

Voyage 1 Limited

Garfield Grange

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This announced inspection was carried out on 20 and 21 June 2018.

Garfield Grange is registered to provide accommodation for people who require personal care. The service supports people living with learning and physical disabilities. It is located in Preston, a village on the outskirts of Hull. At the time of this inspection no one was living at the service.

The service is also registered to provide personal care. It provides care and support to young and older adults who have learning disabilities and/or autism, physical and sensory needs living in 10 'supported living' settings', so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Of the 27 people receiving support from the service at the time of the inspection, nine were receiving 'personal care'. Because of this we focussed our inspection on people who received personal care.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

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

At our last inspection in December 2015, we rated the service as good. This inspection found the service has improved its rating from good to outstanding.

The provider had an extremely positive person-centred culture and this underpinned their service. The registered manager and staff were committed to delivering a service which was extremely caring and empathetic. Without exception, people, their relatives and healthcare professionals expressed their satisfaction about the service.

People received care and support that was extremely responsive to their individual needs and preferences. Staff worked collaboratively with other professionals to ensure people received care that enabled them to live as full a life as possible, particularly where their skills had deteriorated. A healthcare professional and relatives spoke very highly of the service provided. We saw examples where staff and the registered manager had gone above and beyond to support people to grow in confidence and regain as much independence as possible.

Staff supported people to do the things they enjoyed and encouraged independence with daily living. Support plans contained clear information about the person's level of independence as well as details of areas where staff support was required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained and understood the principles of the Mental Capacity Act. People were involved in their own care planning and were able to contribute to the way in which they were supported.

People we spoke with felt safe using the service. We saw that risks were well managed. People were safely supported with their medicines where required. There was a procedure in place to ensure any safeguarding concerns were addressed and reported. There were sufficient numbers of staff deployed to meet people's needs and it was clear from the evidence we reviewed that staff had been safely recruited.

Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events. Record systems were accurate, well maintained and held securely.

The provider had effective quality monitoring arrangements through which they continually reviewed evaluated and improved people's care. People, their relatives, staff and healthcare professionals felt the service was well managed. Staff described the registered manager as approachable and supportive. There was a positive culture and ethos at the service which was driven by the registered manager. Staff were positive about the service and their contribution to supporting people to lead full lives.

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 because staff had been trained to recognise and report abuse. Staff were confident any concerns reported would be acted upon.

People received their medicines on time and in a safe way.

People's individual risks were assessed with actions taken to reduce them as much as possible.

There were enough staff to make sure people had the care and support they needed.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and their care service was based on their preferences.

People were encouraged to make decisions about their care. Staff understood people's rights and only carried out support after seeking consent.

People's healthcare needs were monitored and the service liaised with other healthcare professionals where required.

Staff received regular training, supervision and an annual appraisal to support their learning and development.

Is the service caring?

Outstanding ☆

The service had improved to outstanding.

People and their relatives felt staff were exceptionally caring, compassionate and went out of their way to make sure they had a good quality of life and wellbeing.

People benefitted from a service which had a clear, visible, person centred culture. People were at the heart of everything

they did.

People were supported by staff they knew well and had developed positive relationships with.

People were able to express their views and be actively involved in decisions about their care.

People's privacy and dignity was respected. Staff supported people sensitively with their personal care needs.

Is the service responsive?

Outstanding 

The service had improved to outstanding.

The service was exceptionally flexible and responsive to people's individual needs and preferences.

People were supported to participate in activities and interests they enjoyed with the focus on quality of life for each individual.

People had highly person-centred plans that were developed with their full involvement or that of their relatives. These described in detail how people's needs should be met and were recorded in a way that provided detailed guidance for staff to ensure care was provided in line with the person's wishes.

The service supported people sensitively at the end of their life to have a comfortable, dignified and pain free death.

There was a complaints system in place which ensured that any concerns were dealt with in a timely manner.

Is the service well-led?

Good 

The service was well led.

There was a positive culture within the service and the vision and values of the service were clear.

Staff, people and their relatives spoke positively about the registered manager.

There were effective systems in place to monitor the quality of the service.

Garfield Grange

Detailed findings

Background to this inspection

This comprehensive inspection took place on 20 and 21 June 2018 and was announced. We gave the service notice of the inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us. The inspection was undertaken by one inspector.

Inspection site visit activity started on 20 June and ended on 21 June 2018. It included visiting the office location, attending a planned event, and visiting three of the supported living houses to meet with people using the service, their relatives, the registered manager and staff. During the inspection we spoke with six people who used the service and three relatives. We also observed interactions between people and staff in three of the supported living houses. We spoke with six members of staff, including the registered manager, a care coordinator and support staff.

On this occasion, we had not asked the provider to send us 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.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law. We also asked the local authority safeguarding and quality assurance teams for their views about the service. No concerns were raised by any of these agencies.

We looked at records relating to the personal care and support of two people using the service and two people's medicines records. We also looked at seven staff recruitment records and other information related to the management oversight and governance of the service. This included quality assurance audits, staff training and supervision information, staff rotas, the management of complaints and health and safety records relating to the service.

Is the service safe?

Our findings

People told us they were happy and felt safe with their support staff and others involved in their care and support. Comments included, "If I was sad I would speak to the staff" and "Yes I am safe. I am very happy." A healthcare professional told us, "[Name of person] is safe and well supported. For example, if they are going out they will take a key. They are reminded if they are going to be home late to ring home and let the staff know."

Staff were provided with information so that they knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. They had the training and knowledge to identify and report any safeguarding concerns to keep people's safe, and were aware of the provider's whistleblowing procedures. One told us, "I would look out for changes in people's behaviour, have they become withdrawn or appear neglected. I would report this to my manager or directly to the safeguarding team."

The registered manager showed us the provider's safeguarding policy and procedure and we looked at how concerns were recorded and managed. This showed that systems and processes were in place that helped to keep people safe from avoidable harm and abuse.

People were supported to live their lives as they chose. We reviewed risk assessments which supported this approach with minimal restrictions. Risk assessments were detailed and provided support staff with guidance on how to keep people and themselves safe. These were reviewed on a regular basis and included input and guidance from other healthcare professionals.

We saw risk assessments in place for general health, finance, medicines (if required), food and drink and activities. The risk assessments covered areas of daily life where the person might need support. For example, levels of ability to manage medicines and behaviours, which may challenge the service and place the person and others at risk.

Recruitment processes protected people from being cared for by unsuitable staff and there were enough staff employed by the service to safely meet people's' needs within the requirements of their packages of care. Rotas we looked at showed us that staffing was consistent, and overall people were given care and support by a dedicated team of support staff.

The provider had up to date procedures to deal with emergency situations. Regular checks of the houses were carried out to ensure they were safe and required maintenance certificates were in place. Fire drills took place on a regular basis so all staff had practical knowledge of knowing what to do in the event of an emergency. These safety checks meant that people were kept safe in the event of an emergency.

When required, detailed accident and incident records were kept in each house. These included details of the action taken in response to the incident and measures to prevent a future recurrence. These records were returned to the office location and inputted into the provider's electronic 'case management system' by the registered manager. The information included the injury/incident, any treatment required and any

hospital admissions. These were evaluated to look for any trends patterns as part of the provider's governance systems.

Systems were in place to ensure medicines were ordered, stored and administered safely. Staff received training in medicines management and the registered manager showed us documented observations, which were carried out annually to ensure staff understood their training and knew what it meant in practice.

Medicine administration records (MARs) were used to record when people had taken their prescribed medicines. The MARs we looked at had been completed accurately. People's capabilities to self-administer had been assessed and staff told us they would support people who were able to do so.

People were supported to keep their homes clean by staff who supported them in promoting this as an area of independence for people. The registered manager had procedures and checks in place to maintain infection prevention and control.

Is the service effective?

Our findings

People and their relatives told us they were happy with the service. Staff were knowledgeable about the people they supported. A healthcare professional told us, "[Name of person] has choice, independence and can come and go as they please. They [the service] have engaged with [Name] and gained their trust and confidence. They are open and telephone me when needed." A relative said, "Staff have given [Name] so much support they have become more confident." One person using the service told us, "I can sometimes bottle things up but they [staff] know me well and they wait until I am ready [to talk]."

People's care needs were assessed to identify the support they required. Each person received a thorough assessment of their needs before the service agreed to provide their care. The registered manager told us, "We would go out and assess the person initially. There would then be two to three visits to the home to speak to the other people living there and their families. We consider the person's likes and dislikes alongside the people already living in the home." One person said, "I came for a few visits before I moved in. I have been happy [in the home]."

The initial assessment considered the areas in which staff may need to support the person, including eating and drinking, lifestyle, wellbeing, memory, capacity and any sensory needs. The information gathered was used to produce people's plans of care. Reviews were completed to make sure people were happy with the care they were receiving and to ensure that the service was meeting their needs.

Staff told us they had completed the provider's mandatory training which included life support, communication, fire safety, medicines, safeguarding, infection control and equality and diversity. They went on to tell us they were supported to identify their own training needs which included undertaking nationally recognised qualifications in providing care and support for people. Staff told us they received an induction when starting work. This allowed them to develop relationships with people and gain an understanding of their needs. One member of staff who had recently started working at one of the houses told us, "I had a good induction. I have just come off probation. I received extra one to one support to help me through it [induction]." Staff told us they received regular supervision sessions to support them in their role. This support consisted of an annual appraisal of their performance and direct observations of their practice.

Regular staff meetings also took place in each house to keep the teams informed and up to date with any changes. This also provided an opportunity for staff to share their ideas and ask questions. One member of staff told us, "We have a meeting each month where we hold general discussions about the houses." People were supported and encouraged where possible to shop for and cook their own food. We observed staff assisting people with kitchen equipment and providing prompts. Where people cooked and ate as a small group in their home, they were supported by staff to plan a menu on a weekly basis, and then visit the local supermarket to shop for ingredients. One person said, "I love spaghetti bolognese. I do my own cooking and I like cornflakes for breakfast." Staff were aware of the type of foods people preferred and helped them meet their diverse needs in relation to what people liked to eat and drink. Where there were concerns regarding people's nutritional intake, this was monitored and when required necessary advice was sought from community professionals. If needed, people's weight was monitored so that any changes to

their welfare could be addressed.

People were supported to access a wide variety of other health and social care services. Staff held knowledge of other services available to people, including learning disability services and care management teams. We looked at two people's care records. They contained information regarding each person's health. The records contained a health action plan, which showed any health reviews and support including from GP's, specialists in epilepsy, occupational therapists, physiotherapists and nurses. This showed us people's health and well-being was monitored.

We noted that each of the houses we visited were different in terms of size, decoration and layout. People had their own rooms and access to outside space. One person showed us their bedroom and we saw this was personal to them containing photographs and a calendar which displayed their responsibilities by day for household tasks. Another house we visited displayed a picture board containing examples of household items people had chosen and were saving up for to buy for their home. We saw they had already saved up and purchased the toaster they had chosen. This showed us people were supported to maintain their independence within their home.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. In domiciliary care settings, this is under the Court of Protection.

We checked whether people had given consent to their care, and checked that where people did not have the capacity to consent, whether the requirements of the MCA had been followed. People's ability to consent was assessed and recorded in their care plan. Best interest meetings were held when people lacked the capacity to make informed decisions for themselves. Healthcare professionals and other relevant people who had an involvement in the person's care and welfare had attended these.

Is the service caring?

Our findings

When we last inspected Garfield Grange we concluded the service was caring and rated it good. Following this inspection, we found the service had improved to outstanding.

Throughout the inspection there was a positive and warm atmosphere at the houses we visited, and we observed plenty of meaningful, positive relationships between people and staff. For example, there was a lot of fun and laughter and people and staff were seen to share laughs and jokes. Some people were seen to openly hug staff supporting them. The caring approach was demonstrated throughout the days by staff and the registered manager. One staff member said, "Our vision is not to do things for people that they can do themselves." Another commented, "We want people to be independent and as happy as can be."

People and their relatives were extremely complimentary about staff and how staff met people's needs whilst respecting their individual choices, values and diverse needs. Comments included, "I am very happy [Name and Name] are my staff" and "They [staff] are very kind, they are like my friends." One person was dressed very smartly, they told us they chose all their own clothes. Another person spoke to us about how they regularly went out to the local pub and supermarket to get the newspaper they liked to read.

A relative told us, "This [the service] is the finest thing that happened to [Name]. It's a miracle [they live at the service]. I don't have to panic now. [Name] goes out now and they are more confident. They choose all their own clothes and are quite fashionable. The staff at the home are lovely." We saw a comment that had been made by a healthcare professional which said, "Can I just say the support [Name] has received while been in your care has been outstanding. [Name] is happy, safe, making their own choices with support from your team when needed and has also increased their independence relating to their daily living skills."

There was a strong, visible person-centred culture. Our observations during the inspection showed us the service had a positive and caring culture that people, relatives and staff supported and promoted. For example, we saw that everyone involved in the coffee morning were laughing, chatting and were clearly comfortable with each other. When people were awarded their place in the competition for baking the cakes and buns staff and the registered manager were very quick to give people rounds of applause and praise them for their achievements. People were very proud of what they had done and this was evident by their reactions with lots of smiles, laughing and their affection toward staff. We saw a comment from one person's relative which said, "I cannot stress how much the care [Name] receives is excellent. In 2017 [Name] was ill and not only did the management and staff look after [Name] they also looked after me."

People were respected, valued and treated as individuals. Staff demonstrated they had a real empathy for people and they ensured people's emotional needs were met. For example, one person had gone through a difficult period within their family due to illness. The service had thrown a party for the person so they could enjoy this for the last time with their ill relative. Another relative of the person had commented on this and we saw this said, "You [staff] all made such an effort for [Name's] birthday. This was only two weeks before [relative died] and the party you provided so that [relative] could enjoy [Name's] last birthday was a lovely touch. I noted that many of you came when you were not working, or on shift, in your own time, just because

you wanted to support [Name]. I can see that this is not just a job for many of you, it is a vocation."

The service had supported another person to improve their level of communication. The person had always written letters in the past but had not done this for a very long time. We saw they were now writing regular letters to their family to let them know what they had been doing. Their relative had commented, "You [staff] have been keen to progress [Name] to bring out the best in them. I haven't seen [Name] write in years and it has been such a nice touch getting a letter in the post telling me what they have been doing. [Name's] speech is improved and I can see all staff really get [Name] to engage."

The registered manager was clearly committed to promoting a compassionate service that encouraged positive relationships and people's well-being. They were motivated and passionate about making a difference to people's lives, and dedicated to putting people at the heart of the care delivery. For example, one person had previously used the respite part of the service in the past and regularly turned up at the site location to see the registered manager, after having taken a long bus journey from where they were living. The registered manager had always ensured the person had a warm drink and a bed for the night. The person had lived at numerous other places in their life before finally coming to live in one of the service's supported houses. We saw the registered manager had been instrumental in supporting this person through terminal illness and enabling them to achieve their aspirations such as writing a letter to a relative they had not seen for a long time and supporting them to understand and receive medical treatment that was needed. The person had asked the registered manager if they could have a pair of earrings that belonged to the registered manager for their funeral. The registered manager had given the person their earrings. This demonstrated the service had a real empathy for people and they ensured people's emotional needs were met.

The registered manager and staff valued people who used the service and endeavoured to celebrate people's special occasions, and their talents and skills. Staff supported people to arrange events and parties. We saw evidence in one of the houses of a talent event that people had taken part in. People had been given awards for their performances. One person was very proud to show us their trophy and show us a poster inviting people to take part in this event again. The person told us what song they would be singing. We saw a comment from a relative which said, "You really do go that extra mile. I came to your '[Name of service's] Got Talent.' The staff enthusiasm and participation is always a humbling experience for me. I can see first-hand the care that [Name] and everyone receives at [Name of service]."

On the first day of the inspection people were taking part in a Macmillan coffee morning [in memory of a person who used to live at one of the houses]. This was held at the provider's main location. People from some of the houses had baked cakes and buns. We saw lots of people and their relatives attended. The winners were awarded with certificates and prizes for their creations. We also observed that many photographs were displayed in the houses we visited to commemorate such occasions.

The registered manager and staff had established open and transparent communication with people, their families and healthcare professionals to support people to maintain relationships. We saw an abundance of positive comments which included, "If I am looking for a placement for someone I will always ask [Name of registered manager] first as they will always go above and beyond for me, the person, the service and anyone who needs their help. [Name of registered manager] is one of life's carers and it is a pleasure to work with them ", "You [service] have helped in every way you can to facilitate [Name] and I to see each other including the trips to London" and, "I cannot thank you all enough for what you have done and are doing for [Name]. [Name] is so special to me and I was making myself ill with worry, but now I know [Name] is being taken care of so well I have finally relaxed and my health is also better." This demonstrated positive, open and honest relationships based on trust had been built with people's families, friends and healthcare

professionals.

Consistency in staff in the houses had enabled people to develop positive relationships, built on trust and understanding. People were very much involved in planning their care and support. Care plans reflected their diversity and protected characteristics under the Equality Act. For example, care plans contained information on people's protected characteristics, significant relationships, religion, gender and communication. Regular reviews of people's need took place, which involved the person using the service, their family member and relevant healthcare professionals. People and their relatives told us staff actively involved them by seeking their views about their care, which included any proposed changes to their care and support. One person said, "I have a support plan that staff help me with." A family member expressed this by telling us, "The consultation we have is very good."

The service respected people's privacy and dignity. For example, we saw during the initial assessment of any potential new admission to a home, the people currently living in the home were involved and asked their views on what type of person they would like to share their home with. Each home had a dignity champion. This member of staff promoted dignity within the home by ensuring the person's chosen activities were completed and attending any dignity meetings.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

We saw that any personal information relating to people or staff was stored securely in locked cabinets. Some documents were stored on computers which were password protected. The registered manager was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used. This meant the service was planning for change and ensuring they were working in line with the requirements for the change in legislation.

Is the service responsive?

Our findings

When we last inspected Garfield Grange we concluded the service was responsive and rated it good. Following this inspection our rating has improved to outstanding.

People experienced a personalised level of care and responsive support that promoted their physical and emotional wellbeing and enhanced their quality of life and independence. For example, one person had begun living in one of the houses provided by the service. The person's levels of independence had grown so much with staff support they had moved to another of the service's houses which gave them more independence. The person had experienced difficulties within their family and with staff support trust had been built between staff and the person's family and they had begun to visit the person every week.

One person was prescribed insulin to help manage their diabetes condition when they had first moved into one of the houses two years ago. Staff had provided support, stability and emphasised the importance of maintaining their wellbeing through eating and drinking healthier which had resulted in the person no longer requiring insulin. The person took the time to share their experience with us, they said, "I now take tablets for diabetes. I used to take insulin but I don't have to now. I also do my own cooking." The person's relative had commented, "I have been very impressed by the level of engagement and focus on [Name's] wellbeing. [Name] eats so many more foods than they ever have and is now a regular in the local restaurants where they are building up their social skills. I walked into one the other week and all of the staff knew [Name] and all talked very highly of the staff team. It was super to gain an unprompted view of [Name's] daily life and how well looked after [Name] is." This demonstrated that people were placed at the very centre of their care and were able to develop and grow in confidence.

The staff teams had developed strong relationships with people and fully understood what may cause them stress or anxiety, and may therefore be a barrier to achieving something. We saw people's care and support was planned proactively and in partnership with them. The registered manager gave us examples of success stories where the service people received had made a difference to their lives. One person had moved to one of the houses and led a restricted life by choice and didn't go out anywhere. The person had been supported by a stable staff team who invested their time into supporting the person to overcome these issues. We saw the person had been living at the service for three years and was now leading a completely different life. They regularly went out and did the food shopping for the house with staff and took the train to visit their relatives in London. The registered manager told us, "[Name of person] is amazing in every way."

The registered manager and staff team worked in close partnership with other organisations to make sure they were following current good practice and providing a high quality responsive service to people. We saw one person's health had deteriorated and they were reaching the end of their life. The registered manager had worked collaboratively with the hospital and learning disability nurse to support the person during hospital stays and admissions at all times during the day and nights. We saw extensive evidence which showed the service had gone the extra mile to ensure the person had a pain free, dignified and comfortable death in line with their wishes. They had been fully involved in their end of life care plan and made their own choices with support about their funeral service, what colours they wanted people to wear, what they

wanted to wear, the songs they wanted at the service and where and with whom they wanted their ashes to be scattered. A healthcare professional who had been involved with the person had nominated the registered manager for the providers 'Regional Community Manager of the year' 2017 (which they won), for the service they had provided to the person. They had commented, "The support [manager] gave [Name of person] is something I will never forget. I will never forget how hard [manager] tried and this also showed [Name] what a good person they were, and [Name] often told me how she loved [manager] for this. From first meeting [Name of person] to the end of their life [manager] went above and beyond for [Name]."

People's care plans were highly detailed and very person-centred. Outcomes were clearly identified and concentrated on what the person wanted to achieve and how best the care staff could support them. Each contained information on social history, typical days and nights, decision making and how they wished their care and support needs to be met. There were detailed descriptions of what was important to people and how to care for them, in their preferred way.

Care plans considered hazards specific to the area of support, what the person could do themselves and support needed from staff. For one person living with a visual impairment their care plan for helping them to understand stated, 'Use slow clear language or a physical choice that [Name] can touch.' The plan also included specific guidance for staff on how the person liked things to be done, for example, 'I will tell staff what songs I want on.' We saw this in practice during the inspection. Staff kept a record of their support given to people whilst in their home in a daily recording workbook. This included an account of what the person was doing and any one to one hours. This provided a good record of a person's day and enabled a seamless handover to the next staff members supporting the person.

We found information regarding people's communication needs was recorded in care plans and the service had gone to great lengths to ensure information was provided to people in accessible formats. Each plan held easy read information which showed a picture of the main service location and a filing cabinet to indicate where people's information was held. People had hospital passports [to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital] which included their preferred ways of communicating, religion and the spoken language of any staff supporting the person. We saw the passports were very person centred using pictures and symbols to aid understanding.

Communication plans contained specific details and pictures to guide staff what it may mean if a person did something specific, and what the staff member should do in response. Staff talked about people's individual needs in a knowledgeable way and explained how they gave people information they needed in a way they understood. We observed this in practice. For example, one member of staff supported a person to tell us what they enjoyed doing using sign language for horse riding. This demonstrated the provider was meeting the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The use of technology was being extended by the provider to benefit people and they were in the process of changing their systems to an electronic system called 'Cold Harbour.' This allowed them to capture more detail for quality assurance systems. Staff used a cell tracked phone to log in and out of the house they were working in and this also contained their rota. The provider's information technology department and the service care coordinator managed and received any alerts regarding this system. The care coordinator told us, "If a member of staff was late or did not turn up the system would alert me. I check this daily and would follow up with the team leader of the house." The registered manager told us the electronic system would eventually contain all people's support plans, staff records and training.

People who used the service were encouraged and supported to engage with services and events within their local communities. People were encouraged to lead active and independent lives which involved horse riding, swimming, visiting the local pubs and restaurants and events and discos at social clubs. One person told us, "I go out and see my brother and we walk the dog." A relative said, "[Name] goes to the theatre and pantomime. They go out a lot." People took part in events provided by the service such as Olympic games and singing competitions with people from the provider's other houses taking part. We spoke with one person who was very happy to show us their bags were packed ready to go on a holiday. Activities and community engagement were an important part of the service.

The provider took account of complaints and compliments to improve the service. A complaint's policy and procedure was in place. People and their relatives told us they were aware of how to make a complaint and were confident they could express any concerns. Compliments we reviewed were overwhelmingly positive about the staff, the management and the support provided including the impact their involvement had on people using the service.

Is the service well-led?

Our findings

It was evident from the responses we received from people, their relatives, staff and healthcare professionals that this was a well-led service. We received a warm and open welcome by the people we met who lived at some of the service's houses and the staff teams supporting them. People were happy for us to visit them and to be involved in the inspection and share their experiences with us. People were happy with the service they received and in the company of the registered manager and staff. The atmospheres were comfortable and supportive.

The culture of the service was open, caring and focused on people's individual needs. Our observation of the service was that it was well run and that people who used it were treated with respect and in a professional manner. When we arrived at the service on the first day of the inspection people were keen to meet and speak to us during a coffee morning event that was being held. Staff morale was good. One member of staff said, "The support I get is okay." Another told us, "We have a really good team." Throughout the inspection people and their relatives were forthcoming in sharing their experiences of the service and of the registered manager with us. One relative told us, "Consultation with us is good. We can go and see [Name] anytime we want." Another said, "The service is managed very well."

The provider was meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their visitors. It was clear from our discussion with the registered manager that they were highly driven and passionate about their role. They had an active and visible approach. The registered manager was aware of their responsibilities in ensuring that they adhered to relevant legislation and guidance and completed notifications to the Commission when they needed to. They spoke knowledgeably about the duty of candour and how they were required to be open and honest with people when anything went wrong such as in response to complaints.

We discussed the value base of the service with the registered manager. They told us the service was based around providing quality person centred care to people and supporting people to remain safe and independent in their own homes. People and their relatives said they were cared for in a person-centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service were being achieved.

All of the staff we spoke with told us they were supported through supervision, training, team meetings, and a registered manager and team leaders that were approachable. One said, "I get excellent support from [Name of registered manager] at any time of the day. They address issues and provide feedback. Other people in the company want you to do well and I wouldn't be here today without that support." Another told us, "Management do a really good job. I am comfortable speaking with [Name of registered manager]."

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including visits to people's houses where checks were completed on all aspects of the service people received. The provider's governance framework, helped monitor the

management and leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were processes and systems in place to check environments, support planning, safety and accidents and incidents. These helped to promptly highlight when improvements were required.

People had a service which was continuously adapting to changes in practice and legislation. For example, the registered manager completed quarterly audits of each house against the CQC's Key Lines of Enquiry and regulations. These checks recorded how each regulation was met or not met. Actions plans were created from these audits.

The provider ensured people were regularly asked about their satisfaction with the service. People were routinely involved in day to day decisions and there were formal systems in place to gain and record feedback from people who used the service, their relatives, healthcare professionals and staff. This reflected that the management team continually evaluated the service and identified areas of improvement.

The registered manager worked collaboratively with other organisations to ensure people received a consistent service. This included those who commissioned packages of care, safeguarding and other professionals involved in people's care. The provider had all the required policies and procedures and these were written in line with good practice guidelines and were regularly updated.