

Voyage 1 Limited Oakcroft

Inspection report

8 Winston Rise
Four Marks
Hampshire
GU34 5HW
Tel: 01420 563442
Website: www.voyagecare.com

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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	

Overall summary

The inspection took place on 15 and 16 September 2015 and was unannounced. Oakcroft is registered to provide accommodation and support for up to four people with learning disabilities. At the time of the inspection there were four people living there.

The service 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.

The registered manager who commenced their role in July 2015 had taken prompt action to recruit five new staff, four of whom had started work within the last couple of weeks. The service was fully staffed. They understood that some of the new staff appointed had not

Summary of findings

previously worked in social care and had taken measures to ensure they worked alongside more experienced staff to support them in their role, provide continuity for people and to ensure people's safety.

Risks to people both within the service and the community had been identified and managed safely. Learning had taken place following incidents in order to minimise the risk of reoccurrence for people.

A person required staff to administer their emergency epilepsy medicine on occasions. The registered manager had made arrangements to ensure new staff underwent this training as a matter of priority, to ensure there were always trained staff rostered to administer this medicine. In the interim they had made contingency plans and liaised with the person's GP for guidance to ensure this person's safety. Only appropriately trained staff administered people's medicines, in accordance with the provider's guidance, to ensure people's medicines were managed safely.

People were relaxed in the company of staff. Long-term staff had received relevant training on how to safeguard people and understood their roles and responsibilities. The newly recruited staff were about to undertake this training and in the interim were supported by more experienced staff to keep people safe from the risk of abuse.

Staff had received an induction into their role and ongoing supervision and support. In addition to the provider's required training. The registered manager had identified and arranged for staff to undergo additional training to enable them to meet the individual needs of the people they cared for effectively.

People were supported to make their own decisions if possible. Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005. The provider was meeting the requirements of the Deprivation of Liberty Safeguards which apply to care homes. Applications had been submitted for people who lived at the service to ensure any restrictions on their movements were legally authorised.

People were involved in the weekly menu planning. People were offered a varied and balanced diet. Staff

supported people to make healthier food choices. People were weighed monthly to monitor their weight. People were supported to eat and drink plenty to ensure their welfare.

People's healthcare needs had been identified and they were supported to access a range of health care services. People had been referred to external health care specialists as required. They had also been referred to the provider's behavioural therapist. People received support from staff to ensure they maintained good health.

Staff were kind and caring towards people, they were concerned about their welfare. Staff interacted with people constantly and provided them with reassurance where required. Staff had lunch with people and chatted with them as they ate, which was a positive experience for people.

People were supported to make choices about their own lives and in relation to decisions which would impact upon everyone, such as the planned refurbishment of the service. People's choices were respected by staff.

Staff spoke to people politely and ensured they upheld their rights to be treated with dignity and respect. People's independence was supported by staff. People were enabled to have regular contact with their families.

People were involved in planning their care where possible. They were involved in making decisions about how they wanted to spend their time and what activities they wanted to participate in. People were supported to join in activities in both within the service and within the community. Staff understood people's individual care needs and were responsive to people. Annual service reviews had taken place for two people and arrangements had been made for reviews of the other two people's care.

The provider had processes in place to enable people to raise any concerns. People had a copy of the complaints process in an appropriate format. Staff met with people regularly which gave them the opportunity to raise any issues.

The provider had aims and objectives in relation to the support people should expect to receive. The registered manager had been undertaking work with the whole staff

Summary of findings

team as a number of staff were new to the service, to ensure they understood the provider's values. People were supported by staff who were encouraged to speak up if they had concerns.

The registered manager had identified the key issues for the service and taken action to address them. They understood the need to ensure all staff felt consulted and

included in the changes they were making. People and their relatives felt able to speak with the registered manager. Staff felt supported by management to deliver people's care.

The provider had quality assurance systems in place which were used to regularly monitor the quality of the service people received. The registered manager had used these processes to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service was staffed by a sufficient number of permanent staff. There were robust recruitment processes in place to ensure suitable staff were recruited to the service.

Risks to people had been identified and managed safely. The registered manager had identified a specific risk to one person and taken relevant action to manage this risk.

There were processes in place to ensure people's medicines were managed safely by trained staff.

People were safeguarded from the risk of abuse.

Good



Is the service effective?

The service was effective.

Staff undertook the provider's required training. Additional training was arranged as required to ensure staff had the skills to support people effectively.

People were supported to make their own decisions. Where they lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005.

Staff involved people in making choices about their food and drink and supported them to eat and drink enough to meet their needs.

People were seen by health care specialists as required to ensure their health care needs were met.

Good



Is the service caring?

The service was caring.

Staff developed positive caring relationships with people and valued them.

Staff supported people to express their views and make decisions about the service.

Staff enabled people to maintain links with their families and friends.

People were treated with dignity and respect by the staff who provided their support.

Good



Is the service responsive?

The service was responsive.

People had personalised care plans which staff had read, understood and followed.

People were supported to participate in a variety of activities.

There were processes in place to enable people to raise any issues or complaints they had about the service.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The provider had values in relation to the provision of people's care which staff put into practice.

Staff were encouraged to speak up about any concerns they had about people's care.

The registered manager demonstrated good management and leadership of the service. They understood the challenges facing the service and had taken relevant actions to address them.

There were processes in place to regularly assess and monitor the quality of the service people received. These had been used to improve the quality of the service for people.

Oakcroft

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.

The inspection took place on 15 and 16 September 2015 and was unannounced. The inspection was completed by an inspector.

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 the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with two people and one person's relative. Following the inspection we spoke with another person's relative. Not everyone was able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. We witnessed a staff shift handover and observed staff administer people's medicines. We spoke with three care staff, the registered manager and the operations manager. Following the inspection we spoke with a Social Worker and the service's GP about the care provided to people at Oakcroft and they both provided positive feedback about the service.

We reviewed records which included four people's care plans, three staff recruitment and supervision records and records relating to the management of the service. These included staffing rosters, audits of the service and people's medicine records.

This service had not been inspected since there was a change of registered provider in July 2014.

Is the service safe?

Our findings

There were two staff shifts each day and a night shift. The day shifts were both staffed by two care staff and the night shift by one waking care staff. The registered manager who had commenced their role in July 2015 told us when they started they had identified that permanent staffing of the service was an issue. There had been insufficient permanent staff and the service had used agency staff to ensure there were sufficient staff to cover shifts. They had taken action to address this and had recruited five new care staff, who had all just started work; there was now a full permanent staff team. A staff member told us “We are not using agency which is good for people and staff.” A person’s relative told us they were aware there had been a high turnover of staff in the past but they were pleased the new staff had been recruited. The registered manager said they were aware that they had recruited a number of new staff in a short period of time, some of whom were new to working in social care. To manage this they told us the staff roster had been arranged so the new staff were paired on shifts with more experienced staff, which records confirmed. This ensured people received continuity of care from more experienced staff and ensured people were not cared for by two inexperienced staff on a shift.

Staff had undergone robust recruitment checks as part of their application for their post and these were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People had risk plans in relation to a variety of risks identified to them. These included risks both within the service and within the community and risks related to their activities. Staff understood the risks to individuals and told us about them and how they were managed. For example, they told us one person needed to be monitored whilst they ate as they consumed their meals quickly which placed them at risk of choking. Staff were seen to monitor this person whilst they ate. A person’s risk assessments stated they needed supervision when making hot drinks,

staff were observed monitoring this person as they made a drink. Staff signed to indicate they had read and understood people’s risk management plans. Risks to people had been identified and managed.

A person experienced epilepsy. They had a care plan in place to provide staff with guidance about how to manage their epilepsy and the action staff should take if they experienced a seizure. Staff told us about the monitor they used when this person was alone in their room to ensure their safety and how often they checked upon them. Staff were observed to use the monitor and complete checks upon the person across the course of the inspection. However, there was no written reference to the use of the monitor in their care plan. We brought this to the attention of the registered manager who took immediate action to update the person’s epilepsy care plan to include this information. This ensured staff had access to written guidance about the monitor.

This person also required on occasions the administration of an emergency medicine for their epilepsy. Records showed the long term staff had all completed relevant training to ensure they could administer this. The registered manager told us they had identified that the newly recruited staff required this training to ensure they could support the person safely. The training had been booked for the 15 September 2015 but had to be cancelled and re-scheduled for the week of 5 October 2015. In the interim the registered manager told us they had arranged the staff roster to ensure that where possible a staff member who was trained in the use of this medicine was rostered. They had also liaised with the person’s GP regards the actions non-trained staff should take in the event the medicine needed to be administered and had agreed an action plan for staff to follow, records confirmed this. We spoke with the GP who confirmed to us that the interim arrangements were safe. Arrangements had been made to ensure new staff received the required training and there was a plan for staff in the interim to ensure the person’s safety.

People told us they received their medicines as required. The registered manager told us they required staff to undergo medicines training and to complete three observations with senior staff before they administered

Is the service safe?

people's medicines. Records confirmed only staff who had undergone their medicines training administered people's medicines. This ensured people's medicines were only administered by trained staff.

We observed a member of staff administering people's medicines. They checked with the person if they were ready to have their medicines and put gloves on before they administered them. They checked the contents of the person's blister pack against their medicine administration record (MAR) to check they were administering both the correct medicine and amount. Once they had administered the person's medicines they signed their MAR sheet. People's records contained guidance about the action to take if people refused their medicines. Staff demonstrated they understood this guidance and applied it when a person refused their medicines. They walked away and returned a short time later when the person was ready to take it. People's medicines were administered safely.

Staff showed us that when people were administered medicines that were not supplied in a blister pack they regularly checked the amounts they held of these medicines. To ensure the amount of stocks held correlated with their records. There were arrangements in place to ensure people's medicines were ordered as they needed them and any unused medicines were disposed of safely. Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Controlled medicines were stored safely in accordance with legislative requirements. Medicines were managed safely.

One person was taking a medicine which had to be stored in the fridge. Small care homes are able to store medicines in a domestic fridge. The medicine was locked securely and the fridge temperature was monitored. The registered

manager told us as part of the planned refurbishment of the service due to take place shortly a dedicated fridge had been ordered. This would ensure people's refrigerated medicines were stored separately.

People were comfortable and relaxed with staff. Long-term staff told us they had completed safeguarding training, which records confirmed. Four of the new staff were scheduled to complete this training within the next couple of weeks and the fifth had completed this training. In the interim they were working alongside more experienced staff and understood the need to report any concerns. A new member of staff was heard informing the shift leader that they had noticed a scratch on a person's skin. The shift leader gave them guidance on the process to follow to document and investigate the cause of the scratch. Staff were able to identify situations which might indicate a person had been or was at risk of being abused. Staff knew who to report suspected abuse to, and understood the reporting procedure. Records showed safeguarding had been discussed with staff during staff meetings. Information about safeguarding was displayed in the reception of the service. People were kept safe as staff understood their roles and responsibilities in relation to safeguarding.

Incident reports demonstrated incidents were recorded and actions taken as required. Following one incident reflection had taken place with staff in the staff meeting and following another incident the provider's behavioural therapist had been asked to review the person's care. Incident records demonstrated any errors with medicines had been recorded and reviewed to identify if any learning or change to practice were required as a result. Learning took place following incidents.

Is the service effective?

Our findings

Long-term staff told us, they had completed the Skills for Care Common Induction Standards (CIS) which has just been replaced with the 'Care Certificate,' records confirmed this. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. The registered manager told us the newly recruited staff had commenced the Care Certificate. The registered manager told us it was important the new staff spent time shadowing the more experienced staff to enable them to gain an understanding of each person's needs. Over the course of the inspection two new staff were observed shadowing more experienced colleagues on different shifts. They guided the new staff and gave them information about people. One of the new staff told us it was useful working alongside more experienced colleagues. Staff were supported to have an effective induction to enable them to support people.

Records showed established staff had completed the providers required training. The new staff were completing this during their induction period. The registered manager told us they had also identified that staff needed training in the Management of Actual or Potential Aggression (MAPA). Records showed all but one of the seven longer term staff had completed this, however their training certificates had expired. The five new staff also needed to complete this training. The registered manager told us they had already requested this training for staff from the provider. Following the inspection, they provided evidence two training sessions had been booked for the end of November and the beginning of December 2015. Arrangements had been made to ensure all staff received appropriate training to support them in their role.

Staff told us they received supervision, which records confirmed. Staff had discussed their work with people and their training and development needs during supervision. Records showed five staff had already achieved professional qualifications in social care. The registered manager told us the new staff would be supported to undertake further qualifications once they had completed their probation. Staff effective supervision and were supported to undertake qualifications.

People told us staff always sought their consent. A person's relative also told us "Staff seek my consent." Staff were observed to constantly seek people's consent throughout the inspection before providing them with support.

Records confirmed all longer term staff had completed training on the Mental Capacity Act (MCA) 2005. New staff were in the process of completing this training during their induction. Staff were able to demonstrate their understanding of the principles of this act. People had a decision making profile which described how staff should support people to make decisions. For example, through the use of short sentences and considering the best time of day for them to make the decision. People's records detailed how staff would know if the person was non-verbally giving their consent, for example, by looking happy. People's records also indicated when a MCA 2005 assessment was likely to be required, for example, in relation to complex health decisions. Three people had appointees to manage their benefits as they lacked the capacity to do so themselves and one person had a court appointed deputy to manage their finances. People's capacity to manage their finances within the service had been assessed under the MCA 2005 and the outcome of the assessment recorded. Where people lacked the mental capacity to make decisions about their finances staff followed the principles of the MCA 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had submitted DoLS applications in relation to all four people living at Oakcroft and these were being processed by the relevant authority. This ensured any restrictions on people's movements were carried out in accordance with legislative requirements.

Staff told us they sat down with people weekly to look at recipe books and plan the menu with them. Records confirmed people's involvement and demonstrated an alternative choice was available if people changed their mind. A person said "I join in choosing meals" and another told us "I get offered an alternative if I don't like the meal." The weekly menu showed people had planned a variety of meals including meat, fish and vegetarian dishes. This ensured people had variety in their diet. People were provided with a good sized portion of lunch and were offered more if they wished. People's records documented if they had a preference for sugary foods and drinks and

Is the service effective?

staff had guidance about how to encourage people to eat healthy snacks and drinks. People had access to plentiful supplies of fresh fruit and vegetables and were encouraged to eat fruit as part of their meals, including breakfast. People had been weighed monthly and the results used to assess if they were at risk of malnutrition. Staff documented what people had eaten in their daily records; this enabled staff to ensure people received adequate nutrition.

People told us staff arranged for them to see the doctor as required. Records confirmed people had seen a variety of healthcare professionals including psychiatrists, neurologist, GP, dentists, opticians and members of the

community learning disability team. One person had experienced an incident where they had choked. Records showed staff took the correct action promptly to ensure this person's needs were reviewed by the Speech and Language Therapy service. Records showed people had been seen by the provider's behavioural therapist in order to provide staff with guidance about how to support people. The registered manager told us they had arranged for people to have their health check which took place three weeks ago when the GP and practice nurse came to see people in the service, the service GP confirmed this. People had health action plans which identified their health care needs.

Is the service caring?

Our findings

People told us staff were kind and caring. A person commented “Staff are kind” and a person’s relative said “Staff are caring.”

Staff were observed to be constantly chatting with people as they supported them. They told people what they were doing and why and what was happening next. For example, staff told a person when they would be returning to support them. This ensured the person knew what was happening and helped to reassure them. Staff were observed to use positive praise with people to let them know how they were doing. For example, staff told a person they were doing well when making their drink. Staff used appropriate physical touch to give people reassurance. Once people had been served their lunch staff sat and ate with them. This provided an opportunity for social interaction with people and was a more inclusive experience for people rather than having staff standing over them watching them eat. People benefited from staffs interactions with them.

People’s work was displayed within the service and within their bedrooms. This demonstrated people’s work was valued and on show to give people a sense of achievement. On two occasions when a person returned from trips out during the inspection they showed the registered manager their work and received positive recognition of what they had accomplished. People’s work and achievements were valued.

Staff noticed that one person was not appropriately dressed for the weather before they went out. They gently suggested to them that they might want to put on a warm top. Staff were observant about people’s state of dress and cared about people’s comfort.

A person told us “Staff help me to make choices.” One staff member told us “I treat people as adults and give them choices.” Staff were heard offering people choices throughout the inspection. Staff told us one person enjoyed their lie-ins and staff respected their choice about when they wanted to get up. Staff supported a person to make choices about their breakfast by showing them two

cereal packets from which they indicated their preference. People’s daily records demonstrated the choices people had made. For example one person’s record said ‘X chose and prepared his breakfast.’ The registered manager told us the service was due to be refurbished in November 2015 and people had been consulted about the changes. Records confirmed people had been shown pictures of the two choices for the bathroom and asked to express their preference. They also told us people were involved in food shopping for the service so they could decide what they wanted. People were involved in making both personal choices and were supported to make choices about the wider service.

Staff were polite to people at all times. They described the measures they took to promote people’s privacy and dignity such as closing the door when providing personal care. Staff were seen to knock on people’s doors and to wait for a response before entering. Staff told us people had the option to lock their room if they wished, which a person did when they were out. Staff spoke to people with dignity. For example, staff asked one person “Would you like to wash your hands?” This indicated to them politely this would be the right thing to do without telling them, but suggesting, in an encouraging tone of voice. Staff were polite and courteous to people.

People’s independence was supported. A person said “They encourage me to do what I can.” Another said “I like cooking my lunch, staff help me.” Staff understood what people’s abilities and interests were and supported them accordingly. One person was able to assist in the preparation of lunch with staff giving them simple instructions and supporting them to slice an apple. Whilst another person just wanted to be involved in making a choice of what to eat for lunch. People were encouraged to be as independent as they wished.

A person told us staff helped them to see their friends. Staff confirmed people had regular contact with their families. During the inspection one person returned from staying with their family. People were supported to maintain social relationships.

Is the service responsive?

Our findings

People's care records documented if they had been able to contribute to their care plans. If people did not have the capacity to be involved in their care planning, staff had documented who had been. People's records contained a one page profile which detailed 'What people like about me' 'What's important to me' and 'How to support me.' Records also detailed what a good day looked like for the person. Information was provided about how to work with people and what they could do for themselves. People's care plans demonstrated what people were interested in and liked. For example, one person was keen on music and another on films. Staff had supported one person to buy a CD player and the other person had a DVD player in their room so they could enjoy their choice of films in their bedroom. People's care plans provided staff with guidance about how they might know if a person was distressed and how they should respond. Staff were able to tell us information about people, their abilities, preferences and interests. For example, they told us one person liked to wander around when they awoke. They were observed when the person got up not to pressurise them to sit down and have breakfast but instead let them wander for a while and then gently encouraged them to eat. A person's relative told us "Yes, they understand him." People were involved in their care planning where possible and staff understood people's individual care needs.

When there was a change of staff shift, staff coming on duty received a handover. To ensure they were aware of how people had been and of any relevant information, for example, in relation to any incidents. Staff were allocated to care for people on each shift to ensure there was clarity about who was responsible for people's care. Staff received up to date information about people's care needs and there were processes in place to ensure everyone's needs were met.

People had behavioural support plans in place which described people's behaviours, triggers and strategies to manage them. The registered manager told us they had made arrangements for the provider's behavioural support therapist to visit the service on 21 September 2015 to review these. This would provide the opportunity to review people's behaviour management plans to ensure they contained relevant guidance to support people.

Staff were responsive to changes in people. Staff told us one person did not want to go out very often. During the inspection this person indicated they wanted to go out shopping. Staff immediately revised the activity plan to enable them to take this person out. Staff understood the need to be responsive when this person was motivated to go out and ensured their need was met.

Each person had an activity schedule and a person confirmed staff supported them to attend activities. People attended a variety of activities such as pottery, trampolining, bowling, bike riding, library, shopping, lunches, cinema and walks. People were observed to be happy with the activities staff offered them. One person was visibly excited about going to the pottery session during the inspection and commented "I like pottery." Another person was smiling as staff involved them in the preparation of lunch. People's daily records demonstrated how they had spent their time, what activities they had been offered and what they had chosen to participate in. The registered manager told us they had arranged the staffing roster to ensure there was a driver rostered each day to ensure people could be taken out in the service's car. On one day of the week they did not have a driver and they covered this themselves, to ensure people had the option to go out in the car daily. People were supported to participate in a range of activities they enjoyed.

A person told us "I have reviews and I can say what I want." A person's relative said "Yes, we have an annual review, we had one recently." One person's relative told us there had not been a review of their loved ones care for a while but they were always invited to attend. Records showed annual reviews had been completed of two people's care in 2015 and two were outstanding. We spoke with the registered manager about this. They told us they were in the process of making arrangements for the remaining two people's annual reviews. Following the inspection the registered manager provided evidence these had been arranged for December 2015. Records showed that in addition to annual reviews of people's care, their care plans were reviewed regularly by staff to ensure they were up to date and contained relevant information. People's care was reviewed regularly within the service and arrangements had been made to complete the outstanding annual service reviews.

A person told us "I haven't had to complain but I could." A person's relative said "We can raise issues if required." Staff told us people had a copy of the provider's complaints

Is the service responsive?

process in an appropriate format for them if they wished to make a complaint, which we saw. Staff said to us their role would be to support the person with their complaint if they wanted to make one. The registered manager told us and records confirmed that no formal complaints had been received.

Staff told us people had a keyworker who had overall responsibility for their care. People told us they met with their keyworker monthly to discuss their care. This gave people the opportunity to regularly review their care and to raise any issues they wished to. A person said “Staff ask me if I am happy with the care.” People’s views on their care were sought.

Is the service well-led?

Our findings

The provider's vision and values of the service were displayed in the reception so people, staff and visitors could access this information. The registered manager told us staff learnt about the provider's values during their company induction. They told us they were also ensuring long term staff understood the provider's values during their supervision, records confirmed this. They told us they were building a new staff team with all of the new staff who had joined. They wanted to ensure all staff had access to the same information by re-visiting the provider's values with all staff. Staff were able to demonstrate their understanding of the purpose of the service. They understood the provider's values which underpinned the provision of people's care and displayed them in their work with people.

Staff told us they were encouraged to speak out about any issues of concern and there were regular staff meetings where they could raise any issues. Records showed whistle blowing had been discussed with staff at their staff meeting on 18 June 2015. There were relevant contact details displayed and information for staff on how and whom they could whistle blow to if required. Staff were supported to express any concerns about people's care.

The registered manager had been in post since July 2015. They had identified what the issues for the service were and taken appropriate action. They told us the issues they had identified were staffing, which they had addressed through recruitment. The environment, for which a renovation programme had been approved and operational systems which they were reviewing to ensure they supported staff in their work. For example, they had introduced a workbook, the purpose of which was to place all of people's daily and monthly record sheets into one booklet which staff completed. This had made the recording process more streamlined for staff. The registered manager understood the challenges facing the service and had taken action to improve the service people received.

The registered manager told us they were making a lot of changes to the service but they wanted to ensure they took staff 'with them' and did not alienate them. They were doing this by explaining to staff the rationale for the changes and what the requirements and expectations were for staff. This enabled staff to understand the reasons for the changes and their purpose. They were also aware that

the longer term staff had worked under a lot of pressure for a period of time earlier in the year when the service was short staffed. Staff supervision records demonstrated they had recognised this work. The registered manager recognised and valued staffs contribution to the service.

A person's relative told us the new manager was very experienced and they saw her out on the floor. Another relative told us the new manager "Is approachable." The registered manager's door was open throughout the inspection and people and staff went in to speak with them as they wished. Staff told us the registered manager always had their door open.

Staff told us there had been a period of time where the service had not had a full-time manager. However, they felt the appointment of the new registered manager had given the service consistency in management. The registered manager told us they had worked weekend shifts to enable them to get to know people, which staff and records confirmed. Staff told us "The manager is supportive." Management within the service was visible and supportive to people, their relatives and staff.

The provider's quality assurance team had completed an audit of the service in May 2015. Upon commencing their post the registered manager had formulated an action plan to address the issues identified for improvement as a result of this audit. For example, it had been identified people needed their annual review to be arranged. Two had been completed and two had been arranged. Required works to refurbish the service had been approved and arranged for November 2015. The action plan demonstrated what areas they had completed, those outstanding and expected timeframes for completion.

The registered manager told us they had also completed the provider's quarterly audit of the service in July 2015. They said this had enabled them to establish a baseline for the service and to identify the priority areas to address. For example, they had identified the staff training needs and made arrangements to address these. They said they had identified the need for staff to improve the quality of their record keeping to demonstrate people's level of participation in activities. Staff were now documenting the activities people had chosen, completed or declined on a daily basis to provide a clear record of their level of daily activities. Medicines were audited by a pharmacist in August 2015. They noted staff needed to date when they opened bottles and creams; we saw this was being done.

Is the service well-led?

Medicines were last audited by the provider in September 2015. The need for a separate medicines fridge had been identified and was due to be provided as part of the refurbishment. The registered manager had used the audit processes to make improvements to the service people received.

The registered manager told us they completed a weekly provider report. This encompassed information about the service which included incidents, complaints, staffing and people. The Operations Manager told us they visited the service once a month and spoke to the registered manager at least twice a week. The provider had various processes in place to monitor the quality of the service people received.

Records showed the last quality assurance survey had taken place in November 2014. Feedback from this demonstrated there had been good continuity of care and people were satisfied with the activities available. The registered manager told us they would be circulating a survey in October 2015 and following the inspection they provided copies of the proposed quality assurance survey. There were processes to seek the feedback of people, their relatives and stakeholders on the quality of the service.