

Voyage 1 Limited

Beechwood

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 13 August 2016 and was announced. The provider (Voyage 1 Limited) was given 24 hours' notice because the location was a small residential service for people with learning disabilities who might have needed preparation for our visit. The service supported people with autistic spectrum disorders, and people with visual and auditory impairment and additional health needs such as epilepsy.

Beechwood is a large bungalow. There were shared bathrooms, a communal kitchen and a communal lounge. There was an outside garden area. Access to the bungalow was step free and accessible for wheelchairs.

The service had a registered manager in post. 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.

People's quality of life had improved under the leadership of the registered manager. Staff and relatives all described the management in exceptional terms. Staff talked positively about their jobs and their shared commitment to people achieving their best. The leadership at the home had led to great improvements in the past 14 months, care was based on best practice and the staff team highly motivated to achieve excellent care. The registered manager was proactive and determined, they ensured effective and close monitoring of all aspects of the service to ensure ongoing improvement across all areas.

On the day of the inspection staff within the service were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People had limited verbal communication but we observed they felt comfortable with staff, were warm, tactile and engaged in their interactions with staff. Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives. Staff were highly motivated and creative in finding ways to overcome obstacles that restricted people's independence.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, occupational therapists and physiotherapists.

People we observed were safe. The environment was uncluttered and clear for people to move freely around the home, equipment was well maintained and outings to external venues risk assessed. Staff discreetly monitored people's behaviour and interactions to ensure the safety of all the people and staff at the service. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. Families were involved in decision making and advocacy services were used when required. The service followed the laws and processes in place which protect people's human rights and liberty. People were supported by staff teams that had received a comprehensive induction programme, tailored training and ongoing support that reflected individual's needs.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints. No written complaints had been made to the service in the past twelve months.

There were robust quality assurance systems in place. Feedback from relatives and professionals was noted, listened to and action taken. Incidents were appropriately recorded and analysed from trends. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were supported by staff who managed medicines consistently and safely.

Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received training in the Mental Capacity Act (2005). Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good ●

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

People were supported to have as much control and independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

The service had a policy and procedure in place for dealing with any concerns or complaints.

Is the service well-led?

Good ●

The service was very well-led. There was a strong emphasis placed on improvement. There was an open culture and person centred ethos which was shared by the staff team.

The management team were described in positive terms, were highly approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care under the leadership of the registered manager.

Quality assurance systems were effective, robust and drove improvements which raised standards of care.

Care was proactive, based on best practice and the service actively looked for ways to improve and enhance people's lives.

Beechwood

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 was undertaken by one inspector, took place on 13 August 2016 and was announced. The provider was given 24 hours' notice because the service cared for people who had complex needs and needed to be prepared for an inspector in their home.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. 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 this information as part of the inspection.

During the inspection we spoke with the registered manager, the operations manager and a senior carer. We met all the people who lived at Beechwood and observed their interactions with staff as they were unable to verbally communicate with us.

We looked at two records related to people's individual care needs and discussed the care and support other people at the service received. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine, four staff recruitment files and records associated with the management of the service, including quality audits.

Following the inspection we contacted six relatives for feedback on the service and one GP.

Is the service safe?

Our findings

People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe within Beechwood and in the local community. One relative told us, "My son is in a very safe environment and in receipt of care appropriate to his safety needs. Although he is encouraged to work and think for himself, there's always someone at hand to help him where he can't (or won't) go further with a task, or puts himself in any kind of risk of danger."

People were supported by staff who had received training in safeguarding, and could recognise signs of potential abuse. Safeguarding policies were visible and staff were confident in discussing signs they might look for. One staff member told us they would look for behaviour changes, for example people being withdrawn or agitated.

Staff confirmed reported signs of suspected abuse were taken seriously, investigated thoroughly, and appropriate alerts had been made to protect people. For example, the service had made an alert following a disclosure by staff regarding a person they supported. Staff reported their concerns to the registered manager, who promptly made a referral to the local safeguarding team, to help protect the person from avoidable harm. Thorough investigations were conducted and feedback given to staff throughout the process. A relative told us "A few weeks ago an allegation was made by a member of staff concerning the behaviour of two staff members towards (X). This matter seems to have been thoroughly investigated and the allegation deemed vexatious and false" and "Whilst the investigation was going on, I was kept well informed by senior management." They added this had helped them cope with the allegations calmly.

We spoke with the registered manager about how people's money was managed to ensure it was kept safely and spending agreed. Appointees were in place for some people to support financial management. Audits were regularly completed and access to people's money limited. Larger expenses were researched, discussed and agreed to ensure people received the best value for money. Care records clearly documented these discussions and decisions.

People were supported by suitable staff. Robust recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were supported by sufficient numbers of staff to keep them safe. The registered manager told us in the PIR "Staff retention is at the forefront of my mind." Since they had started as the registered manager in April 2015 they had worked hard to recruit a stable, consistent team to support people. The registered manager regularly reviewed the staffing levels, so that people received reliable and consistent care, and to help ensure staff could be flexible around people's needs. For example, staff rotas were completed six weeks in advance and there were plans to share staff from the other services on site so consistent care was provided for people by staff that knew and understood their individual needs. One relative told us they had previously had concerns regarding staffing levels and the consistency of staff but this was not a present concern. Another relative told us, "We are very pleased to note that the staff turnover is less apparent than

previously encountered."

Staff were knowledgeable about people who had behaviour that may challenge others. Specialist advice was sought from behavioural advisors, and care records contained risk assessments regarding people's behaviour that may put themselves or others at risk. This enabled staff to receive personalised guidance on how to best meet an individual's need and helped keep people safe. Staff sought to understand the cause of behaviour. Incidents were recorded and used to identify patterns. The results were analysed and used to change practice and reduce the triggers to behaviour that put people at risk. For example, when the registered manager started, they noticed one person had restrictions on their computer usage which was causing the person to exhibit behaviours which were challenging the service. The person's care was reviewed, the previous restrictions removed and the person's behaviour improved dramatically.

People were supported by staff who worked together to alleviate their potential anxieties. It was common practice to note and share positive actions amongst staff, that had been successful in de-escalating situations and reducing incidents. Staff knew the individual characters and dynamics between people who lived at the home and situations which could trigger and increase people's anxiety. Staff were trained in deescalating and diffusing these situations. Staff discussed people's behaviour, were open to colleague's suggestions, and bought their own ideas to the table for discussion. Regular input from a behaviour therapist supported staff to put advice into practice and take action to help keep people safe.

People were supported by staff who understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. People had pictorial plans and were involved in decisions around the risks they took. Staff confirmed they followed risk management plans to ensure restrictions on people's freedom and choice were minimised. For example, one person liked to crawl on the floor. Staff ensured the environment was safe to enable them to do this and maintain their independence. Another person who was visually impaired had the bathroom and their toiletries set out in a particular way so they were able to be safe but as independent as they wished.

Risk assessments highlighted the importance of staff maintaining the person's environment. Staff confirmed they cleared up any spillages immediately, to reduce the risk of the person slipping and falling. Staff told us how they kept people safe when travelling in the van by keeping them away from the exit doors. Staff knew to use and check the belts when moving people in their wheelchair and ensure people wore correct footwear to reduce the likelihood of falls.

Medicines were administered consistently and safely. No one was on medication without their knowledge (covert) and no one was prescribed medicine which required additional storage for safety purposes. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR) and noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed, when they might need additional medicines and the level of assistance required from staff. These guidelines also included information about people's medical history, known allergies and how they chose and preferred to be supported with medicines. Thorough medicine checks occurred each day to check stock balances and ensure people had received their medicines.

Is the service effective?

Our findings

People were supported by well trained staff who effectively met their needs. The provider (Voyage 1 Limited) had essential training staff were required to complete. Additional training was provided for people who had additional health needs. The registered manager closely monitored staff training to ensure it remained in date. The registered manager told us they were committed to developing staff and encouraging further health and social care qualifications to ensure staff had the skills and knowledge required to care for people effectively. Staff told us this gave them confidence in their role. Knowledge quizzes devised by the registered manager supported staff to learn in different ways. The registered manager was also supported by the operations manager to develop their skills and knowledge to aid their progression within the company.

Staff received a thorough induction programme which included a mentor and shadowing experiences when they started with the provider. The registered manager monitored people's progress through competency reviews to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings.

People were supported by a registered manager keen to develop innovative ways of enabling staff to understand people's experience of care. For example, the PIR which was submitted told us they were planning a training session where staff were blindfolded to understand what it might be like to be visually impaired. Another creative idea the registered manager told us about was a staff training day which gave them no choices throughout the day so staff understood how important it was to provide choices to people to meet their individual needs. These training ideas would enable staff to understand the rationale for providing personalised support.

Supervision was up to date for all staff. The PIR confirmed staff received five one to one sessions a year and an annual appraisal. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve.

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Staff told us "We assume people have capacity." Care records evidenced where the service had been involved in and supported best interest's decisions that had been made for example the purchase of a new bed. The decisions had been clearly recorded to inform staff.

We also checked if any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty when receiving care and treatment when this is in their best

interest and legally authorised under the MCA. The application procedure for care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was up to date with changes in law regarding DoLS and had a good knowledge of their responsibility under the legislation. Records showed where DoLS applications had been made and any authorised, had been kept under review to help ensure they remained appropriate.

People where appropriate, were supported to have sufficient amounts to eat and drink. Although people had limited ability to be involved with cooking and preparation of meals, weekly meetings discussed menu ideas using pictures and leaflets to help people understand the options available. Staff knew what foods each person liked and disliked. Staff gave people meals according to their needs, for example some people with sensory needs preferred finger foods. Staff had tried to involve people in the weekly shopping trip but this had not been successful due to people's complexities. Staff commented how they monitored people's food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. People's weight was monitored closely and GP advice sought if staff were concerned by weight loss or gain. We saw people were freely using the kitchen and the food in the cupboards.

Where people had particular health needs or behaviours which placed them at risk of choking during meals, there was clear guidance in place for staff and people were observed closely. Following a previous choking incident at the service, staff had quickly asked for a repeat assessment by the Speech and Language Team.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted. A relative shared, "My son's care is effective: it's clear to me that he's happy and healthy, (health problems have dogged him all his life), and that his immediate and longer-term needs are anticipated."

People lived in a home that was maintained. The registered manager talked through recent upgrades in the home to ensure people lived in a suitable environment. The registered manager confirmed she was keen to improve the garden area to make it level and safe and extend the kitchen which was small. Family feedback reiterated their support of these upgrades "Areas which could do with improvement, the garden needs levelling and the kitchen needs to be enlarged so the clients can access this area more safely, but I believe all these are planned for the future." Some family expressed frustration at the delay in having the garden levelled. We shared this information with the operations manager and were promptly advised "We have had a surveyor out to look at the area and we have had quotes for the work to be done, including levelling out the area and having a soft area as well. In the meantime we have taken steps to make the area safer as it stands at present. People who live at Beechwood are able to (and do) use the garden safely and they enjoy that particular area, but it is still not as enjoyable as we would like to make it for people."

Is the service caring?

Our findings

People were well cared for by staff that had a caring attitude and treated them with kindness and compassion. Relatives told us, "When we visit, we are warmly welcomed and staff who we have come to know by name update us re (X)'s recent activities and his progress" and "We also notice that (X) appears calm, happy and well looked after" and "Right now his relationship with them is extremely good, and I believe the care that he receives is the main contributory factor to his progress in behaviour."

Equality and diversity was understood and people's strengths and abilities valued. The provider's statement of purpose reflected the philosophy of care they strove for and we observed this in practice during the inspection. The registered manager told us "I would personally be more than happy for one of my own relatives to live at Beechwood as I know they would be well cared for."

Staff had genuine concern for people's wellbeing, they worked together to ensure people received good outcomes and had the best quality of life possible. Staff commented they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. Staff told us people at the service were like their extended family and shared people's achievements with pride.

Staff took time to get to know people by reading their care records, talking to their family and discussing people with the team. Therapeutic relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for. Staff knew people's particular mannerisms which might mean they were distressed or in pain because they knew them well. They took prompt action to address what might be causing someone's anxiety for example by providing one to one time with people or taking them out for a walk to help calm and distract them.

Some people were under close supervision and some had intense one to one care due to their health needs. We observed how staff effectively balanced protecting people with promoting and encouraging their independence.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. One person living at the home had health needs which meant they had problems maintaining their temperature. Staff were conscious this meant they sometimes tried to remove their clothes in public so always ensured they wore undergarments. Spare clothing was taken on outings for those who had continence needs to ensure their dignity was maintained in the event of people soiling their clothes. The van which was used for outings had blinds to ensure people's privacy and dignity on trips.

People's independence was valued and encouraged. Staff encouraged people to develop and maintain skills such as helping with the laundry and dishes, making their own tea. This helped people's confidence and self-esteem.

Staff responded to people's needs in a caring way, and promoted people to be as independent as they

wanted to be. For example one person who had visual needs had the bath plug left in a set place so they could always find it and run their own bath. Staff supported one person who was unable to tell the time of day due to sight impairment using different smells for the time of day, for example a citrus smell was used in the morning, lavender at night.

We observed people felt comfortable around staff and appropriate touching and physical contact between people and staff indicated people felt they mattered and belonged.

People were proactively supported to express their views as far as possible. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people's views were listened to and respected. People had their own styles of communicating and we observed staff were patient as they tried to understand people expressing what they wanted through hand gestures and facial expressions. We watched as staff tried to understand what it was one person wanted to watch on their electronic equipment and saw the person's pleasure as staff realised they wanted to watch *Mama Mia*.

People were supported by staff who invested time to understand individual communication skills, preferences and abilities. Staff were skilled at responding to people appropriately no matter how complex the person's needs were, to help ensure people felt they mattered, and had control. Staff talked us through various effective methods they used to assist people to communicate. For example, using picture cards, leaflets and showing people things on the internet such as places they were visiting. One person who was unable to communicate verbally and had a visual impairment would tap staff hands to indicate their choice. This supported them to communicate their views. Staff knew when people came to the table or tapped their chin that meant the person wanted some food.

The registered manager was thoughtful and observant, they knew where improvement was required, for example English was not the first language for some staff. The registered manager recognised those staff that required support to develop their communication skills. The use of "nicknames" for people had been one area the service had spent time looking into to ensure people were addressed how they and / or their family would wish.

Advocacy support services were available for people if needed, however staff and families also advocated on people's behalf to ensure their care was person centred and in their best interests.

People were encouraged to be as involved in their care as much as possible despite the challenges they faced. Relatives confirmed they were involved and kept up to date. The registered manager had plans to develop a newsletter to increase involvement with people and relatives using the service. They told us developing end of life discussions was part of their plans to improve the service.

People's confidential information was kept secure and staff understood the need to respect people's private information. A policy supported how staff were to manage sharing information about people to other agencies.

Is the service responsive?

Our findings

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person and their family to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to Beechwood at a pace which was right for them. Family felt this area had improved since the provider had taken over and under the leadership of the registered manager. They told us "I think that Beechwood, which has not always been communicative in the past, is now a great example of how to do so with a person like [X]. I am always kept up to date with his financial status, and on the occasions where his needs demand my involvement my opinion is actively sought and respected."

The registered manager told us how people were involved when recruiting staff. Although it was not possible for people to be a part of the interview process, new staff visited Beechwood and their interactions with people were observed closely to see if they were suitable candidates.

People and their families where possible were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Barriers to communication were known and creative ways thought about so people could be involved in their care as much as possible. Staff were skilled in supporting people to do this and in assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. For example staff had noted using behaviour monitoring charts that one person was no longer enjoying the activities at the on-site resource centre. The service responded by reviewing their activity plans. Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. For example, those who preferred female to provide personal care were known, people's preferences were respected regarding what time they liked to wake and rise, and we noted one person sat in the sofa by the window which they liked to do. People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Review plans were then put into practice by staff and regularly monitored. Regular staff handovers and staff meetings shared important changes to people's care. This meant staff knew what had changed and how to care for people as they required.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who matter to them. People were enabled to take part in activities and encouraged to maintain hobbies and interests. For example, people enjoyed bowling, trips to the tourist attractions in London, picnics, shopping and theatre outings. There was in house music therapy and in the grounds where Beechwood was situated there was a day centre which some people enjoyed. The registered manager wanted to make activities more personalised and expand on this area further. One relative commented, "I'm glad that he is 'stretched' by activities he enjoys, particularly swimming."

The service had a policy and procedure in place for dealing with any concerns or complaints. People's behaviour was monitored through observation for any changes which might mean they had concerns. One relative had raised concerns about nail care. As a result of this concern, the registered manager had undertaken nail care training with all staff, purchased a nail brush for the person and raised this with all staff at a staff meeting. This demonstrated the service was receptive to areas which required improvement and took action to address concerns.

The registered manager was keen to develop ways to be more responsive and the newsletter planned to encourage this and a suggestion box for visitors and staff to leave feedback were amongst the plans for the next 12 months.

Is the service well-led?

Our findings

The registered manager had been in post 14 months; they took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Beechwood. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Relatives, without exception, all described the management of the home to be excellent. Comments included "They are all very approachable, open and supportive." One relative said, "I think she (the registered manager) is excellent and higher management would, in my view, be well advised to continue to support her so that she is retained long term" and another "My experience is that leadership is the second-hardest thing to maintain in the care sector, the hardest being full and effective staffing, which itself often depends on leadership. While staff turnover remains a problem in this extremely poorly-paid sector, the leadership the registered manager shows is excellent and she clearly commands a great deal of respect and loyalty from her staff team." Staff reiterated these positive comments and told us the registered manager was approachable and listened to them. An email we saw from the managing director said "I continue to hear great things about your impact on Beechwood and all the positivity coming from the team under your leadership".

There was a positive culture within the service. The registered manager told us "Myself and the staff team now have clear vision and values for the future which include freedom to make choices, freedom to be given opportunities, person centred care and to be a home away from home for the people we support." People were at the heart of developing these values. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. One staff commented "It is all about the people we support and making sure they live the best life possible".

The registered manager told us they were immensely proud of their achievements in the past 12 months and the staff who worked at the service. When they started in post in April 2015 an action plan with 294 points had been written to address areas of shortfall, the current action plan had less than 10 which were being closely monitored by the registered manager. The operational manager, staff who held lead roles and senior care staff had supported the action plan to be achieved. The registered manager had a clear understanding of what a quality service should look like and were achieving this. They told us the lead roles had given staff a "sense of responsibility." Rationales and explanations were given for changes so staff were on board with the improvements. Visitors had commented on the positive change in atmosphere within the service, the service was calmer and people happier. The registered manager told us "I have brought a focus on service development through systematic identification of potential areas for improvement and have been able to help the staff team focus on improvement through a greater understanding of the needs and wishes of people who live here."

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise

ideas that could be implemented into practice. As improvements which had been suggested were made, this was feedback to people and relatives.

The registered manager told us staff were motivated, encouraged and challenged to find creative ways to enhance the service they provided. Regular staff meetings were held where staff were updated on information within the house such as maintenance, repair and decoration. Issues which had been identified from audits to improve health and safety were shared and knowledge tests were undertaken. Minutes were taken and all staff asked to sign and read. This meant information was clearly communicated across the staff team.

New ideas and changes to ways of working were being led by the staff team under the leadership of the registered manager. The registered manager told us "Staff meetings are lively!" Colleagues felt comfortable challenging practice and sharing good practice ideas. People's quality of life was being improved due to the excellent leadership within the service. The registered manager said "I feel I have a great staff team who I am immensely proud of. They always respond to new challenges with fresh and creative ideas. For example supporting one individual to use public transport to go to the theatre in London and supporting one individual who has Autistic traits to attend suitable venues for theatre shows."

The service was signed up to relevant best practice websites to ensure evidence based practice was maintained. The registered manager coached and mentored staff to achieve their best which supported people to have positive experiences of care and enhanced their well-being. The registered manager told us "I contribute to other services in the region through sharing innovative practice and approaches with colleagues in meetings."

The service worked in partnership with key organisations to support care provision. The registered manager confirmed they had good working relationships with nurses from the learning disability team and people's doctors.

The registered manager created an open, honest culture. They were aware of what they could and could not do, where improvement was needed and learned from errors highlighted through audits. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager inspired staff to provide a quality service. Staff were empowered under their leadership, told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love my job, it's both challenging and rewarding and I love it", "It's different every day, I get so much enjoyment from making a difference. I know what I need to do, I love my job."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

There was an effective and robust quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Weekly reporting to senior managers was undertaken and quarterly audits under the five key questions; Is the service Safe, Effective, Caring, Responsive and Well-Led. The PIR completed by the registered manager said they planned to use the

format of this tool to further educate staff on these areas.

The provider had been one of 16 finalists for a specialist care award that recognises and celebrates innovative and outstanding care services.

The registered manager was motivated to improve the service further and had discussed plans for improving the garden and kitchen with senior managers to develop and improve people's home.