

Voyage 1 Limited

Ivydene

Inspection report

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Date of inspection visit:

04 October 2017

06 October 2017

Date of publication:

30 November 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 and 6 October 2017 and was unannounced. The service provides accommodation and personal care for up to eight people with a learning disability. There were six people living at the service at time of inspection. Ivydene is based on two floors, connected by a passenger lift and stairs. There were bedrooms and bathrooms on both floors of the building. The ground floor had a kitchen, dining room and conservatory as communal spaces which people could use.

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

At our last inspection in June 2016, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. We asked the provider to make improvements in the areas of; person centred care, dignity and respect, safeguarding people from abuse and harm, assessing people's healthcare needs, governance and monitoring of the service and the reporting of significant incidents to CQC. At this inspection, we found that improvements had been made and the provider had taken steps to meet the requirements of these regulations.

The registered manager started working at the service after the last inspection. They had devised and implemented an improvement plan for the service to make the improvements identified as being required at our last inspection. The registered manager and provider continued to monitor the service through a series of audits, checks and improvement plans in order to monitor the quality and safety of the service. The registered manager had also used feedback from complaints and questionnaires to make further improvements to the service.

People were involved in the planning of their care, being given choices about their daily lives and activities. Staff worked with people, tailoring their communication strategies to the individual in order to make communication meaningful and effective. Staff treated people with dignity, respect and were kind and caring in their interactions.

People were protected from the risk of harm. Staff took appropriate action to keep people safe when incidents occurred and the registered manager reported significant events which occurred in the home to relevant safeguarding bodies and CQC.

People's healthcare needs were identified in their care plans. Staff were pro-active in ensuring that people had access to healthcare services when required. When people were reluctant to access these services, staff worked with people, families and other professionals to try to facilitate these appointments. The registered manager understood the need to for people to consent to their care and treatment, but also that some

decisions had to be made in people's 'best interests' if they lacked the capacity to make an informed choice.

There were sufficient staff in place to meet people's needs. The registered manager had facilitated a large turnaround in staff since last inspection. Staff were supported appropriately through training, induction and supervision. Staff were subject to recruitment checks which helped to ensure they were of appropriate experience and character to work with people.

People were supported with a diet in line with their preference and their dietary requirements. They had access to planned activities outside the service and were encouraged to participate in everyday living tasks to promote their independent living skills.

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 now safe

Risks to people were assessed and monitored.

People were protected from the risk of harm and abuse.

There were sufficient staff available to meet people's needs

There were systems in place to safely manage people's medicines.

Is the service effective?

Good ●

The service was now effective.

Staff received training, induction and supervision relevant to their role.

People received a diet in line with their dietary requirements.

People had access to healthcare services when required.

Staff followed legislation to protect people's rights and freedoms.

Is the service caring?

The service was now caring

Staff treated people with dignity and respect

People were encouraged to make choices about their care

Staff were knowledgeable about people's needs

Is the service caring?

Good ●

The service was now caring

Staff treated people with dignity and respect

People were encouraged to make choices about their care

Staff were knowledgeable about people's needs

Is the service responsive?

Good ●

The service was now responsive.

Care plans were detailed containing information about people's preferences.

There was a complaints policy in place

People had access to activities in line with their interests.

The registered manager sought feedback from people, relatives and staff in order to make improvements.

Is the service well-led?

Good ●

The registered manager had made improvements to the service and monitored quality and safety through audits and quality assurance checks.

There was an open, caring atmosphere in the service, which the registered manager embodied.

The registered manager and provider had effective management systems in place.

Ivydene

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.

This inspection took place on 4 and 6 October 2017, was completed by two inspectors and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the home and one relative. We also spoke with the provider's regional manager, the registered manager, and five care staff.

We looked at care plans and associated records for four people and records relating to the management of the service. These included four staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The home was last inspected in June 2016, when it was rated requires improvement.

Is the service safe?

Our findings

At a comprehensive inspection carried out on 17 and 18 June 2016, we found the service was not always safe. We found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not always sufficient staff deployed to meet people's needs. We also found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all risks to people's health and safety were assessed and mitigated. In addition to this, the service was also in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; people were not always protected from harm or abuse. We asked the provider to submit an action plan to us detailing how improvements would be made. At this inspection we found that action had been taken and the requirements of these regulations had been met.

At our previous inspection in June 2016, there were not enough suitably skilled and qualified staff to meet people's needs. Many permanent staff told us that there were not enough staff available. This resulted in high use of agency staff who were unfamiliar with people's needs. This also contributed to people not having access to the outside community, as there were not sufficient staff available who could drive. At this inspection, we found that improvements had been made and the registered manager had recruited a team of staff who were adept at meeting people's needs.

The registered manager told us that since our last inspection, they had recruited many new staff. They told us, "We only have two staff remaining from the last inspection. There were a lot of staff here who could not accept that we needed to make changes, so it was for the best that they moved on. We are now at the stage where we have not used agency for the past few weeks and can staff the home with permanent staff." Staffing levels were determined by people's needs. Each person had care and support hours which were allocated after assessments from social workers and healthcare professionals. We saw that staffing levels were consistent with these assessments and there were enough staff to meet people's needs.

Staff recruited were subject to appropriate pre-employment checks to help ensure they were of suitable character and experience to work with people. These checks included; details of staff work histories, references from previous employers and a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people who are vulnerable as a result of their circumstances.

At the time of the last inspection, the service did not have sufficient staff that could drive people to their daily activities which meant that they were not always able to attend. Since that inspection, the registered manager told us that they had experienced difficulty recruiting staff who were able to drive. However, they had overcome this issue, as the provider had arranged to fund taxi fares for people to travel to their daily activities if drivers were not available. The registered manager told us, "We have really struggled to find drivers, but I think it is much more important to get the staff with the right attitude, who are motivated and dedicated, which is what we now have. We make sure that people don't miss out, even if it means we pay for taxis."

At our previous inspection in June 2016, people were not always protected from the risk of harm or abuse. People told us they did not feel safe and gave us examples of when they had been harmed or abused. At this inspection we found that people felt safe and there were systems in place to identify and protect people from abuse or harm.

The registered manager told us the service had seen a significant reduction in incidents between people after one person had moved to alternative accommodation. People and their relatives told us that they felt safe living at Ivydene. One person said, "I feel safe here." One relative told us how the registered manager took steps to keep their family member safe after some incidents occurred between two people. They said, "[The registered manager] did very well. The situation was resolved quickly."

The registered manager investigated incidents involving people to reduce risk of reoccurrence. Incidents were recorded onto a computerised log and analysed by a behavioural therapist who was employed by the provider. From this information they would have a discussion with the registered manager about possible triggers to incidents, concerns and risks, changes in behaviour and suggestions to reduce incidents reoccurring. This helped to keep people safe from potential abuse or harm.

The service had information about types of abuse and signs people may be experiencing abuse displayed throughout the service. The service had a whistleblowing policy in place. This outlined how staff could raise concerns to external bodies such as the local authority or the Care Quality Commission if they felt unable to raise them to somebody in their organisation. Staff were confident in the use of this policy and told us about how they raised concerns if required. The provider also had a telephone service that people, relatives, visitors or staff could call if they had seen something that had concerned them or they were worried about abuse. This service was confidential and helped to keep people safe by providing an additional facility where concerns could be raised.

Risks to individuals were assessed and monitored. Risk assessments completed for people included; mobility, nutrition, hydration, continence needs and communication needs. Risk assessments were regularly reviewed; this helped to ensure that people's information was up to date which helped to ensure people's safety. One person had a risk assessment around their mobility. They were at risk of falls due to reduced sight. The risk assessment stated they required staff to provide hand on hand support whilst walking around the home to guide them to avoid tripping or falling. We saw that this person was being supported in line with their risk assessment.

The registered manager carried out a series of checks to help maintain a safe environment within the service. These checks included checks on essential emergency equipment like fire alarms. The registered manager also carried out regular fire drills in order to help people become accustomed to emergency evacuation procedures. There had been seven fire drills at the service since January 2017 and people had personalised plans detailing the support they required from staff in the event of a fire.

Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. People's medicines were kept securely in a locked room and each person's medicines and associated paperwork were organised so they could be easily distinguished from other people. Where people had 'as required' (PRN) medicines for pain or anxiety, clear plans were in place for staff which helped them identify when it was appropriate to administer these medicines.

Records of administration and a rolling stock count of medicines were recorded on medicines administration records (MAR). Staff recorded the amount of medicines in stock after each administration. This helped staff identify that all medicines were correctly accounted for. We checked the MAR records for

three people. One person's record had discrepancies in the stock count and a missing record of administration from the morning of inspection. The registered manager met with the member of staff in order to investigate the issue and to check their competence and confidence in administering medicines. This helped to mitigate the risk of this reoccurring.

Is the service effective?

Our findings

At a comprehensive inspection carried out on 17 and 18 June 2016, we found the service was not always effective. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to ensure people's health care needs were identified and subsequently, people did not always have access to all healthcare appointments relevant to their conditions. We also found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to ensure people's legal rights were protected to ensure all the conditions of authorisations to deprive a person of their liberty were being met. We asked the provider to submit an action plan to us detailing how improvements would be made. At this inspection we found that action had been taken and the areas we assessed were now effective.

At our previous inspection in June 2016, we found that staff were not always aware of people's health needs and therefore did not always ensure people were supported to access the appropriate services to manage their conditions. At this inspection, we found that people's health needs were assessed and staff were pro-active in encouraging people to access required healthcare services.

One person had anxieties around receiving a blood test, which was required to monitor their medical condition. Staff worked with the person and community nurses to help them understand the procedure and what would be involved. This involved talking through the procedure and carrying out role play, 'desensitizing' the person to the process. The aim of this was to reduce the person's anxieties about having blood taken by making the process familiar and comfortable. At the time of inspection, the person was in the process of receiving this support. Another person was very sensitive to changes in their routine and could become upset if there were changes to planned activities. Staff had worked with the GP surgery to arrange appointments around the person's planned activities. This sometimes involved appointments outside surgery hours. This helped the person to access their GP appointments without causing a disruption to their everyday routine.

People's health conditions and the support they required to manage them were identified in their care plans. All records of health appointments were kept in a separate folder for each person with dates for upcoming reoccurring appointments with doctors and dentists clearly marked to act as a reminder to staff. This helped ensure there was a clear record of previous and scheduled appointments.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. At Ivydene, one person lacked the capacity to make a choice about appropriate foot care. A best interests decision was made that the person required this treatment for their health and wellbeing. The registered manager kept a record of how this decision was made and who was involved in making it.

At our previous inspection in June 2016, we found that people's rights were not always protected. 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. We found that the staff were not always aware people were under these authorisations and did not always work to ensure that certain conditions of these authorisations were met. At this inspection we saw that Ivydene were meeting these legal requirements. The registered manager kept a record of all applications made under the Deprivation of Liberty Safeguards along with copies of authorisations.

People were supported with a diet in line with their dietary requirements. Information about people's specific dietary requirements was displayed in the kitchen, which allowed quick reference from staff. Staff were aware of people's specific needs and the support they required around eating and drinking. Speech and language therapists had assessed some people to require their food and drinks to be served at specific textures and thicknesses; we saw people received their meals and drinks according to these guidelines.

Staff were given a training and induction programme which covered the key areas in their role. Staff training included the topics; moving and handling, dementia, health and safety, fire safety, safeguarding, nutrition, medicines, The Mental Capacity Act, emergency first aid, privacy and dignity, challenging behaviour, diabetes, food hygiene and diabetes. The provider had recently changed its training induction and some staff were still in the process of completing their mandatory training at the time of inspection.

New staff undertook an induction to the service. This included reading key policies such as health and safety, reading care plans and working alongside more experienced staff in order to familiarise themselves with people's needs. The registered manager provided ongoing support to staff through supervisions, observations of their working practice and competency based assessments. This helped the registered manager evaluate staff's working performance and identify training needs.

The environment at Ivydene was suitable for people's needs. The registered manager had identified further improvements could be made to make the environment more accessible and suitable for people to increase their access to outside space. People who required hoisting when transferring in and out of bed had overhead tracking hoists fitted in their rooms. Bathrooms had been adapted with specialised bath equipment to enable people to safely use them for their personal care. There was a lift available for people to use to access the first floor. The registered manager told us people rarely used the garden space and only the patio area was accessible due to steep increment of the stairs to the main garden. At the time of inspection, there were no plans in place to make this space more accessible. The registered manager had begun to develop one of the bedrooms as a space where people could go to relax away from communal areas, however this was still in development and staff told us people rarely used this space.

Is the service caring?

Our findings

At a comprehensive inspection carried out on 17 and 18 June 2016, we found the service was not always caring. We found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to ensure people always received person centred care. We also found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service failed to ensure people were always treated with dignity and respect. We asked the provider to submit an action plan to us detailing how improvements would be made. At this inspection we found that action had been taken and the requirements of these regulations had been met.

At our last inspection in June 2016, we found that people were not always involved in making decisions about their care and they were not encouraged to develop their independent skills. At this inspection, we found that improvements had been made and people played an active role in planning their care.

Staff encouraged people to take part in a weekly meeting. At this meeting people were asked to reflect on their week, identify activities they enjoyed, talk about activities or events they did not enjoy, choose their menu for the coming week's meals and discuss things they would like to do or achieve. Where people had limited communication, staff would use pictures and symbols of foods or activities to encourage people to make choices. In people's care plans, there was a 'decision making profile'. This was a document that detailed how people communicated decisions and the most effective way for staff to facilitate this communication. This helped ensure that people were given every opportunity possible to communicate their needs. Staff reviewed the outcomes of these meetings with people individually. One member of staff told us they "broke information down bit by bit", when reviewing the outcomes from previous meetings with a person. This helped ensure that people could understand what was agreed at these meetings.

One person was not able to communicate their preferences around their food menu. The registered manager had conducted a 'mealtime experience observation'. This involved providing a range of menu choices for the person with staff, gauging their enjoyment of each dish in order to gain knowledge about their preferences. Staff also worked with the person after each meal using symbols in order to gauge their satisfaction with the meal. This helped to ensure that the person was provided with meal choices which suited their preference.

People were encouraged to participate in everyday household tasks such as cooking and cleaning where possible. The registered manager had organised for people to help with some gardening on the patio area during the summer, which included potting plants. These activities helped people to participate and contribute towards their daily living. The registered manager had encouraged people to participate in interviews for new staff, but people told her they did not wish to be part of the recruitment process. The registered manager told us they would continue to encourage this participation.

At our last inspection in July 2015, we found that some staff did not always treat people with dignity and respect. At this inspection we found that staff were caring and respectful towards people and worked to promote their dignity.

The registered manager told us how they had made changes to ensure that staff understood the importance of promoting people's dignity. They said, "There were quite a few staff which have moved on. Some knew we needed to put things right, but were not willing to change it. The integration of new staff has been difficult, but we have the right staff in place now."

Staff were knowledgeable about people's needs and patient in their approach. They ensured that people received personal care away from communal areas and that their personal affairs were not discussed in earshot of other people. People seemed comfortable in staff's presence and staff we spoke to were motivated and dedicated in providing good quality care to people.

People were encouraged to maintain relationships which were important to them. Care plans included, 'relationship maps'. These detailed the relatives and friends who were important to people and the support they required to maintain agreed contact. One person's relative regularly visited the service, whilst other people had other agreed contact with relatives or friends, which staff helped to facilitate. This helped enable people to maintain relationships which were important to them.

Is the service responsive?

Our findings

People's care plans were detailed and contained information about people's health, behaviour, and preferred routines. Care plans contained details about people's social histories. This gave staff an understanding about people's past, to help to stimulate conversation. The registered manager had produced concise guidance about people's needs, designed for new staff to access. This guidance contained an overview of people's needs and risk assessments. This helped new staff understand the key areas where people required care and support.

The registered manager was in the process of producing 'communication passports' for people. A communication passport is a document intended to give a brief snapshot about the person's likes, dislikes, how they communicate and how best to communicate with them. People had existing communication plans, but the registered manager had identified that improvements could be made to these plans, by making them more detailed and easier for staff to understand and update. This would help to ensure people's communication needs were met. We saw staff communicate with one person using a mixture of spoken word, gesture and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. These communication strategies enabled the person to effectively communicate their needs to staff.

People's daily notes around their activities, health and wellbeing were recorded. Information was handed over from staff to new staff who came on shift. The senior support worker reviewed these logs at the end of each shift to help ensure all relevant information was passed on to new staff. Where people had changes in their health or wellbeing, staff made prompt referrals to relevant professionals. These actions were responsive to people's needs and helped ensure that any changes in people's health and wellbeing were monitored and appropriate care was provided.

People had access to a range of activities in line with their interests. One person told us, "I go to coffee mornings on a Monday." One relative said, "[My relative] lives quite a full life." Some people attended regular day service placements, whilst other people attended local coffee mornings, went shopping or went for walks. Staff encouraged people with activities such as puzzles and crafts throughout the day. However, we did see some examples where staff were not always pro-active in encouraging people with activities if no set activity was planned. We brought this to the attention of the registered manager, who addressed this with staff.

There was a complaints policy in place. People had a service user guide in their home, which gave them information about staff they could contact if they needed to make a complaint. The policy had been adapted to incorporate simplified language and symbols suitable for people it had been provided to. This allowed people to access and understand how to make a complaint. Records of complaints received by the provider demonstrated that they were dealt with quickly, investigated thoroughly and people were informed of the outcome of the investigations into their complaints.

The registered manager sought feedback about the service in order to make improvements. They sent out

annual questionnaires to people, staff and relatives asking them for feedback about the quality and safety of the service. The registered manager collated feedback from questionnaires and shared with staff in order to identify improvements that could be made. From feedback from the last questionnaires, sent in November 2016, the registered manager met with staff to emphasise the need for all staff to speak in English whilst at work. This was to promote effective communication with people who all spoke English as a first language. Staff also fed back that they felt that improvements could be made to new staff's induction to ensure it included all information relevant to the service. In response to this, the registered manager adapted the staff's induction to the service to cover more key areas of their role.

Is the service well-led?

Our findings

At a comprehensive inspection carried out on 17 and 18 June 2016, we found the service was not always well led. We found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider did not inform CQC of some significant events which occurred at the service. CQC have a duty to monitor the operation of the Deprivation of Liberty Safeguards in England. They are part of the Mental Capacity Act 2005 (MCA) and are used to protect the rights of people who lack the ability (mental capacity) to make certain decisions for themselves. We also found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's system to assess and monitor the safety and quality of the service was not always effective in driving and sustaining good quality or identifying all shortfalls. At this inspection we found that action had been taken and the areas we assessed were now well led.

Since the last inspection, the registered manager had started working at the service. The registered manager had recognised the challenges of making improvements needed for the service and had taken steps towards meeting them. They had sent us an action plan, detailing the improvements planned, in light of findings from our previous inspection, to ensure the service was meeting the requirements in line with the statutory regulations. They told us, "It's been a real challenge; we have had to make a lot of changes and are at the stage now where we can start thinking about the next steps in developing the home."

At our previous inspection in June 2016, we identified incidents in daily records and behaviour recording charts where people had incidents involving other people living at the service which we had not been notified about. We also identified that we had not been notified when a Deprivation of Liberties Safeguards application had been approved. At this inspection, we found that improvements had been made and the registered manager understood their responsibilities in reporting significant events. Records of incidents reflected that the registered manager had notified CQC appropriately when a significant incident had occurred.

At our previous inspection in June 2016, we identified that the provider's system to monitor the safety and quality was not always effective in identifying shortfalls in safety or the reporting of significant incidents to CQC and was not effective in promoting and sustaining high quality care. At this inspection, we found that improvements had been made and the registered manager had audits and quality assurance systems in place which were effective in monitoring quality, safety and compliance with regulatory requirements.

The registered manager completed an audit of the service every three months. This audit looked at how; safe, effective, caring, responsive and well led the service was. The registered manager told us, "I complete a quarterly audit which generates a consolidation and improvement action plan in order to actively make positive developments within the service." The provider's quality team completed an annual audit of the quality and safety of the service. From the last audit there were 470 standards that the auditors rated the service against. From the audit an action plan with 30 outstanding areas was given to the registered manager to complete. At the time of inspection 24 actions were completed and six were ongoing. This demonstrated that the registered manager had made significant progress in assessing, monitoring,

improving and sustaining the quality of the service.

The registered manager carried out a series of regular audits including; health and safety, infection control and medicines. They also completed a weekly report to senior managers from the provider. This report detailed information about staffing levels, recruitment and feedback from visiting professionals or relatives. This helped the registered manager monitor day to day events at the service. The registered manager also reviewed people's daily records weekly to check that people were receiving support in line with their care plans. The effectiveness of these audits were evidenced through the periodic improvements the service had made in the provider's quarterly quality audits scores and their compliance with regulation.

The registered manager was committed to their role and kept themselves updated with the latest guidance and legislation through internal provider's managers and regional meetings where information and learning was shared. They were working towards an additional qualification in health and social care and had established a working relationship with a local college with the aim of providing additional training courses accessible to staff at Ivydene, which would increase their skills and knowledge in their role.

The registered manager provided strong leadership in the service. The structure of the management at Ivydene was, the registered manager, who was supported by senior staff. Senior staff's role was to assist in the day to day supervision of staff to help ensure they were displaying appropriate values and behaviours. The registered manager was also committed to developing staff's knowledge and skills. They were developing the role of 'keyworkers' for people. The key workers role would be to act as a person's main staff member, which would include some responsibilities around updating care plans and communicating with families. The provider's regional manager also regularly visited the service to carry out quality audits and offer the registered manager support and advice. The registered manager told us, "The provider has been really good in supporting me over the past year and more. My manager is always available and I can always speak one of the other homes managers too." The registered manager and managers from the provider's other services regularly met to share updates, discuss best practice and knowledge. This demonstrated a clear and functioning management structure within the service.

The registered manager was a prominent presence in the day to day running of the service and understood people's needs. People were comfortable and relaxed in the registered manager's presence. The registered manager had an open door policy to their office with people and staff regularly coming in for a chat or to ask advice throughout the day. One person told us, "They are a good manager." The registered manager regularly worked alongside staff and demonstrated a positive and pro-active approach to engaging people in their everyday activities. They told us they had been mentoring new staff about effective ways to work with people and was focussed on nurturing a consistent and caring approach from their staff team. One relative told us, "The manager is stable and strong." This helped to ensure that staff understood their responsibilities and the expectations within their role.

There was an open and transparent culture within the service. Staff told us that the registered manager was approachable and supportive. One member of staff said, "[The registered manager] is always there to support staff any issues, she listens." The registered manager had kept the local authority and CQC informed about the progress of how the service had made improvements since the last inspection. This demonstrated they were willing to seek feedback and learn lessons from past issues to help reduce the risk of reoccurrence.