

Voyage 1 Limited

Kemp Lodge

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 29 June and 5 July 2018. The first day of the inspection was unannounced.

Kemp Lodge provides support for people who have an acquired brain injury. It is owned by Voyage Care. The home Lodge can accommodate up to seven people in one adapted building, at the time of our inspection seven people were living at the home.

Kemp Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

During our previous inspection in April 2017 there were breaches of Regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating of the service was 'requires improvement'. This is because people using the service and those lawfully acting on their behalf, had not always given consent before care or treatment was provided. The provider did not seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders. And, the provider did not maintain accurate, complete and detailed records in respect of each person using the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions. Is the service safe? Is the service effective. Is the service responsive? and; Is the service well-led? To at least good.

At this inspection we found that the service was 'good' and was no longer in breach of regulations. This was because appropriate procedures had been followed to ensure that the administration of covert medication was appropriate, legal and in the person's best interests. Also, the service was now working within the principles of the MCA and people's consent to their care was sought.

At this inspection we looked at the care files for four people. The information contained was up to date, detailed and thorough. Important information to and for a person was clear and highlighted at the front of the care file. People told us that the support they received met their needs. One person said, "I wish to go home. These guys are helping me to get ready for this."

We also saw that feedback from people, their relatives and staff had been obtained by a stakeholder questionnaire. There were also less formal plans to engage with people; we saw that there was an upcoming friends and family BBQ planned. We also saw that there had been regular 'house meetings' where feedback

was sought from people living at Kemp Lodge.

People living at the home told us that they felt safe and secure. One person when referring to a member of staff said, "He's a good friend of mine. He keeps his eye on us. I like it here, I wouldn't; want to move." Another person told us, "I feel quite safe here. I like the people here." There were enough staff at the home to meet people's needs safely. They had been safely recruited and appropriately trained in safeguarding vulnerable adults. Steps had been taken to ensure that the home's environment was safe.

People living at the home praised the staff and how they cared for them. People told us that they had got on very well with the staff and had found them friendly. Staff told us that they enjoyed their roles and received appropriate training and support to be effective. People at the home were listened to and were treated with dignity and respect.

People's needs and choices were assessed as part of the care planning process when arriving at the home. Their support was delivered in line with these by staff who had the skills and knowledge to do so effectively.

We saw that people were supported in a range of meaningful activities both inside the home and in their community. Some of these activities were used to build relationships with people and to build up their confidence.

There was a culture of learning from and with people at the service and using this information to improve the support people receive. There was a focus on enablement and reducing people's support so if possible, they were able to move into their own homes.

The registered manager and deputy manager were friendly and it was clear that they had positive relationships with the people at the home. The registered manager conducted a series of quality audits on different areas of the home and the quality of the service provided for people.

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 living at the home told us that they felt safe and secure.

There were enough staff at the home to meet people's needs safely. They had been safely recruited and appropriately trained in safeguarding vulnerable adults.

There were appropriate risk assessments in place. Any incidents and accidents were recorded, analysed and learnt from.

People's medication was administered safely by trained staff. Steps had been taken to ensure that the home's environment was safe.

Is the service effective?

Good ●

The service was effective.

People living at the home praised the staff and how they cared for them. They told us that they had got on very well with the staff and had found them friendly

The service was working within the principles of the MCA; people's consent to their care was sought.

New staff members were appropriately inducted into the home and received appropriate training and support to enable them to be effective in their role.

People's needs and choices were assessed as part of the care planning process when arriving at the home.

People were positive about the food provided.

Is the service caring?

Good ●

The service was caring.

People told us that they thought the staff were caring and that the atmosphere at the home was nice.

Staff gave attention to what was important to people and took their feelings into account.

We saw that people's confidential private information was respected and kept secure. People were provided with information in a variety of ways.

The service used independent advocates to help them make important decisions in their lives.

We saw that people had been supported to make choices and adapt their environment to make it homely.

Is the service responsive?

Good ●

The service was responsive.

The information contained in people's care files was up to date, detailed and thorough. People's care files contained details of what was important to them.

We saw that people were supported in a range of meaningful activities both inside the home and in their community.

Activities were used to build relationships with people and to build up their confidence.

People told us they felt comfortable raising a complaint or a concern. Complaints were taken seriously at the home.

Is the service well-led?

Good ●

The service was well-led.

Feedback about the quality of the service was sought from people living at the home, their friends and relatives and staff members.

There was a culture of learning from and with people at the service and using this information to improve the support people received.

There had been a change in the culture of the home and there was now a renewed focus on enablement and people receiving support to gain skills.

The registered manager and deputy managers were friendly and it was clear they had positive relationships with people.

The registered manager conducted a series of quality audits on different areas of the home and the quality of the service provided for people.

Kemp Lodge

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 29 June and 5 July 2018, the first day was unannounced. It was carried out by an adult social care inspector.

During the inspection we spoke with four people who used the service. We also spoke with eight members of staff; this included the registered manager, deputy manager, operations manager, four support workers and the organisations behavioural support practitioner.

We looked at care records for four people who used the service. We also looked at records showing how the service was managed including quality audits and feedback the registered manager had received from people who used the service and their families.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including the information in the PIR, before we visited the service. We also spoke with the quality assurance team from the local authority. We used this information to plan our inspection.

Is the service safe?

Our findings

During our previous inspection in April 2017 there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because appropriate procedures to ensure that consent had been sought before administering covert medication had not been followed.

At this inspection we saw that procedures had been followed to ensure that the administration of covert medication was appropriate, legal and in the person's best interests. The service was no longer in breach of this regulation.

People living at the home told us that they felt safe and secure. One person when referring to a member of staff said, "He's a good friend of mine. He keeps his eye on us. I like it here, I wouldn't want to move." Another person told us, "I feel quite safe here. I like the people here."

The administration of medication at the home was safe. People's medication was stored securely in a locked medication room. Since our last visit the medication room had been fitted with hand washing facilities for staff administering people's medication. Staff were knowledgeable about people's medication. There was also detailed information recorded on the medication taken by each person, including pictures along with information of any allergies or specific requirements people may have in taking their medication. People who self-administered any of their medication had the appropriate risk assessment in place signed by the person, showing that it was safe for them to do so.

We checked a sample of people's medication and found there was an up to date record of the medication that had been administered to people and the stocks held were correct. This indicated that people had received their medication as prescribed. Controlled drugs were appropriately stored and stocks recorded. There were also records of medication received at the home and medication returned to be destroyed. Staff members had received appropriate training in administering medication safely and their competency was checked by a senior member of staff before they administered medication alone.

During our inspection we saw that there was enough staff to meet people's needs safely and in a timely manner. We were told that there had been a review and a recent increase in the levels of staff from 3pm to enable people to be involved in more activities. There was always a senior member of staff on call if required. People's feedback was that there were enough staff. One person told us, "I can go out when I want with staff. They have never said I can't take you, they always come with me. This is the first home where there has been no problem with that."

The service was currently using agency staff to cover a shortfall in numbers on the team, usually they provided night time support alongside an experienced member of staff from the home. The registered manager told us that they were currently recruiting to have the team up to full capacity to meet people's needs. New staff members had been identified for two thirds of the current vacancies.

Staff had been recruited in a way that helped to ensure they were safe to work with vulnerable adults. There

was appropriate information in new staff members files to demonstrate that they had been safely recruited. The registered manager showed us that they used scenario based questions during a structured interview process. These aimed to work out candidate's values to help ensure they were suitable to work at the home. Checks were made on candidates work history, identification, conduct in previous employment and their character was checked by references. Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments.

There was appropriate risk assessment in place for risks that may arise whilst supporting a person. There were detailed and offered guidance for staff on how to keep people as safe as possible while protecting their freedom.

We saw that any incidents that had happened in people's support were recorded. These were analysed and learnt from. If appropriate staff had the support of a behavioural support practitioner from within the organisation.

We spoke with the behavioural support practitioner and staff members about some recent incidents that a person had been involved in. We saw that a thorough analysis of the incidents had taken place including looking at them from the perspective of the person themselves, seeking to understand their views and how to help them to stay safe with as much freedom as possible. The person's care and support plan was changed to reflect this learning and workshops had taken place so staff could learn the new strategies developed to support this person to stay safe. The support plan was put together using the least restrictive support possible after analysing risks to the person and others, including consulting with the person's GP. Staff were aware of this person's adapted support plan.

The home kept a detailed record of incidents that they had reason to believe may relate to safeguarding a vulnerable adult. Information about these events had been shared with the local authority. If appropriate these had been investigated by the registered manager.

The service had an appropriate safeguarding policy in place, this contained information on how to raise a safeguarding concern. This information was also on a notice board for all to view. Staff had received training in safeguarding vulnerable adults. When we spoke with staff they were knowledgeable about safeguarding vulnerable adults, signs that may indicate people may be at risk of abuse and what actions they would take to ensure people were safe.

People who required support managing their monies had this done safely. There was a separate money tin for each person kept in the home's safe. We saw that people had an individualised budget that had been agreed by them which was in line with their priorities and wishes. Appropriate checks and risk assessments were in place to ensure people's monies were safe.

Steps had been taken to ensure that the home's environment was safe. Regular health and safety checks had been completed. There was an up to date fire risk assessment and evacuation plan. Firefighting and safety equipment had been serviced and checked and the services to the home had also been checked for safety. Each person had a personal emergency evacuation plan (PEEP) in place highlighting what support they may need in an emergency. There was also an emergency grab bag containing information and equipment that would help if people had to leave the home in an emergency. The contents of the grab bag were checked monthly.

We saw that the home and its facilities were clean and well maintained. Bathrooms and toilets were

equipped with soap and paper towels. There was also a secure, well equipped laundry.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our previous inspection in April 2017 there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people using the service and those lawfully acting on their behalf, had not given consent before care or treatment was provided.

At this inspection we saw that the service was working within the principles of the MCA and was no longer in breach of this regulation. People's consent to their care was sought; those who had the capacity to do so gave verbal consent and this was recorded or they signed their care plans to show their consent. Those who did not have capacity to consent to their care had an appropriate DoLS in place which had a clear rationale of why the application had been made and the details of any significant decisions that had been taken on the persons behalf that may be viewed as a deprivation of their liberty. These decisions had been made in the person's best interest following a process and involving the appropriate people, including at times independent advocates.

When a particular decision arose the person's capacity to make the decision or be involved in the decision making was assessed. Some people's care plans contained guidelines for staff in how to support people to be in the best position possible to make a decision. For example, one person's plan highlighted that staff should not consult the person regarding a decision too early in the day, what words and phrases are best to use and that it was best when the person is relaxed after a cigarette. This showed that people were supported to give meaningful consent to their care and were supported to make as many decisions for themselves as possible.

People living at the home praised the staff and how they cared for them. They told us that they had got on very well with the staff and had found them friendly. Staff told us that they enjoyed their roles and received appropriate training and support to be effective. One staff member told us, "I'm enjoying my role. Seeing people making progress helps me go home every day satisfied."

New staff members were appropriately inducted into the home. They had opportunities to 'meet and greet' people living at the home before starting in their support role. We also saw that new staff members received detailed supervision meetings, where the support needs of each person living at the home had been discussed. We also saw that the new staff member's care of people had been observed and this had been

recorded with feedback provided to them. At the end of a probation period, a probation review was held with feedback given to the new staff member, upon satisfactory completion of this they were a permanent member of staff.

Agency staff also received an induction into the home to ensure they had appropriate knowledge of people's needs. One agency staff member told us that they were introduced to people and staff, familiarised with the main health and safety points and went through main points of people's care plans and risk assessments. They told us, "I love it here. I felt confident when I started supporting people."

Staff told us that they received support in a number of ways to be effective in their role. These included one to one supervision meetings, annual appraisals and staff meetings. Some staff told us that they had received one to one training in a particular aspect of their role. One staff member who had received additional training from a senior member of staff told us they found it useful and it was a "good coaching approach to learning." Staff also told us that they had received support to develop their skills and to gain more senior roles within the service.

The service had an effective training system in place which showed the registered manager when training had been completed and when training needed to be refreshed as set out in the organisations policy. This ensured that staff had received comprehensive training that had been identified as being appropriate to their role and the needs of people living at the home. Examples of staff training included, supporting people with an acquired brain injury, communication, how to support people with specific medical conditions, the application of the Mental Capacity Act (2005), health and safety, infection control, privacy and dignity, mental health awareness, how to support people in difficult situations and supporting people in a person-centred way. Training was provided by a mix of face to face and computer based e-learning. The system in place also showed that staff had received an annual appraisal of their performance.

Staff members received additional support to be a 'champion' in a specific area within the home. Staff that were a champion received appropriate support to be skilled and knowledgeable in their specific area to ensure high standards in that area of the home. Examples of the areas staff were champions in were; infection control, health and safety, substances hazardous to health, nutrition and activities. Staff we spoke with were positive about their roles.

People's needs and choices were assessed as part of the care planning process when arriving at the home. Their support was delivered in line with these by staff who had the skills and knowledge to do so effectively.

We saw that people were supported to manage their healthcare and to attend healthcare appointments. Staff recorded important health information in people's care files. They also kept the details of appointments that people may need reminding about or support to attend in an appointment diary.

Some people who did not use words to communicate had recorded in their care plan indicators that could mean that the person is experiencing pain. This offered guidance for staff on when to seek medical advice and ensure people received appropriate medical care.

The home had a large domestic style kitchen with appropriate facilities. The kitchen was clean and food was safely stored. The home had been awarded the highest score of 5 for their food hygiene rating. There were daily checks done to ensure that people's food was safe, such as food serving and storage temperatures.

There was a dining room with a large dining table. One person told us, "We all eat around the table. There is always a nice atmosphere". In the room there was a menu displayed showing what food was planned. There

was music playing in the dining room. One person told us, "The music lifts up your mood."

People at the home had access at all times to hot drinks and snacks. They were positive about the food provided. One person told us, "You won't find any complaints off me. The food is good and there is plenty of it". Another person said, "It's a decent breakfast". We saw that people who had a specialised diet such as pureed foods, had these nicely presented in an appetising way using moulds.

Everybody at the home had their own bedroom, each one had a walk-in shower room and toilet. Each bedroom had a lock and people held their own keys. Some bedrooms were accessible on the ground floor for people who had mobility support needs. The home had three different communal areas and outdoor communal space in a garden area that people used. One person told us, "I like the garden and all the trees. I like to go out in the sun."

Is the service caring?

Our findings

People told us that they thought the staff were caring and that the atmosphere at the home was nice. One person told us, "Compared to most homes I have been in. It's nice here, its relaxed and laid back. Its homely."

Feedback from people and staff showed us that it was important to staff members that people did well, they cared about them and attention was given to what was important to people. For example, one person was supported to wind up an antique clock daily as this was very important to them. Another person was supported to keep in touch with a family member. During our visit they received a phone call from this family member. The person was happy with the call and staff were genuinely happy for the person receiving the call.

We saw that people's confidential private information was respected and kept secure. For example, people's care plans were securely stored and information held on computers was password protected. When a private matter needed discussing a smaller private lounge was used in privacy. This treated people with dignity and respect.

We saw that people were provided with appropriate information in a variety of ways. Information was available to people in written and pictorial format or was read to people. The home had information for people on local places of interest, leisure facilities, further education, local bars and restaurants, concerts and theatres. Meal planners, staff rotas and information on how to raise a complaint was available for people.

One person who had difficulty communicating was supported to go to a home improvement shop to pick out the décor for their room. Staff told us that they watched what the person stopped and stared at as an indicator of what the person found interesting or they liked. The person had been supported to decorate their room in this way.

The service used independent advocates to help people make important decisions in their lives. Respecting their autonomy and freedom to choose independent of the service. One staff member told us that the aim was that, "People are well cared for and have as much freedom as possible."

Staff at the home took steps to make moving on as easy as possible for people, taking their feelings into account. For example, when one person moved out of the home and into their own home with reduced support, the registered manager and staff arranged for familiar staff members from the home to provide support in the person's own home on an outreach basis to help the person settle in their new home with people familiar to them.

We saw that people had been supported to make choices and adapt their environment to make it homely. One person showed us their room and it contained their favourite paintings and heirlooms. People's personal space was treated with respect, people's rooms were locked and they held the keys. Before

entering a person's room, we saw that staff knocked and asked permission before entering. We also saw staff asking for permission to sit down in the person's room. This showed people respect and showed that staff cared for them as a person.

Is the service responsive?

Our findings

During our previous inspection in April 2017 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records in people's care files were not up to date and detailed enough to be meaningful when supporting people.

At this inspection we looked at the care files for four people. Information that was important to and for a person was clear and highlighted at the front of the care file. The service was no longer in breach of this regulation.

People told us that the support they received met their needs. One person said, "I wish to go home. These guys are helping me to get ready to do this." Other people told us they enjoyed their support, "I go swimming with staff. I enjoy that."

We saw that people received support that was appropriate to their need and preferences as outlined in their care plan. People did things when they were ready to and at a time that was convenient for them. There were no set times for people to do things. For example, to get up or go to bed and have meals. we saw one person who had finished their breakfast late in one of the lounges.

People's care files contained information about what and who was important to them. They contained important details, such as what newspaper they liked to read and what pubs they like to go to. They also recorded people's preferences and details of what a good day looks like for the person. For example, their habits and lifestyle choices and their preference on receiving support from male or female support workers. This information was regularly reviewed.

The service had a behavioural support practitioner. They supported the registered manager and the staff team in helping to plan some people's support as needed. They also provided training for staff on any diagnosis that people may have. This helped staff to have the skills to support people appropriately. We saw that any incidents that people may have been involved in were also reviewed and any learning or ideas from this was used when updating people's care plans.

As part of care planning staff aimed to know as much as possible about the person before they had their brain injury. This was so they are in the best position to be able to support the person to regain their skills. They do this by speaking with the person and if appropriate their family members, friends and people who may have previously supported them. This means that if appropriate, people who care about the person are involved in the person's care plan and in supporting the person to set and achieve their goals.

We saw that staff worked with people in areas where they can improve their skills towards agreed goals, that are attainable and are agreed with the person. People were encouraged to get involved in the day to day running of the home and to share in tasks with staff. This helped people develop skills for day to day life. For example, one person told us that they have been helping to prepare food at the home and this helped them develop new skills. Since our previous inspection this support had helped two people moving out of Kemp

Lodge and into their own home.

The support that people received during challenging situations to help them and others to remain safe was individually planned for each person. This involved getting feedback from the person themselves and if needed medical professionals. We saw that a recognised technique was used to train staff in this type of support, however this was adapted from person to person. Making sure any support to keep people safe was as least restrictive as possible.

Some people held keys to the home's main door, they went out without support as they knew the code to the keypad. The keypad prevented some people from leaving without the support of staff. This was because staff needed to ensure that they did not leave without support as it was not safe for them to do so.

Staff learnt with people from what went well and what went wrong. They used this information to adapt their approach and update people's care plans to record what worked for people. For example, one person was having difficulty taking their medication and would often refuse to take it. A new approach was developed with the person. The staff ensured they had plenty of time and asked the person if they could come into their room, they then asked the person if they could sit down and where to sit. Then staff said, "By the way, here is your medication when you are ready." They then put the medication on the table where they could see it and chatted with the person until they took the medication. This simple and insightful approach was working for the person. One staff member told us, "We look for creative solutions to problems with people".

We saw that people were supported in a range of meaningful activities both inside the home and in their community. Some of these activities were used to build relationships with people and to build up their confidence.

At the home there was a board game night, a quiz, a bingo night and there had been a recent BBQ in the garden. Some activities involved people's families and friends. For example, there was an upcoming friends and family BBQ and sponsored charity walk. People were also involved in the local community and attended social clubs, pubs and favourite places to eat. Some people had volunteer roles in their community.

We saw that any complaints received at the home were recorded and responded to. Information about complaints was stored securely on the home's computer system. We saw that the responses to complaints were confirmed in writing. When the registered manager logged into their computer, complaints were on the home page until they were fully resolved. We saw that a 'root cause analysis' investigation took place to work out how the matter, that was the cause of the complaint took place and what changes can be made to prevent this from happening again. The system was also used to look for themes in complaints and any incident that had caused a complaint. This showed an open and learning culture at the home.

People at the home told us that they felt comfortable raising issues if they were not happy with something. One person said, "If you are not happy with something, you can tell a member of staff."

Is the service well-led?

Our findings

During our previous inspection in April 2017 there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not sought and acted on feedback from people using the service, those acting on their behalf and other stakeholders, to be able to evaluate the service provided for people.

At this inspection we saw that feedback from people, their relatives and staff had been obtained by a stakeholder questionnaire. There were also less formal plans to engage with people; we saw that there was an upcoming friends and family BBQ planned. We also saw that there had been regular 'house meetings' where feedback was sought from people living at Kemp Lodge. In the dining room there was a 'you said, we did' information board giving updates on what had happened following feedback from the last house meeting. For example, it had been suggested that there is better lighting and a smoking shelter in the garden; this was being arranged.

Since our previous inspection there was a new registered manager at the home. The Registered manager came from another service with the same provider and had worked for the provider for over ten years. There had been a change in the culture of the home and there was now a renewed focus on enablement and people receiving support to gain skills and supporting them to move to less intensive types of support in their community. The registered manager told us that staff morale had previously been low as the service had gone through a difficult period. However there has been steps taken to improve this and these had worked. They told us that, "There is now a supportive structure in place and staff are being listened to. People are now happier coming into work." They said that the vision is to, "Get back to helping people to be in a better place with a focus on people moving on. We have positive members of staff who want to see people progress." The feedback from people living at the home and staff members reflected this.

Since our last inspection two people had left Kemp Lodge and had moved into their own home. The registered manager spoke positively about one person whose desire was to be in their own home for Christmas and has achieved this. They told us it was done with, "Dogged determination from the staff team."

There was a culture of learning from and with people at the service and using this information to improve the support people received. There was a focus on enablement and reducing people's support so if possible, they are able to move into their own homes. Staff told us that they enjoyed working in this environment. One staff member told us, "I'm happy here." Other staff members told us they felt supported to provide good support and had confidence in the registered and deputy managers. One staff member said, "I am back in a place where I enjoy coming to work again." A third staff member told us, "I go home every day satisfied."

The registered manager was friendly and it was clear that they had positive relationships with the people at the home. They had a clear vision of how to provide person centred support that was effective in helping people. Staff also shared their vision and agreed that the service provided for people had been improving.

On the first day of our inspection we were helped by the deputy manager. They had recently been promoted to the deputy manager after working at the home for eight years. They were also knowledgeable about people needs and it was clear that they also had positive relationships with people.

The registered manager conducted a series of quality audits on different areas of the home and the quality of the service provided for people. There were weekly, monthly, quarterly and six monthly depending on the area being checked. We looked at some of these audits relating to health and safety checks, checking the safe operation of assistive technology and the environment such as windows and fire safety. There was also a regular audit based upon the fundamental standards of the Health and Social Care Act 2008. Audits of the home were looked at and on occasion tested by a regional director of the provider organisation.

There was also a monthly risk screen for the home. This looked at events that had happened at the home in one document for the registered manager and the provider to review. There was a red, amber and green system used to highlight the impact of any potential risk. The risk screen was one place to see the home's accidents and incidents, safeguarding alerts, staff turnover, whistleblowing, hospital admissions and staff support and training needs. This ensured that the registered manager had the information in one place to review, investigate and act accordingly on any matters arising.

We saw that the previous rating for the home was displayed. We also checked and saw that the registered manager had ensured that appropriate notifications of notifiable events had been made to us. The home had a set of policies and procedures that staff knew about and had access to if they needed. This meant that staff had appropriate guidance if certain situations arose.