

# Voyage 1 Limited

# Daffodils

## Inspection report

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Date of inspection visit:  
24 May 2021

Date of publication:  
22 July 2021

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Daffodils is a residential care home providing personal care to five younger adults with a learning disability and or autism at the time of the inspection. The home has been modified and designed specifically to meet the needs of the people who live there. Each person has their own bedroom and en-suite bathroom or wet room. There are two lounges and a large kitchen/diner for communal use. There is a secure garden and the former garage has been converted into an activities room for people's use.

### People's experience of using this service and what we found

Relatives told us how positively staff had responded to the challenges of the COVID-19 pandemic and used their skills to adapt activities and identify opportunities for stimulation for people, which had enabled them to maintain their well-being during the pandemic and both develop new skills and build their confidence. Staff had used their knowledge of people's interests to devise a range of activities and social events to meet each person's needs. A relative commented, "They [staff] have been brilliant, I was so relieved at home knowing [person] was in safe hands in their care during lockdown. They go above and beyond." Staff's proactive interventions had prevented a person's mobility deteriorating during the lockdown.

The service was tailored to meet the needs of each person and delivered to ensure they experienced flexibility, choice and continuity of care. People's relatives told us how exceptionally well staff understood and met each person's needs during the transition from their previous home, where everyone had previously lived together. This ensured people experienced a smooth move and settled into their new home with ease.

People's needs were well met by the environment which was designed to meet their specific needs and wishes and drew on best practice guidance. As a result, it both promoted people's independence and increased their safety. As per people's wishes, there were different spaces for them to use for their preferred activities and private space both internally and externally. People, staff and relatives had created a stimulating and sensory garden. A relative told us, "I cannot stress how much care and attention [registered manager] showed in getting the environment right."

Processes, procedures and staff training were in place to protect people from avoidable harm and abuse. Potential risks to people had been assessed and measures put in place to mitigate them. There were enough suitable staff to support people to stay safe and to meet their needs. The provider ensured people received their medicines safely from trained staff. Processes were in place to protect people from the risks of infection, including COVID-19. Processes were in place to review and evaluate incidents and learning took place.

People's care and support was planned and delivered in line with current guidance, best practice, legislation and the use of technology. Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. Staff supported people to eat and drink enough and to maintain a balanced diet.

Staff worked both with other organisations to ensure people received effective care and treatment.

Staff treated people with kindness, respect and compassion during the provision of their care. Staff supported people to express their views and to be involved in decisions about their care. Staff respected and promoted people's privacy, dignity and independence.

The registered manager promoted a positive culture that was person-centred, open, inclusive and empowering, and which achieved good outcomes for people. A relative said, "[Registered manager] takes an interest in people's families as well as them. The whole family know [registered manager]. She always strives to be better than good. She wants the best for people." The service had clear and effective governance and management arrangements. People, their relatives and staff were engaged and involved in the service in a meaningful way. Processes were in place to enable continual monitoring of the quality of the service and to drive improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

The service met the needs of people in line with current best practice for their individual needs. This enabled people to experience a good quality of life. The service had been designed both with and for the people who lived there. It was centrally located within the community and staff enabled people to be part of their local community. The model of care provided focused on what people could do for themselves and maximised their abilities.

#### Right care:

The care people received was person-centred and promoted people's dignity, privacy and human rights. The environment had been designed to be person centred and to promote the privacy and dignity of each individual. People's care reflected their needs, rights, preferences and aspirations.

#### Right culture:

The registered manager was passionate about ensuring the people who lived at the service received high quality care and lived active and fulfilling lives. They promoted a positive working culture amongst the staff team who were proud of their work. The registered manager and staff had built excellent working relationships with people's families, who saw and valued the impact upon the quality of life their loved ones enjoyed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 04 April 2019 and this is the first inspection at this location. The last rating for the service at their previous location, where it used a different name, was Good, published on 16 March 2018.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Daffodils

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Daffodils is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave short notice of the site visit, due to the COVID-19 pandemic.

#### What we did before the inspection

Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We sought and

received feedback from commissioners of the service. We used all of this information to plan our inspection.

#### During the inspection

People living at the service were not able to give us verbal feedback about their care. To help understand people's experiences, we spent time in the communal areas observing staff's interactions with people and the care provided. We spoke with one relative, one care worker and the registered manager about people's care. We reviewed people's medication records.

#### After the inspection

We spoke with a further four relatives and two staff to gather their feedback on the service. We reviewed two people's care records and staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems, policies and procedures in place. Staff completed safeguarding training. Staff had access to relevant policies and guidance and understood their role and responsibilities and how to escalate any concerns.
- Staff were provided with guidance and measures were in place to protect people from avoidable harm. Staff followed the provider's processes and guidance to protect people from the risk of financial harm or abuse. A relative told us their loved one was "absolutely safe" in the care of staff.

Assessing risk, safety monitoring and management

- Staff assessed potential risks to people and, where risks were identified, measures were in place to mitigate them. A relative told us emergency protocols were in place to manage the risks associated with their loved one's epilepsy. The service had an airway clearance device, known as a 'de-choker' for potential use in a choking emergency. There was a written safety plan in place and staff had completed training in both its use and basic life support, professional guidance had also been sought to ensure its safe use.
- Risk assessments were person-centred, proportionate and regularly reviewed. Staff ensured any restrictions in place were the minimum required for the person's safety and met legal requirements.
- Staff had guidance about how to support people with behaviours which may challenge others. Staff understood the causes and meaning of people's behaviours and told us how they supported people to ensure their dignity and rights were upheld.
- The provider ensured relevant safety checks were completed in relation to utilities for the service, fire and equipment safety for people.

Staffing and recruitment

- People's relatives told us a number of the staff had moved with people from their previous location, which provided people with continuity of care. A relative told us, "[Registered manager] does the rotas to ensure there is the right mix of staff. If there is an appointment there are always the correct staff rostered. Ensuring there are sufficient drivers rostered, takes planning and knowledge."
- There was a full complement of staff, which included both more experienced and new staff. The provider ensured relevant pre-employment checks were completed to ensure new staff were suitable for their role.

Using medicines safely

- People's medicines were administered by trained staff whose competency had been assessed in accordance with national guidance. Staff had access to the provider's medicines policies and procedures.
- Staff ensured people's medicines were stored correctly and managed safely. Staff recorded the



administration of people's medicines accurately.

- Staff worked with relevant professionals which are sometimes to control people's behaviours, were only used when absolutely necessary and at the lowest dose, which reflected national good practice guidance for people with a learning disability. A relative confirmed, "[Registered manager] was very keen to reduce the medication and spoke with us and the GP about it."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns and report incidents. They felt fully supported to speak up about any issues. Staff told us, "We are updated with everything. If [the registered manager] needs to discuss something she will arrange a meeting."
- Lessons from incidents were shared. The registered manager told us following two incidents of a person fainting, professional guidance had been sought. The team also reflected upon the person's routine to identify any changes they could make, which were implemented. A staff member confirmed, "If there was an incident we reflect on it."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The service was designed around each person's needs and drew on best practice guidance. The premises were well adapted to meet people's individual needs and maximise their safety and independence. A relative said the service was an "absolute godsend - better in terms of the layout and facilities."
- Where someone had a specific sensory condition, the registered manager had sought professional guidance on the specifics of the design and décor most suitable for their bedroom and the communal areas prior to their move. This ensured the optimal environment was provided, for them to support their independence and functioning. Their relative told us, "[Registered manager] has spoken to people at the sight service getting advice about glass in the window which did not reflect sunlight too brightly."
- Another person had impaired mobility and had experienced falls at the previous premises. The new location had been fitted with a lift. Their relative told us, "It has been an asset. The lift allows [person] to go up and down safely, [person] may have had to move otherwise from the people [person] lives with to ground floor accommodation."
- Each person had their own en-suite bathroom designed to meet their needs. A relative told us how their loved one now had their own wet room and the difference this had made to their safety, privacy and dignity. Their bedroom window had also been fitted with a special film so the person could see out onto the street, which they enjoyed, but people could not see in, which protected their privacy. One person had reduced mobility and the second lounge had been adapted for their use. People's needs were met in the way they chose by their environment.
- People's wishes and preferences informed both the design and decoration of the service. Staff had consulted both people and their relatives and shown them samples, colour palettes and fabrics, from which they chose all aspects of their environment.
- There were different areas for people to use for their preferred activities and private space. The garage had been converted into an activity room and furnished for multiple uses, such as activities, craft, exercise and parties. A relative said, "The activity room is brilliant."
- Staff had worked with people and their relatives to develop the garden into a space to meet people's needs for both sensory and visual stimulation with their need for quiet seating areas. There were numerous things to look at and smell in the garden. A relative said, "There is lots of lavender and other plants that smell. If they [people] are upset they can walk around the garden and it calms them down. The garden has stimulating bits to look at and the quiet space down the side of the garage." They told us "It looks amazing" and "It has given them [people] the chance to own their garden."

Supporting people to live healthier lives, access healthcare services and support

- People had been supported to achieve good outcomes. The service had supported people, particularly during the pandemic restrictions, to maintain or improve their physical health and wellbeing.
- Staff had supported people to exercise and use their treadmills in their activity room throughout the lockdown, to prevent any deterioration in their physical health. One person had been overweight, which had negatively impacted their mobility. They were referred to professionals for guidance. Staff supported them to implement the recommended changes to their diet and lifestyle. This had led to a significant reduction in their weight which was now within a healthy range, this had a positive impact upon their well-being.
- One person had a condition that impacted their mobility and hand muscles. Their relative told us, "They [staff] have managed to give [person's name] more hand massages and increase the amount of time [person] will tolerate [person's] splint. This has kept [person's] hand more mobile. [Person] goes on the treadmill. They have maintained mobility and prevented [person] needing a wheelchair." Staff's proactive interventions had prevented a deterioration in this person's mobility.
- Staff had guidance about how to monitor people's health and what signs to be aware of and when to refer to health care professionals. There was guidance for staff about how best to support people at appointments. A relative told us the registered manager always ensured staff knew what questions staff should ask at appointments for their loved one, so they got the most out of the consultation. They said, "I have confidence in the health support [person] gets."
- People's oral health care needs had been identified and planned for. People had health action plans and hospital passports which identified their health care needs and how they were to be met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned and delivered in line with current guidance, best practice and legislation. Staff made referrals to external services to ensure people's needs were met. They researched best practice for people and sought guidance about how best to support people. Staff applied their knowledge effectively and this led to good outcomes for people.
- People's assessments of their care needs were comprehensive and identified their expected outcomes. People's care and support was regularly reviewed.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications skills and experience to carry out their roles. Staff completed a comprehensive induction, during which they worked alongside a more experienced 'buddy.' Staff new to care completed the Care Certificate, which is the industry standard induction for staff new to care.
- Staff also completed specific training to meet people's needs. This included training in epilepsy, challenging behaviours and active support-method of enabling people with learning disabilities to engage more in their daily lives. The registered manager had completed training so they could train staff in the use of oxygen in response to one person's needs. This enabled them to ensure all new staff could be promptly trained in the use of oxygen and staff's training could be refreshed.
- Staff told us they received regular supervision and appraisals, during which they were encouraged and motivated to undertake professional development. Eight staff had achieved a level two professional qualification in social care. The registered manager told us each staff member was a, 'champion' for an aspect of people's care, such as active support. This gave them an area of practice to lead on for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were fully involved in planning their meals with staff, who told us, "We have a set of meal pictures for each person." People had access to plenty of food and drinks and staff recorded what people ate and drunk.
- Staff ensured people's meals were not rushed and people were seen to enjoy their meals. People chose

where they wanted to eat their meal. Staff ensured the presentation of people's meals reflected their support guidelines.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had worked with other services to ensure a smooth transition and continued access to healthcare services for people when they moved from their previous home.
- Staff ensured when people received care from other healthcare services they were fully supported so their needs were met. One person's relative told us, "When [person] was admitted to hospital. The service sent staff to support [person] on the ward." Staff recognised the person and hospital staff required support and continuity during the admission.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff involved people in decisions about their care wherever possible and their human and legal rights were upheld. People were supported to communicate their wishes whenever possible using different means. For example, staff told us, "[Person] has picture cards they use to communicate, [person] carries them and uses them to express their wishes."
- Staff had received training in the MCA, which they understood. A staff member told us, "If people cannot make a specific decision, we have to make a decision for them. We always take into account their best interests and consult with the manager and family." MCA assessments and best interest decisions had been completed for a range of decisions, including people's move to the new home. A relative confirmed, "We are asked for our views on whether things are in [person's] best interests."
- Staff upheld people's rights, to ensure they were supported in the least restrictive way possible. For example, one person's support guidelines noted if they did not give their permission for a haircut, staff should wait until they were ready to give their permission.
- Staff understood the Deprivation of Liberty Safeguards and relevant applications had been made as required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong, person-centred culture. Staff were passionate about the care they provided. They were highly motivated, compassionate and kind to people. We observed people enjoyed positive relationships with the staff who provided their care.
- Relatives were consistently positive about the caring attitude of the staff. They told us how, through weekly video calls during the pandemic, they could see how their loved one looked and how staff interacted with them. A relative said, "I get a weekly report on what [name of person] has done. I can see each day is broken up into sections and [person] is engaged in doing something."
- Staff showed empathy for people. They appreciated the impact of the pandemic on people's lives and well-being and tried to minimise the impact for them. They also had strong relationships with people's families, who clearly trusted them. One relative told us in relation to the pandemic, "We had to leave [person's] life in their hands."
- Staff had a good understanding of each person's needs, interests and preferences and how they were to be met. For example, one person's care plan stated they liked to wear a scarf, which we saw they wore. A relative told us, "They understand what [person's] care needs are. They make sure they are met. They share their knowledge of [person] with each other."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views about their care. Staff had completed training in Makaton which was some people's preferred method of communication. Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate. They also used other methods with people such as objects of reference and picture cards to enable them to make choices about their day to day care. For example, one person had pictures on the drawers in their bedroom to help them identify the content.
- Staff told us how, for people living with autism, they used an individualised daily pictorial board to show each person what was happening that day and at what time to reduce their anxiety. A relative told us, "[Person's] vocalisation has improved, [person] has certain sounds for certain things. As the staff are more experienced and encourage [person] to communicate more. [Person's] 'less desirable' behaviours have reduced as [person] is understood better."
- People's care plans provided guidance for staff about how people expressed themselves and what their gestures and behaviours were thought to mean.
- Staff had enough time to provide person-centred care. A relative told us, "They have a good balance of male and female staff." There were enough staff rostered to ensure people were matched with staff of their chosen gender both for personal care and their chosen activities.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect at all times. Staff were mindful to any signs of people experiencing distress and intervened promptly. People's care plans provided guidance to staff on how to provide personal care in a manner which upheld their dignity.
- Staff understood people's social needs and supported them to maintain links with those close to them. The provider's 'Family Charter' set out their commitment to working with people and their loved ones. To ensure people were supported to live the life they chose with the people who were important to them.
- People's care plans had a one-page profile which detailed who and what was important to them. Relatives told us they knew who their loved one's keyworker was and they could "discuss ideas with them."
- Staff supported people to develop their independence. People's care plans instructed staff about what people could do for themselves and how staff should support this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff recognised and met people's need for continuity of activity and structure to ensure their lives remained fulfilling and their mental well-being was promoted during the pandemic. Staff and relatives told us how, at the start of the pandemic, when all community-based activities stopped, staff were innovative in their planning of how to support people at home. People were provided with opportunities for social stimulation which reflected their interests. Staff brought opportunities people would have engaged with in the community into the home. For example, instead of going to the local bowling alley, staff set up bowling in the garden or activities room.
- A relative told us they had been concerned about how their loved one would react to lockdown and they spoke to the registered manager. In response, staff developed the arts and crafts activities which staff supported the person with. The relative told us how, through this activity, their loved one had developed their coping skills when they felt anxious. They said, " [Staff] have given so much thought as to new things they can do with people. They have developed an amazing programme. They have things to do each day, to enhance their lives. [Staff] give them themes to focus on. Staff have supported people really well with the pressure." A staff member told us, "This has had a positive impact upon people as they are not showing signs of increased anxiety."
- Another relative said, "The staff have different skills" and told us how staff used their particular skills in craft, cookery or gardening to develop individual activities for people. A staff member confirmed, "I try to look at the staff and see where they are best suited, say if someone wants to cook, I allocate a staff member who has an interest."
- Staff used everyday tasks and the garden to stimulate and engage people, to ensure they lived as a full a life as possible during the pandemic. People's families told us as a result, people had both developed and improved their daily living skills. A relative told us, "There has been a focus on life skills" and that their loved one has "learnt new, valuable skills."
- Staff used the garden as a resource. For example, one person had an interest in nature. Staff told us how they had supported the person to explore the garden to identify what nature was living in it and to participate in a national, annual bird garden study. A relative told us, "They use the garden to inspire activities. They have grown tomatoes, followed the cycle through from planting, caring for them and eating them. Same with strawberries. They used tomatoes and peppers in the kitchen. [Person] helped cut them."
- Staff ran regular themed parties to ensure people still had social events to look forward to. Some people liked oriental foods and others liked burgers, so staff incorporated the two into a 'Hollywood versus Bollywood' party. Staff brought elements of food, costume, music, dance and decorations together.
- Prior to the pandemic, people had led active social lives. People loved trips to, 'Winter Wonderland' at

Christmas, so staff created an alternative 'Daffoland.' They decorated the house and garden and one staff member used their skills to DJ. Staff ran a stall so people could still 'buy' snacks. Staff took photos of the experience for peoples' families, which showed how much people had enjoyed it.

- For one person's birthday, staff had planned a 'circus' themed party as the person loved circuses. Staff dressed up in circus costumes, decorated the activity room and garden as a circus and supported people to practice their circus skills. People worked with staff in the kitchen to prepare food for the party.
- Staff understood each person's needs in relation to their family. Staff ensured throughout the pandemic people had regular contact with their relatives. Where people had struggled to adapt to restrictions on visiting, staff had adapted the arrangements to support their needs. For example, one person had not been able to cope seeing their relative at the house but not go out with them as they did normally, so staff had arranged for them to see their relative whilst socially distanced, away from the home. This had enabled them to better deal with the changes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us staff were highly skilled and really understood their loved one's individual needs. They felt staff supported people through the move to the new home exceptionally well. They told us how staff had carefully planned for and managed both people's anxieties and need for continuity and stability throughout. Staff had initially taken people just to look at the new house from the outside, then into the garden where they had looked at what they could do with it, and then finally took people into the house. People gradually spent more time at the house, having lunch and doing activities, to enable them to get accustomed.
- People were fully consulted about what items were important to them from the old house, which they wanted to take with them and where they wanted these located. A relative told us, "Anything they could be involved in they were." The day people moved in; additional staff stayed overnight to provide reassurance. Staff's careful management of the transition ensured each person experienced a positive, stress-free move to their new home.
- Staff focused on providing person centred care, which achieved positive outcomes for people. A person's relatives told us how their loved one had needed new, modified footwear to increase their stability and safety. However, due to the pandemic, professionals could not provide the support the person required. The relative told us how "rather than just accept the situation," staff had worked with them to find an alternative. This ensured their loved one's needs for modified shoes were met, which had increased their safety.
- People's religious and spiritual needs had been identified and met. During the pandemic, people had been supported to attend an online church service if they wished.
- People's families were involved in developing and reviewing their care and support plans. Care planning focused on the person's whole life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People each had a communication support plan, which described their communication needs and how these were to be met. Staff used information in easy read formats to enable people to understand information, such as the COVID-19 pandemic and health information.

Improving care quality in response to complaints or concerns

- The provider's process for making complaints about the service and their commitment to learning from issues raised was set out in the providers complaints policy.



- Although no complaints had been received, relatives told us they felt confident if they did need to make a complaint it would be dealt with thoroughly. One relative told us they had raised a minor issue verbally, which had been quickly resolved. Another said, "Definitely [name of registered manager] makes herself available to respond to any issues."

#### End of life care and support

- People living at the service had guidance in place which outlined the support which would be provided to them to develop an end of life plan when required. The provider had relevant policies in place in the event they were required.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Families told us the service was very well-led and focused on providing good care for people. Relatives and staff said of the registered manager, "She's brilliant," "She leads the team well" and "Her leadership ensures people have a better quality of life."
- The provider had clear person-centred values which staff applied in their work with people. The culture was person-centred, inclusive and empowering. There was a well-developed understanding of equality, diversity and human rights. Staff told us they felt supported by the registered manager and said, "She is very good with staff."
- The management team, including the registered manager ensured staff felt valued and were acknowledged for their hard work and commitment. Staff were given thank you cards and a voucher at Christmas. The registered manager had recognised the exceptional work of one staff member and nominated them for the National Covid Hero award.
- The registered manager recruited a diverse and inclusive workforce. Whilst the rota was completed in advance, to ensure people's needs were met. Where staff requested days off to meet their cultural and religious needs, all steps had been taken to try to accommodate these.
- The registered manager had completed a research project on staff retention and staff feedback. This had raised awareness amongst other registered managers and the provider's management team of the impact and importance of a good working relationship between staff and their registered manager.
- The registered manager's leadership skills had been recognised by the provider and their role in researching, planning and managing the successful re-location of the service for people. Since 2017, the service had been nominated for one of the provider's annual awards. In 2018 the registered manager won the best manager in the region award. Last year the home was highly commended for the regional care home award.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their legal duties and responsibilities. Relatives told us there was, 'very good communication'. Another said, "We are told of all incidents and actions taken."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear and effective governance and management arrangements. The registered manager

understood the potential risks to people and acted to mitigate them. One person was waiting for an operation which had been postponed due to the pandemic, this had been followed up for them.

- Staff understood their roles and responsibilities and had confidence in the registered manager. Staff received constructive feedback about their performance. Staff told us how they had been encouraged to undertake professional development.
- The registered manager understood the importance and responsibility of their role. A relative told us the registered manager was a "good advocate" for their loved one.
- The registered manager told us how they took up all opportunities for learning and training. They had also been involved with a staff recruitment and retention project, the outcomes of which they had shared with the provider's other registered manager's in the region. A relative confirmed, "She is very good at talking to other managers to share good practice and ideas."
- The provider had introduced an intranet platform for all staff, this included access to all of the organisations current policies and procedures. In addition, weekly updates were published that reflected the latest government guidance. This ensured the registered manager and staff team had instant access to the provider's latest guidance and good practice information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their families in the service in a meaningful way. People and their families had been consulted about the name of the new house, which they chose. They had been involved in all aspects of planning the design of the new service. Relatives ideas and views were sought through reviews and surveys.
- The service proactively engaged and involved staff through supervisions, handovers, meetings and surveys.
- The move had enabled people to re-locate from a rural location to a central position within their new community. One relative said, "[Person] feels part of a real community" and "[Person] can go out for a walk on the pavement to a shop." Another relative said, "There are more opportunities."
- The registered manager understood the need to integrate people within their new community. Prior to the pandemic, they had attended events to make the community aware of the service and to encourage local people to apply to work at the service. People used the local facilities, for example one relative said, "[Person] can now use the post office."
- The registered manager enabled people to contribute more widely to the community. The service had made donations to the local foodbank. People had signed up to a 'go green' project. They had considered the changes they could make to support the environment, such as composting waste.

Continuous learning and improving care

- Quality assurance arrangements were robust and used by the provider and registered manager to identify potential areas for improvement. The registered manager, the operations manager and the provider's quality team completed regular audits of the service. The registered manager consistently achieved high outcomes during provider audits. Where actions were identified, these were added to the action plan for the service and completed.
- There was a strong focus on learning. The registered manager regularly sought external professional guidance and input to ensure people's needs were met as effectively as possible. They also joined external webinars by national organisations such as the National Institute for Health and Care Excellence and the Social Care Institute for Excellence. The registered manager was in contact with organisations to research new devices to support people living with epilepsy, to ensure the service provided was the least restrictive whilst meeting their needs.
- The registered manager attended the provider's manager's meetings, where learning was shared across

the group. They also ensured they informed fellow registered managers of new opportunities and information to support the provision of people's care.

#### Working in partnership with others

- The service was transparent, collaborative and open with all stakeholders. Staff ensured any required referrals were made for people promptly. Staff had established and used effective working relationships with a range of professionals in the area.
- They also regularly accessed training and support provided by the local authority and the clinical commissioning group (CCG). This enabled them to keep up to date with developments. The registered manager networked not only with the providers other registered managers, but with registered managers of other services in the area. This enabled them to share local knowledge and work collaboratively with other services.
- The registered manager worked in partnership with other agencies, to ensure people received seamless care based on good practice guidance. Following a dental appointment, an issue was identified for one person, which had the potential to result in further invasive treatment. The registered manager used their external partnerships, worked with the person's family and sought expert advice on current best practice which they shared with health care professionals. As a result of their intervention, the person's care was able to be delivered in the least restrictive manner and they required a less invasive treatment.
- The registered manager and staff had worked extensively with health care professionals, to ensure a specialist medicine could be stored safely and was ready for professionals to administer in an emergency for a person.
- The local CCG had contacted the service about participating in a more streamlined medication ordering process for people. The registered manager had liaised with the provider to ensure they agreed, and the provider's procedures had been changed to ensure all of their locations could use this method.