Voyage 1 Limited

Aqueduct Road

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

The inspection took place on 1 February 2016 and was announced. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us.

The service provides care and support for up to two people with learning disabilities, autism or autism spectrum disorders. The home is located in Solihull in the West Midlands. There were two people using the service when we visited. Each person had their own bedroom and there was a shared lounge and dining room area at the home.

The service had a registered manager. This is a requirement of the provider's registration. 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. We refer to the registered manager as the manager in the body of this report.

We observed that people were comfortable with staff. A relative and social care professional told us they were confident people were safe living in the home. Staff knew how to safeguard people from abuse, and were clear about their responsibilities to report any concerns to the manager. The provider had effective recruitment procedures that helped protect people, because staff were recruited that were of good character to work with people in the home.

There were enough staff at Aqueduct Road to support people safely and respond to requests for assistance without delay. Staffing levels enabled people to have the support they needed inside and outside the home that met their individual needs and wishes. People were supported to choose how they would like to spend their day and took part in a wide range of activities. This enabled people to be part of their local community. People who lived at the home were supported to maintain links with family and friends who could visit the home at any time.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager had made DoLS applications when any potential restrictions on a person's liberty had been identified. People were supported to make everyday decisions themselves, including what they had to eat and how they spent their day, which helped them to maintain their independence. Menus reflected people's cultural and religious beliefs.

All the care records we looked at were up to date and described in detail people's routines and how they preferred their care and support to be provided by staff. People and their relatives were involved in planning, and reviewing how they were cared for and supported. Risks to people's health and welfare were assessed and care plans gave staff instruction on how to reduce identified risks which staff followed. Staff had a good knowledge of people they were caring for. People had access to a range of health care professionals when needed. There were systems in place to ensure medicines were stored and

administered safely.

People were supported by staff who were caring and considerate. All staff received an induction into the organisation and completed the training necessary to give them the skills and knowledge they needed to meet the needs of people they cared for effectively. Relatives thought staff were responsive to people's needs and had the right skills and knowledge to provide care and support. Staff had a good knowledge of people needs and supported them to make every day decisions. People were supported to increase their independence and staff encouraged people to be involved in everyday tasks around the home. People were given privacy when they needed it.

Relatives and staff felt the manager was approachable and supportive. The manager maintained an open culture at the home and was committed to continually improving the service provided. Relative's told us they knew how to make a complaint if they needed to. There was good communication between people, staff members and the manager.

The provider had established procedures to check the quality and safety of care people received, and to identify where areas needed to be improved. Where concerns were identified, action plans were put in place to rectify these. People and relatives were given opportunities to make suggestions on how the home was run and about the quality of the service provided. The manager gathered feedback from people, their relatives and staff through meetings or quality assurance questionnaires. Improvements were made in response to people's suggestions.

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 were protected from the risk of abuse as the provider took appropriate action to protect people. People received their medicine as prescribed from trained and competent staff. There were enough staff to provide the care and support people needed at all times.

Is the service effective?

Good

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. People received food and drink that met their preference, cultural and religious beliefs. The provider was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to access healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were caring and considerate and people were comfortable with them. People received care and support from staff who knew their individual needs. People were encouraged to maintain their independence and make everyday choices which were respected by staff. Staff understood how to promote people's rights to dignity and privacy at all times.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a wide range of activities that reflected their personal interests. People and their relatives were involved in the development and reviewing of care plans so that care was provided in the way they preferred. Care records provided staff with the information they needed to respond to people's needs. The provider had investigated complaints

according to their policy and procedure.

Is the service well-led?

Good

The service was well-led

A relative and staff felt the manager was approachable and responsive to their views. People, relatives and staff were encouraged to share their views about the home and where improvements could be made. The manager supported staff to provide care which focussed on the needs of each person. Staff were positive about the support they received from the manager. Systems were in place to monitor and improve the quality and safety of the service.

Aqueduct Road

Detailed findings

Background to this inspection

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

The inspection took place on 1 February 2016 and was announced. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us. The inspection was undertaken by one inspector.

During our inspection we spoke with one person who lived at the home, a senior care worker, a care worker and the manager. We also spoke with one relative and a social worker by telephone. A social worker is a care professional who works with individuals and families to seek to improve their quality of life and enhance their wellbeing.

The provider completed a provider information return (PIR). This is a form that we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We were able to review the information when conducting our inspection and found the PIR to be an accurate reflection of the service provided.

Before the inspection we reviewed information we held about the service, for example, information from previous inspection reports and notifications the provider sent to inform us of events which affected the service. This is information the provider is required by law to tell us about. We looked at information received from commissioners of the service who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

People living at the home were not able to tell us, in detail, about their experiences of living at Aqueduct House because of their diagnoses, so we spent time observing how they were cared for and how staff interacted with them. This was so we could understand their experiences of the care they received. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to

help us understand the experience of people who could not talk to us.

We reviewed two people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance checks.

Good

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. We observed people did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members.

Although people had limited verbal communication, they confirmed to us with hand gestures and expressions they felt safe when we asked them. A relative we spoke with told us, " Oh yes, [Name] is safe. The staff are there day and night to make sure of that."

People were supported by staff who understood their needs and how to keep people safe. Staff knew how to safeguard people from abuse and were clear about their responsibilities to report any incidents to the manager. One staff member told us, "It's our responsibility to protect the people we support. If we see, hear or notice anything that may be a concern we report it straight away to the manager." Staff told us about, and we saw, a 'See something, say something' poster displayed in the home to encourage people, visitors or staff to report any concerns they had to the provider. Staff told us, they were confident the manager would take action if they reported any concerns and stated they would have no hesitate escalating these to a senior manager if they needed to.

The provider protected people against the risk of abuse and safeguarded people from harm. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. The manager followed the local authority procedures to ensure people were safe whilst safeguarding concerns were investigated. They kept us informed with the outcome of the referral and actions they had taken.

The manager had identified potential risks related to each person who used the service, and care plans had been written to instruct staff how to manage and reduce potential risks to each person. Risk assessments were detailed, regularly reviewed and updated if people's needs changed. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person was at risk of choking. There were plans which informed staff about the level and type of support and guidance the person needed when eating, to minimise the risk of them choking. We observed staff following the instructions detailed in the risk assessment when supporting the person at breakfast time. One staff member told us, "Risk assessments are very important to ensure the people we support are kept safe. Each person has specific risk assessments in place which we [Staff] read, understand and follow. However, we also have to be very observant when we are out in the community as a risk assessment can't cover every eventuality. We need to be aware of things around us and how they may affect a person so that we can respond. We talk to the manager and update the records if we need to."

The provider had systems to minimise risks in the environment, such as regular safety checks of the premises, including water checks. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Staff knew what arrangements were in place in the event of a fire, and were able to tell us the emergency procedures. We saw people had personal emergency evacuation plans

(PEEPS) in place to instruct staff or emergency services how people needed to be supported in the event of a fire or other emergency situation. However, we were concerned plans were not easily accessible in the event of an emergency. We brought this to the attention of the manager who responded immediately and placed copies of the plans in an accessible location.

The manager had access to a maintenance service through the provider if any repairs were needed in the home. For example, we saw plaster was damaged around bedroom doors on the first floor. Records showed the manager had reported this issue to the maintenance service who had visited the home to make the areas safe and further repair work had been scheduled. The provider had also arranged for external contractors to complete repairs in the home such as the cleaning of a water tanks. This showed people were protected from potential risks arising from their environment.

Records showed staff were recruited safely. For example, prior to staff working at the home, the provider checked their character by contacting their previous employers to obtain references, and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not of suitable character to support people who lived in the home. Staff confirmed they were not able to start working at Aqueduct Road until the checks had been received.

There were enough staff available to support people at the times they preferred. People received the support they needed to keep them safe at home and in the community. During the day there were three members of staff on duty which meant people received one to one or two to one support, and there was an additional staff member available to assist people when they went out. At night time there was two staff available to support people. A social worker told us, "Staff are always on hand when they are needed." A staff member said, "There are enough staff on duty. If we need help because someone [Name] needs more support then we ask the manager and they are there in a flash." Another staff member told us, "Staffing levels are good. If someone [Staff] is off work we cover for each other."

The manager explained, and staff confirmed, agency staff had been used in the past to cover staff leave. However, agency staff were no longer needed as the manager had built up a bank of staff who were employed to work 'as and when required' to cover any staff absences. The manager told us, "Continuity of staff is very important to the people we support. If one staff member does not follow a support plan it can cause people to become anxious, routine is important. So having staff who know people and understand their care and support needs is crucial." This meant people received care and support from staff who understood their preferences and needs.

People received their medicine from staff who had completed medicines training. Staff told us, and records confirmed, staff's competencies were regularly assessed by a member of the management team to ensure they had the skills they needed to administer medicines to people safely. One staff member said, "Giving medicines is really important we [Staff] are all trained but there is always someone [Senior person] about if you need advice."

Medicines were stored securely and disposed of safely when they were no longer required. We looked at two medication administration charts (MAR) and found that medicines had been administered and signed for at the specified time. Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them.

Some people were prescribed "as required" medicine. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. We saw procedures were

in place for each medicine prescribed 'as required'. For example, where medicines had been prescribed to manage a person's behaviour, the plan informed staff when and why the medicine should be given and detailed the practical steps staff should take to support people before administering medicines as a last resort. This ensured people did not receive too much, or too little medicine when it was prescribed on an "as required" basis.

Good

Is the service effective?

Our findings

People could not tell us themselves whether they believed the staff who cared for and supported them had the right skills to do so. However, we saw staff communicated with people effectively and understood their individual needs. For example, we observed one person pointing to their feet. Staff understood, and records confirmed the person was saying they wanted to go out. A relative and a social care professional told us staff had the skills needed to support people. The relative said, "I think the staff are very, very good, they know how to help [Name]." A social worker supporting a person who lived at the home told us, "The staff know [Name] well. My observations show staff can anticipate and interpret their [People's] needs."

Staff told us, and the manager confirmed, they completed an induction when they started work at Aqueduct Road. This included spending time with the manager, working alongside an experienced member of staff, and completing training courses tailored to meet the needs of people who lived at the home. One staff member told us that before working at Aqueduct Road they had limited experience of working in a care setting and had found the induction and the opportunity to shadow experienced staff invaluable. The induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge, values and behaviours expected from staff within a care environment to ensure they provide high quality care and support. Staff told us that in addition to completing the induction programme, they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Staff we spoke with said they received training that enabled them to meet people's needs effectively. They said they were supported to do training linked to people's needs. For example, staff had been trained on how to effectively support people who presented behaviour that challenged other people, and how to support people at the home to manage specific health conditions. One staff member said, "Not only do we go on training courses but we have access to the online training at any time. We have a laptop which I think this is really good, because sometimes I need to check something and I can just go back on line to the training information and check it out." Another staff member told us,"Training is very important particularly in the type of service we provide. It helps us [Staff] to understand how to support the people we care for. For example, we learn people we support process information differently so we know how to adjust our approach with different people."

We saw the manager encouraged and supported staff to keep their training and skills up to date, and maintained a record of staff training. One staff member said, "The manager is very good. If you want extra training you ask and they arrange it." Staff told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw people were supported by staff to make some decisions and staff respected the decision made. For example, staff used picture cards to assist people to choose what they would like to eat and how they wished to spend their day. Staff told us that people made day to day decisions about their care and support. One staff member said, "We use a variety of ways to help people make decisions. We have weekly individual meetings with people, we use picture cards, sometimes we use sign language and the internet. We use whatever means we need to ensure people make their own decisions." Another staff member told us, "Sometimes we use "guided choices" because for some people having too many choices can cause them to become anxious. We know what people like and use our knowledge to guide them." A guided choice approach helps a person to make decisions by reducing the number of choices offered. Options are based on a person's known preferences. This approach supports people to make decisions without being overwhelmed by to many options.

Staff had attended training in MCA and demonstrated they understood the principles of the MCA and DoLS. They gave examples of applying these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. One staff member said, "At some point in everyday [Name] will refuse our help. We respect that and give [Name] time and then we go back later and ask again."
Care files we looked at included mental capacity assessments completed by the manager. These gave staff clear guidance on which decisions people could make for themselves, and which decisions needed to be made in their 'best interests'. People who had been assessed as not having capacity in some areas, had decisions made in their best interests which were decision specific. One staff member told us, "Our starting point is assuming people have capacity, never the other way. We also know that people's ability to make decisions can fluctuate so we have to be aware of this. We look at things day by day and always consider how we can safely support the person to do what they want to."

The manager understood their responsibility to comply with the requirements of the Act and had reviewed each person's care needs to assess whether people were being deprived of their liberties. The manager had made DoLS applications to the local authority for people living at the home in relation to people who were restricted by locked doors and the need to be permanently supervised by staff for their safety. Best interest meetings had been held and the DoLS applications had been authorised.

People made decisions about the foods they wanted to eat and were supported by staff to meet their nutritional needs to help maintain their well-being. A relative told us, "I have had many meals with [Name] when I visit and the food was always lovely."

We saw people had access to food and drink throughout the day and staff supported them when required. Staff recognised when people were hungry or thirsty. For example, we saw one person tell staff they wanted a drink by using a Makaton sign, a form of sign language. Menus reflected people's preferences, such as, one person required specific food that met their religious beliefs. Staff told and we saw alternative foods were always available if a person did not like what was on offer at the mealtime.

Care records showed people had access to a range of health care professionals when needed, such as a chiropodist, dentist and an optician. Staff told us they always supported people when they attended

appointments. One staff member told us, "The manager makes sure one of us [Staff] is available to go to appointments with people. It's really important because people can feel anxious and we are there to support them." On the day of our visit we saw one person was supported to collect their prescription from the local GP surgery. Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. Plans provided staff with important information about how people's health conditions should be managed and monitored. We also observed staff following the recommendations made by health care professionals detailed in care records. For example, one staff member sat with a person and reminded them to chew their food and to take a drink. The staff member gave verbal and non-verbal prompts in an encouraging and calm and supportive manner.

Good

Is the service caring?

Our findings

A relative spoke positively about staff and how they supported their family member. The relative told us, "[Staff] are very friendly. They really care a lot about [Name]. [Name] needs, and gets special attention from all the staff, whoever is on duty." A social care professional told us, "You can see the involvement of staff with [Name]. There is good mutual interaction. [Name] knows who to approach to get support and seems comfortable approaching staff."

We observed the interaction between staff members and the people for whom they provided care and support. We observed one person looking out of the window holding a photograph of a staff member who they greeted warmly when they arrived for work. We saw staff had a good rapport with people which encouraged positive interactions and communication. Staff interacted with people in a respectful and consideration manner. Staff knew people well and had a good understanding of people's needs, likes, dislikes and preferences. People were content and relaxed.

Staff told us they thought people received good quality care at the home. One staff member said, "I am proud to work here. Everything we do is for the people we support. We are always thinking about how we can help them [People] to do more things they like, or new things to try. That's because we care. It's like an extended family." Another staff member told us, "There is no-one here [Staff] that doesn't put the guys [People] first and foremost." The staff member went on to described how staff had been telephoning and popping into the home after their shift and on their day off as one of the people who lived at the home had not been well and everyone was concerned. The manager told us, "Staff have good values, they are caring and have a very positive attitude. This has a positive effect on the people who live here. You can see that people are happy."

People's privacy was respected. We observed staff knocked on people's bedroom doors before announcing themselves. People were offered care and support discretely when needed. One relative said, "They [Staff] are very good when it comes to private matters. They [Staff] are always discreet." A staff member told us, "Everyone has the right to privacy."

A relative told us that staff supported their family member to be as independent as possible, The relative said, "They [Staff] make [Name] feels part of everything and make sure their involved. Staff help [name] to learn new things, like making the bed and help him to be independent." We heard staff encouraging people, for example by asking, "Would you like to help me with this." and, "It would be great if we did this together." During our visit we saw people being supported by staff to do their laundry, help prepare meals, clearing crockery and arranging food in the pantry. This meant people were supported to maximise their independence.

People had communication plans in place, which detailed their preferred methods of communication. This assisted them in showing staff how they wanted to be supported with their care. Communication plans included pictures and information that people could refer to where they had limited verbal communication skills. For example, we observed one person point to a picture of a pool table to tell staff they wanted to play

pool. Another person led staff by the hand to the kitchen which told staff the person needed assistance with getting something to eat. This helped people to maintain their involvement in making their own decisions.

Staff told us, and we saw they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted to eat and how they would like to spend their day. Each person had a folder filled with picture symbols which staff used to support people to make choices about how they would like to spend their day. Once selected the picture symbols were placed on a board in the dining room and in people's bedrooms so they could see the choices they had made. Staff also placed pictures on the boards to inform people about planned appointments. For example, staff had added a picture to the board to remind one person they were visiting the GP. We saw the person point to the picture. Staff explained the appointment and gave assurance that they would go with the person. The person responded positively using a hand gesture.

Records showed people were supported by advocates. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence. One staff member told us, "We know advocates are really important, so we get [Name] one. It makes sure [Name] voice is heard."

Staff supported people to maintain relationships with people who were important to them. One relative told us, "They [Staff] arrange birthday parties and lots of things which I always went along to. I can't get out much now, so they [Staff] bring [Name] to visit me at home. I look forward to the visits." The relative told us that staff also supported their relative to maintain regular contact via the telephone. We saw an entry in the staff communication book which read, "[Name] was not ready to speak to [Name] on the phone earlier. Can staff please support [Name] to make the call when they are ready." The manager told us and relatives confirmed they could visit the home when they chose.

People chose how to decorate their bedrooms, so it suited their taste. One person showed us their bedroom which was decorated in the colour of their choice and was personalised with pictures and personal items. We asked the person if they liked their bedroom and they nodded which told us they did. The manager said people had also been involved in choosing carpets and paint colours for other areas of the home that had recently been decorated.

Good

Is the service responsive?

Our findings

A relative told us they were happy with the way staff supported their relative. The relative said, "They [Staff] are really patient, they always try lots of different things depending on how [Name] is feeling. The relative went on to describe how staff used their knowledge and understanding of the person's preferences, likes and dislikes to support the person depending on how they were feeling each day. A social worker told us they had observed staff were always available to support people when they were needed.

We observed one person touch a member of staff on the arm. The staff member recognised this meant the person needed assistance. The care worker stopped what they were doing and went with the person to the kitchen where they gave helped the person to make a drink. This demonstrated staff responded to people's individual needs and preferences.

Staff demonstrated they had good knowledge of people's individual needs and were able to tell us how people should be supported. Staff told us they sat with people to complete, and regularly review a one page profile which helped them to learn more about the people they were supporting. For example, one person's profile said staff should support the person to maintain high standards of personal appearance as this was important to them. Another person's profile informed staff not to rush the person when communicating with them. This information meant staff had the necessary knowledge to ensure the person's preferences and needs were at the centre of the care and support they received. The manager worked as part of the staffing rota three days each week and had developed a detailed knowledge of people who lived in the home, their history, needs, likes, dislikes and preferences. This meant they were able to advise staff where issues were raised regarding people's individual care needs

Each person had a care and support plan with detailed information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. The plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. One staff member told us, "Care plans are really important. They tell you everything about what a person wants and how we need to support them."

People's care plans were reviewed and updated each month or sooner if a change had occurred. A relative told us they were involved in making decisions about their family member's care and how support was delivered. The relative told us, "We have meetings at my house. The staff and [Manager] come along. [Name] is here with us and we talk about how things are going and anything new that [Name] wants to do."

People were encouraged and supported to participate in a wide range of activities inside and outside the home according to their personal interests and choices. For example, shopping, visits to the local pubs and activities in their local community. People made daily decisions about where they would like to go and what they would like to do. We saw people using picture cards to make choices about the activities they wanted to do on the day of our visit. For example, one person chose to go shopping with staff to the supermarket and another person went to play snooker. This person chose to watch video films when they returned to the home.

Staff told us all the activities were arranged according to people's personal interests and preferences. For example, one person enjoyed travelling on public transport. Records showed the person was supported by staff to go out each day on the bus. One staff member told us, "Whatever they [People] want to do, we help them to do." Another staff member explained how they had successfully supported a person who wanted to go swimming by eliminating the need to cross a road, which caused the person to become anxious. This showed staff supported people to maintain their interests and hobbies.

Staff told us, and we observed there were systems in place for staff to share information through a handover at the start of each shift and a communication book. This, along with comprehensive and up to date care records, ensured staff had the information they needed to support people and respond to any changes in people's physical and emotional needs. One member of staff told us, "We all read the communication book and sign it. This shows we have read and understood the information. This way you know everything you need for your shift."

People had information in an "easy read" format in their care records and bedrooms about who they could talk to if they had a complaint or were worried. One relative told us they knew how to make a complaint and felt able to do so. They said, "Yes, I know how to complain, but I have no worries and no complaints. If I did complain [Manager] would listen to me, I know that."

Staff understood their responsibilities to support people to share concerns and make complaints. One staff member said, "If it was something small I would try to sort it and then tell the manager. If it was something I couldn't do then I would pass it on to the manager." The manager said there was an 'open door' policy at the home which meant there was always a senior member of the team available should anyone want to make a complaint or raise their concern which would be taken seriously.

We saw the home had received one complaint in the past 12 months. Records confirmed the complaint had been managed in line with the provider's complaint procedure. The manager told us they reviewed all complaints received to identify trends or patterns, or areas that might require improvement. Actions were taken to improve the service where required.

Good

Is the service well-led?

Our findings

A relative and social care professional spoke positively about the way the home was run and the quality of the service provided. Comments made included, "[Manager] is not just there for [Name] they are there for me to if I need to talk, or if I am worried about anything." And "I am always kept up to date with what is happening. Everything seems to be in good order."

The service had a registered manager in post. Staff we spoke with told us the manager was approachable and they felt well supported. One staff member told us, "The manager is brilliant. I can't fault them. They are always there if you need advice or help. All you have to do is ask." Another staff member said, "The manager doesn't just sit in the office. They come in the house and will work alongside us if needed, even if it's an office day. The manager's priority is the same as ours, the people." During our inspection the manager was visible and available to people and staff. We saw people and staff approached them comfortably. We observed the manager spent time talking with people and provided advice and support to staff when required.

Staff told us they felt supported in their roles through regular team and individual meetings with the manager. Staff said these meetings gave them the opportunity to discuss any issues of concern and areas for self and service development. One staff member said, "Meeting with my manager is good because it makes you feel valued. You can talk about things that you are worried about, training that you need and you are told when you have done things well. The manager is always willing to spend time with us." Another staff member told us, "The manager encourages you to share ideas and they listen." The staff member went on to describe how the manager had agreed to try a different approach suggested by the staff member which had proven successful in enabling a person to go to the park. The staff member told us, "I am really proud of that achievement because [Name] had a really good time and we are going to do it again."

All staff we spoke with described Aqueduct Road as a good place to work. One staff member said, "It's fabulous. I love it. I've never known anywhere that it's so nice to come into work. I think it's because we know it's important to do things right and so we all work together, the manager and the staff."

The manager was part of an on call rota with other managers within the provider group to ensure people and staff were supported outside normal office hours or in an emergency. Staff told us there was always someone to contact if they needed support or guidance. One staff member said, "The on call phone number is answered immediately. I always get a response when I need to ask for advice." This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

The manager told us the provider was supportive and offered regular feedback and assistance to support them in their role and their professional development. For example, the provider visited the service at least monthly to hold meetings with the manager, and discuss issues around quality assurance procedures and areas for improvement at the home. The manager said, "My manager is very supportive and is always available on the phone or email. If for any reason I could not get them [Line manager] there is always another senior person for me to contact." The manager told us they attended regular meetings with other

registered managers from homes within the provider group which meant they had the opportunity to share good practice and improvements.

There were systems in place so people who lived in the home, their relatives, and staff could share their views about the quality of service or how things could be improved at the home. One relative told us, "The [Manager] regularly telephones me to ask me what I think about the service and if I have any ideas about how it could be made better." We saw people took part in weekly meetings where they discussed a range of issues, including any concerns and activities of interest that they would like to do and things they enjoyed. Staff told us they were involved in regular meetings where their feedback was sought. The provider also conducted annual satisfaction surveys with stakeholders. The manager told us responses to the last survey from all stakeholders had been low so they had identified this as an area for improvement.

The manager completed internal checks within the home to ensure the safety and quality of service was maintained. For example, the manager completed monthly checks in medicines management and quarterly health and safety checks. The provider also carried out checks and inspections at the home which identified what the home did well and where improvement was needed. We saw the manager generated an action plan where a need for improvement had been identified. The action plan was regularly reviewed and updated to show when actions had been completed and those which still needed to be addressed. For example, the manager had ordered a book to record the administration of controlled drugs which was identified during a monthly check. A controlled drug is a medicine that has to be ordered, stored, and recorded, administered and disposed of in a particular way. There were no controlled drugs in the home at the time of our visit. These checks ensured the service continuously improved.

Incident and accident report were completed by the manager and submitted to the provider each week. These were analysed to identify any patterns or trends so appropriate action could be taken. For example, following a number of reported incidents and to ensure the safety of people and staff when using the home's transport, a perspex screen had been fitted in the vehicle. We saw the number of incidents had significantly reduced. This meant the provider was using information to protect people and staff.

The manager had sent notifications to us about important events and incidents that occurred at the home. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

During our inspection we asked the manager what they were most proud of in relation to the service people received, they responded, "Since coming here my proudest achievement is seeing the progress people who live here have made. [Name] can now order a drink at the bar." They added, "I am very proud of my staff team. All my staff are caring and always do their best for the people who live here."

The manager told us everyone at Aqueduct Road was committed to continually improving the service the home provided. The manager said, "We want to be outstanding. The team know that and we are all working together to achieve it." The manager had a clear understanding of the challenges that faced the service and told us they had identified areas for further improvements. They explained their short term objectives were to continue to develop the staff team and to look at innovative ways of encouraging more relatives to be involved in service developments.