicken stir fry tonight."

Some people who used the service were unable to maintain adequate nutrition orally and as such had a PEG tube (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. We spoke with staff who were able to tell us about the feeding regime but also told us how they worked with the dietician to give tasters of food safely to the person.

The registered manager told us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people were weighed at regular intervals.

People experienced positive outcomes regarding their health. Care records detailed specific and individual health needs and the actions needed to maintain and improve the health of the individual, and any help needed to achieve them. The service engaged proactively with health and social care agencies and acted on their recommendations and guidance in people's best interests. People had access to a range of health care

professionals and therapies to help support their care, treatment and rehabilitation programmes. Regular healthcare reviews and appointments with other healthcare professionals were attended to maintain people's health and wellbeing such as well woman screening, dentist, optician, speech and language, dietician and physiotherapy. Staff acted promptly when any health concerns were identified.

The service accessed support from the 'Neural Pathways' service which specialised in helping people with an acquired brain injury. They visited the service on a weekly basis to assess and review people's individual needs. The psychologist would then work with the therapy assistant who was employed at the service who would follow through with providing this therapy during the week. People were supported to have annual health checks and everyone had a Health Action Plan in place and were accompanied by staff to hospital appointments. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, this was reflected in the care and support that people received. People were exceptionally well cared for and were consistent in their high praise of the service. One person said, "This [Woodlands] is brilliant. I have come such a long way and improved. The staff are brilliant too." Another person said, "They [staff] are fantastic. Without them I wouldn't have made so much progress."

We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. We saw that where people requested support it was provided promptly and discreetly by staff. Everyone we spoke with was complimentary of the staff who supported them. Throughout the inspection we saw that staff were not rushed in their interactions with people. We saw that the registered manager and staff all spent time chatting with people individually and supported them with their care and support needs and to engage in activities.

The registered manager told us the service existed to provide a secure and stable environment in which people could become more confident, skilled and independent with a view to moving-on to more independent living in the future. We spoke with one person who told us they had just moved from a bedroom in the main service to one of the flats at the rear of the service. They told us how staff had kindly helped them to move all of their belongings into the flat to make it feel like home. They told us this move would not have been possible if it hadn't been for the dedication of staff who had supported them every step of the way in their rehabilitation. They told us how this new found independence had given them confidence and how they were much happier than they had ever been. This person said, "The staff are a really good support. I get out an about in my wheelchair and feel happier." They told us how when they first moved into the service how they relied on staff to support them with all of their personal care and meal preparation. Over a period of time staff worked hard with the person setting achievable goals to achieve independence in many areas.

The registered manager and staff told us that when a person sustained an acquired brain injury this could often result in changes to how a person functioned. Staff were extremely knowledgeable about the physical, cognitive, social and emotional changes that can affect people. They told us when people first moved into the service how they could have problems with their mobility, speech, understanding, memory, have emotional and behavioural outbursts and have low moods. They told us how people often isolated themselves and struggled with a loss of privacy and independence.

Staff were able to describe each person who used the service, how their brain injury had affected them and the person centred care and rehabilitation they required. The registered manager and staff told us how they worked with one person who used the service to motivate them to become more independent with their mobility. They told us how this person was unable to be fitted with a prosthesis as they did not meet the criteria. Aware of the person's disappointment the registered manager and staff worked to support this person with an intense exercise programme over a three month period. After this time the person was reassessed by professionals and had improved so much they were fitted with a prosthesis. This person told

us how this improvement in mobility had made a positive impact and how their self-esteem, confidence and quality of life had improved.

Another example of the caring approach of staff was when they supported a person in their rehabilitation to attend a close family wedding at the other end of the country. The person who used the service and staff told us how they worked tirelessly over a 12 month period to improve their mobility, behaviours that challenged and verbal outbursts to enable this event to take place. The registered manager told us how staff embraced this challenge that some would have thought impossible. We were told how district nurses trained staff who were to support the person at the wedding and on an overnight stay to manage the person's diabetes for the period of time they were away. We were told how the wedding was a great success and how the person who used the service was overwhelmed with the outcome and their achievements. The person who used the service told us they were, "Very proud."

On admission, another person who used the service struggled to trust staff and in particular with their personal care. A routine was devised, which slowly introduced one member of staff at a time to support the person. Staff had taken a gentle, caring and supportive approach to gain the person's trust. At the time of the inspection the registered manager told us how all female staff members were now able to support the person with their personal hygiene without behaviours that challenge. During the inspection we saw how staff supported this person with reassuring touches, smiles and ensuring the person understood what was being said to them. We saw how this person had a positive relationship with staff and how they often linked arms with staff or held their hands.

Throughout the inspection staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement and praise.

Another person told us how they hadn't celebrated their birthday since a very young age as the date of their birthday reminded them of a sad time. They told us how staff had suggested they celebrate their birthday on the day before so that they could have some fun and laughter in their life. They told us how they had taken staff up on their suggestion and celebrated their birthday for the first time in years. They said, "I had a party which was great fun." They told us by celebrating the day before they had been able to have some enjoyment, but also been able to reflect on events that mattered to them.

During the inspection we saw people had choice and control over their lives and that staff responded to them expressing choice in a positive and supportive manner. It was clear that the provision of care was not task-led and did not adhere to a fixed timetable. The registered manager and staff were flexible in the way that they supported people and changed priorities as the situation demanded. For example, staff finished their evening shift at 10pm, but people who participated in activities during the evening did not always want to return to the service at 10pm. To accommodate this staff changed the hours they worked to suit.

People met with their key worker and other professionals on a regular basis to discuss and agree their care and support. We noted from records that these discussions and person centred reviews always started on a positive note, talking about what they admired about the person and what had gone well and achievements since their last review. Reviews focussed on raising self-esteem, determination and motivation. People were actively involved in making decisions and plans for the future.

We found that staff at the service were extremely welcoming. When staff reported for duty they individually greeted people who used the service and when they finished their shift they said goodbye. The atmosphere was relaxed and friendly with staff and people who used the service enjoying friendly banter. Staff were

passionate about their work and demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication.

During our inspection one person who used the service, who was accommodated in one of the flats, knocked on the window of the registered manager's office and asked if they wanted to come into their flat for a cup of tea. We spoke with this person during the inspection who told us the registered manager and staff were, "Great, brilliant and supportive." They told us how the registered manager spent time with them and regularly had a cup of tea which they very much enjoyed.

People were supported by staff to maintain relationships that mattered to them. There was an open door policy and people were able to receive visitors as they wished. It was evident from discussion with the registered manager and review of care records that important events such as family occasions, family contact and involvement was recognised and facilitated.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging the person to be independent and making sure curtains and doors were shut when providing personal care. One staff member said, "This job is all about encouraging people to be independent and helping themselves when they can. At first I found it difficult to take a step back, but it is so rewarding when you see people making progress." The staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff enabled us to generate discussion and communicate with one person who used the service when they told us about their previous employment, past and hobbies. The person had difficulty finding words and their sentences didn't always make sense. Staff knew and understood this person so well and in particular their personal history and were able to communicate effectively with them. They spoke clearly using short sentences which enabled the person to understand what was being said. Staff allowed time for the person to respond with their answer. Staff told us they enjoyed supporting people. One staff member said, "I absolutely love working here. Every one of the staff work as a team and we are absolutely committed to making a difference to people's lives."

Individual care and support plans clearly identified emotional needs and anxieties, how they presented and the support the person required from staff to manage and reduce them. Episodes of anxiety and/or any incidents that occurred were recorded and reviewed on a regular basis to identify any trends and if current management strategies needed to be adjusted.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. People were able to go to their rooms at any time during the day to spend time on their own, go out independently or with the support of staff. This helped to ensure that people received care and support in the way that they wanted to.

At the time of the inspection one person who used the service required an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. From examination of records and discussion with the person who used the service we could see the advocate visited as and when needed.

During the inspection we spoke with a representative from an organisation that delivered therapeutic art sessions within the service. They said, "Even when specialists, psychologists and other professionals are at a loss, the staff here drill down and go the extra mile to reach people and understand. Art has encouraged people to speak out."

Is the service responsive?

Our findings

Care and support was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People told us the care they received was responsive to their needs and with the constant support from staff they were setting and achieving new goals and making progress.

Before people moved to the service a comprehensive assessment was undertaken to ensure the service could meet their individual's needs. The assessment process also helped to ensure the personal dynamics within the small service would be agreeable to both the new person and people who already used the service. People received care and support that was planned and centred on their individual and specific needs. The person who used the service had an individually tailored support and rehabilitation plan and they were actively involved in reviewing their progress towards short and long term agreed goals. The plan was personalised and sufficiently detailed to guide staff on the nature and level of care and support they needed, in a way they preferred. For example, one person's plan described in detail a typical good day and how they liked staff to run the shower before they got in as they liked to know the water would be warm but not too hot. The plan described in detail step by step instructions on how to support the person and included that staff needed to constantly reassure the person throughout. This helped to ensure that people were supported in a way that was acceptable to them.

People were enabled to manage difficulties by supportive strategies such as repetition, routines, activity timetables and diaries. These strategies were aimed at minimising their difficulties and maximising and increasing the person's independence in daily living tasks. Activities ranged from basic self-care to more extended activities such as doing the laundry, accessing the community, shopping and social and leisure activities. Reviews looked at the progress people had made towards achieving their individual goals.

Staff provided support that enabled people, where able, to take part in and follow their interests and hobbies. This included regular access to the local community and access to social activities. Some people who used the service went to a nearby sports village that provided cycling opportunities for people with disabilities. People told us how they enjoyed using the adapted cycles and had fun. People regularly visited the local shops to purchase items or to enjoy a coffee. People liked to go out for meals and to have takeaways. One person told us how they liked to go for long walks with staff. This person told us they had enjoyed a walk on the second day of our inspection.

One person regularly went to a tea dance at a nearby community centre and others liked to go shopping in town.

Bedrooms and flats were personalised with the individual's own belongings. People were encouraged and supported to individualise their rooms with personal items that were important to them. This helped to provide comfort and familiarity. One person told us how they had bought a music centre and how they played their CD's on a regular basis. Another person showed us their collection of films they had acquired and two recent films they had purchased an intended to watch with staff.

On the second day of the inspection staff supported a person with their chosen activity to visit Whitby. On their return they told the registered manager how much they had enjoyed their trip out.

The registered manager and staff were able to explain what to do if they received a complaint. We were shown a copy of the complaints procedure, which gave people timescales for action and who to contact. We looked at the complaints log and saw that the registered manager and staff recorded all concerns and complaints made. People told us the registered manager and staff were approachable and should they feel the need to raise a concern then they would without hesitation.

Is the service well-led?

Our findings

People who used the service spoke extremely highly of the registered manager. One person said, "[Name of registered manager] is brilliant and she will do anything to help you." Another person said, "[Name of registered manager] is sound. She is very easy to talk to." During the inspection one person approached the registered manager and said, "You are gorgeous you are and you're my best friend." We spoke with the person and asked why they had complimented the registered manager in this way and they told us, "[Name of registered manager] is so good to me, honestly she's the best."

There was a registered manager in post who has registered with the Care Quality Commission since June 2014.

The staff we spoke with all felt the service was both well-led and well managed. One member of staff said; "[Name of registered manager] is very good. Everything is done properly and well. She is both supportive and encouraging." Another staff member said, "[Name of registered manager] gives you confidence to do your job well and she is a really supportive person."

From our discussions and observations, we found the registered manager had a good knowledge of the people who used the service and of the staff team. We saw that staff were relaxed with the registered manager and it was very clear they worked well together. For example, at regular intervals during the inspection, we observed staff and people who used the service, approach the main office and speak with the registered manager and management team. These conversations were mainly in relation to support requirements and discussing different people's routines, but were also personal discussions, where particular areas of interest were discussed, or plans for the upcoming weekend. This showed that the registered manager was approachable.

Staff and people told us the culture and morale was good and that they were kept informed about matters that affected the service.

The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

We saw records to confirm that staff meetings had taken place on a regular basis. We saw that discussion had taken place about rotas, staff training, confidentiality, expected dress and other areas relevant to the needs of people who used the service. Staff told us meetings were well attended and that they were encouraged to share their views and speak up. One staff member said, "[Name of registered manager] says if we think something could be done better we need to speak up."

Observations of interactions between the registered manager and staff showed they were open, positive, respectful and supportive. Staff told us that they were a visible presence in the service and that the

registered manager provided them with support and encouragement in their daily work. During the inspection we saw that the registered manager spent time with people who used the service. The registered manager effectively engaged with people to make sure their needs were met.

The registered manager told us people met regularly with their key workers and that people who used the service were encouraged to share their views and ideas. They told us these individual meetings worked better than group house meetings as they could spend the time and work at the individual pace of the person.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous audits and checks, which were carried out on a regular basis to ensure that the service was run in the best interest of people. These included checks on health and safety, infection control, staff records, care records, medicines, accidents and incidents amongst other areas. Where needed, clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified CQC of any significant incidents which had occurred within the service. It was noted that the registered manager had not informed CQC of the authorisation of two DoLS, however when we pointed this out to the registered manager at the time of our inspection they told us this was an oversight and then promptly submitted the notifications to us.

We saw that that the service worked closely with other organisations as necessary. One of which was a service called Headway. Their aim is to promote understanding of all aspects of brain injury and provide information, support and services to people, their families and staff.