Care Quality Commission

Voyage 1 Limited
Garfield Grange
Inspection report

Lelley Road
Preston
Hull
HU12 8TX
Tel: 01482 896230
Website: www.voyagecare.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 16 December 2015 and was unannounced. We previously visited the service on 1 August 2013 and we found that the registered provider met the regulations we assessed.

Garfield Grange provides accommodation and care on a respite basis for up to 8 people who may have learning and physical disabilities. The service is located on the outskirts of Hull and receives referrals from several local authorities in the area and provides on-going respite for return visitors. There were four people using the service at the time of the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). 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.

Summary of findings

During this inspection we found that the service was safe. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities for protecting people from the risk of harm. People's needs were assessed and risk assessments put in place to reduce the risk of avoidable harm.

Staff had received training on the administration of medicines and we saw there were systems in place to manage and handle medicines safely for people whilst they stayed at the service.

The registered provider had an effective recruitment and induction process and provided on-going training to equip staff with the skills and knowledge needed for their roles and only people considered suitable to work with vulnerable people had been employed by the service.

The registered manager was able to show they had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We found that people's nutritional needs were being met and we observed that the lunchtime experience for people staying at the service was a relaxed and enjoyable experience.

People had person-centred care plans to instruct staff on how best to meet their needs. These were well written and reviewed each time the person stayed at the service.

We observed people were cared for by staff with a caring, positive and responsive manner.

Staff told us that they felt well supported by the registered manager and could approach them if needed. They told us that they received formal supervision and appraisals, but could also approach the registered manager with any concerns at any time.

There was a complaints policy and procedure in place and we saw that any complaints or concerns raised had been dealt with professionally.

The registered manager monitored the quality of the service, ensured that people who used the service, their relatives / friends and staff were able to make suggestions and had systems in place to ensure these were responded to.

Records held on people that used the service, staff and for the running of the service were appropriately kept, maintained and safely stored.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People that used the respite service were protected from the risks of harm or abuse, because there were safeguarding systems in place. Staff were trained in safeguarding adults from abuse and they were aware of their responsibilities.

Risk assessments were in place and were reviewed regularly so that they reflected the needs of the people who used the respite service.

There were sufficient staff to safely care for people and staff were appropriately checked to work with vulnerable people.

There were systems in place to safely manage and administer medication to people using the service.

Good

Is the service effective?
The service was effective.

Staff received relevant training, induction, supervision and appraisals to enable them to feel confident in providing effective care for people.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and we found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People received appropriate healthcare support.

Good

Is the service caring?
The service was caring.

We observed positive relationships between people staying at the service and staff on the day of the inspection. People's individual care needs were understood by staff and people were encouraged to be as independent as possible.

People were included in making decisions about their care and support whenever this was possible and we saw that they were consulted about their day to day needs.

Good

Is the service responsive?
The service was responsive.

People had person centred care plans that recorded information about their lifestyle as well as their preferences and wishes for care and support.

People were supported to undertake activities of their choosing.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and there was evidence that the service was well managed.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives / friends to express their views about the care and the quality of the service provided.

The service had effective systems in place to monitor and improve the quality of the service.

Garfield Grange

Detailed findings

Background to this inspection

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

The inspection took place on 16 December 2015, was unannounced and carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service. We contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they have had with the service. We also requested a 'provider information return' (PIR), which we received in March 2015. A PIR 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

On the day of the inspection we spoke with two people who were using the service, three members of staff and the registered manager. We spent time looking at records, which included the care files for four people, the medicine records for one person using the service, the recruitment and training records for three staff, equipment and maintenance records and records held in respect of complaints and compliments. We observed a staff handover meeting, the administration of medicines and looked at other records relating to the management of the service including staff training and quality monitoring records. We observed staff providing support to people and the interactions between people that used the service and staff in communal areas. We also looked around the premises which included accommodation, bathroom facilities, the laundry and dining and kitchen areas.

Good

Is the service safe?

Our findings

As some people using the service often had complex needs this meant they were not always able to tell us about their experiences. We were unable to speak with all of the people that were using the service at Garfield Grange during this inspection or ask them our questions, but we were able to observe their communication with staff and requests for support. We saw that people were relaxed in the company of the staff that supported them and that music, crafts, food preparation and specific personal objects were something to which they responded, as it made them smile and interact with the staff and also with us.

We asked people if they felt safe when they were staying at Garfield Grange. One person said, "Yes." The PIR we received told us 'each person had a support guidance and risk assessments in place to ensure consistent and appropriate support from staff'. We asked staff how they kept people safe, one staff member told us, "I look at peoples risk assessments and their support and guidance plans. These tell me what support the person requires. We do security checks on a night and are always aware of where people are."

We saw personalised risk assessments to manage risks associated with providing support with mobility, the use of bed rails, physical assistance and behaviours. We saw risk assessments were updated every six months.

When people displayed behaviours that could put themselves or others at risk, plans had been developed to advise staff how to manage the person's behaviour to minimise any risk. This showed that any identified risks / triggers had been considered and that measures had been put in place to try to manage these.

The registered provider had a safeguarding policy which was also accessible in an easy read format. Easy read refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities or other conditions affecting how they process information. We saw that safeguarding concerns and actions taken were recorded and 'see something, say something' cards were available in the front entrance of the service. These included contact details for various local authorities; we also saw that the local safeguarding team's contact details were displayed in the upstairs area of the service. The service had a dedicated member of staff who was a 'safeguarding champion'. The member of staff told us, "I ensure all the paperwork is up to date and I also ring the local safeguarding teams every month to check policies are up to date."

The information we already held about the service told us there had been two safeguarding adult's incidents referred to the local authority safeguarding teams in the last 12 months. The registered manager told us they were aware of and used the East Riding of Yorkshire (ERYC) and Hull City Council Safeguarding Adult's Team risk tools for determining if a safeguarding referral needed to be made to them.

Training records evidenced that staff had completed training on safeguarding adults from abuse in the last two years. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC and Hull safeguarding teams. The staff who we spoke told us that they would report any incidents or concerns. One staff member told us, "I have raised concerns in the past through Hull and ERYC and we have 'see something, say something' cards on the front desk."

Systems were in place to prevent and address safeguarding incidents and staff had completed appropriate training to manage these issues. This meant people were protected from the risk of abuse.

We saw that accidents/ incidents were audited and evaluated each month. Any accidents that had occurred during the month were recorded and we saw they included the date of the accident, details of the person concerned, the type of accident or incident, where the accident had occurred and any action needed.

We looked at documents relating to the safety of the premises. These records showed service contract agreements were in place which meant the premises and any equipment were regularly checked, serviced at appropriate intervals and repaired when required. The checks included gas, electrical installation, portable appliance testing and ceiling track and mobile hoists.

Clear records were maintained of daily, weekly and monthly checks carried out by the staff for first aid box stock, hoist inspections and we noted that water temperatures were checked weekly and recorded. This is important to minimise the risk of legionella and to ensure

Good

Is the service safe?

that water comes out of the tap at a safe temperature. These checks and any actions taken were recorded on the service 'maintenance log'. These environmental checks helped to ensure the safety of people who used the service.

The service had developed up to date personal emergency evacuation plans (PEEPs) for each person they cared for and we saw a current fire safety policy and procedure, which clearly outlined what action should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. We saw that regular fire drills were completed at the service which would help prepare staff to respond appropriately in the event of fire. Records showed that all necessary checks were carried out on fire detection systems and fire extinguishers. This ensured they were safe and in good working order.

We checked the recruitment records for three members of staff. Files contained evidence of application forms, interview documents, references and proof of people's identities. Checks were made with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. This meant people were protected from the risk of receiving support from staff that were unsuitable.

The registered manager told us that they had autonomy with regards to staffing levels and were able to bring in additional staff quickly to ensure that people were safe and their needs were met. Staffing levels were assessed and monitored each day based on the needs of the people using the service and the duty rotas were usually one month in advance. The registered manager told us the service employed 12 permanent staff and used three regular bank staff. Bank staff are a pool of people with the required skills, who are called upon when needed.

During the inspection we saw that there was the registered manager, three care staff and one apprentice staff on duty. We looked at the duty rotas from 30 November to 20 December 2015 and these indicated which staff were on duty and in what capacity. We saw the staff we met on the inspection matched those on the duty rota. One member of staff told us, "Staffing levels are appropriate. If our guests have one to one support the ratio is really good and it is very rare that staff call in sick."

We looked at how medicines were managed within the service. There was a medicines policy in place that included clear information for staff on the safe ways of managing medicines. We saw that medicines were booked into the service appropriately, stored safely, administered on time, recorded correctly and returned to people and their relatives at the end of their stay.

We observed the administration of medicines and saw that this was carried out safely; the staff member did not sign medicine administration records (MARs) until they had seen people take their medicine and people were provided with a drink so that they could swallow their tablets or medicines.

Medicines were brought into the service each time the person came to stay and we saw all medicines were stored in a suitable and secure cabinet that was fastened to the wall. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We saw a separate cabinet inside the main medicine cabinet for the storage of controlled drugs (CDs) and a CD register. No one staying at the service during the inspection was prescribed CDs. We saw the temperature of the medicine cabinet was monitored regularly and recorded; this evidenced that medicines were stored securely and at the correct temperature.

The registered manager told us that eight staff had responsibility for the administration of medicine and had completed training. We were able to verify this in the service's training records. Staff had also completed medicine practical assessments to ensure they had the skills they needed to administer medicines safely. We checked one person's MARs and saw that they included a photograph of the person concerned (to aid recognition for staff) and that there were no gaps in recording.

We saw that each time a person stayed at the service a review of any changes in their care and support needs was carried out which included medicines. This meant staff had up to date information about people using the service.

The premises were clean throughout and there were no unpleasant odours. The registered provider had a policy

Good

Is the service safe?

and procedure on the prevention and control of infection. In addition to this, we saw an annual infection control audit and risk assessments for blood borne viruses, sharps, infectious waste and medicine waste.

An infection control audit was carried out each week and included visual checks of showers / bath chairs, hot water checks, hoist covers and the cleanliness of equipment such as wash bowls, the medicine cabinet and manual handling equipment.

The laundry area had separate baskets for 'soiled' laundry, kept in red bags, and general laundry. This ensured there was no contact between soiled laundry and clean clothes / linen and reduced the risk of the spread of infection. Mops and buckets were colour coded to signify the area of the home they were used to clean and towels were colour coded for use in people's personal bedrooms.

Good

Is the service effective?

Our findings

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met. Staff told us they had received training in MCA and DoLS and were able to show awareness of the key principles of the act. One member of staff told us, "We must always assume people have the capacity to make decisions and if not the least restrictive option must be considered." We saw that when best interest decisions were made on behalf of people that the staff team had consulted with the relevant people and decisions were recorded correctly. No one that used the service was subject to any restrictions under the DoLS.

We saw that there was information available for staff on MCA and DoLS in the form of small laminated cards, which gave guidance on making best interest decisions and the principles of the MCA.

We saw that care plans evidenced a person's capacity had been assessed and their ability to make decisions considered. Staff explained how they helped people to make day to day decisions, such as asking the person if they would like to do things for themselves. One member of staff said, "Some of our guests are able to do things for themselves and we always ask if they would like to do it, such as brushing their own teeth and making a sandwich. Other guests need more support so we would hold up different clothing and show them different foods."

In the care plans we looked at, we saw some people had signed to consent to their care and support plans and others had consented in their preferred way after having the plans communicated to them verbally. During the afternoon we saw one person was asked if they wished to use the bathroom by staff; the person accepted by making their own way to the bathroom with staff following.

The 'provider information return' (PIR) we received told us, 'The people who we support and their keyworkers review their support guidance at the beginning of each visit by asking main carers to complete a form which asks for any changes in care needs since the last visit to ensure that outcomes and actions are met. And any changes are updated'.

People's health care needs were assessed as part of the pre-assessment process and were reviewed regularly at each visit, with any changes in their condition or general health noted in their care plan. We saw care plans contained key facts on people's diagnosed illnesses, physical health needs, nursing care plans to help reduce the risks of illness occurring and speech and language therapy (SALT) reports. We saw that any contact with health care professionals was recorded; this included the reason for the contact and the outcome. The registered manager told us they maintained good relationships with people's health care professionals, so that people received on-going support from them when staying at the service. This showed us that the registered provider was taking appropriate steps to ensure that people's health needs were met and that support provided was based on up-to-date information each time people stayed at the service.

People had patient passports in place; these are documents that people can take to hospital appointments and admissions when they are unable to verbally communicate their needs to hospital staff.

At lunchtime staff asked people to choose what they would like to eat for their meal and we saw a chalk menu board in the downstairs hallway with a choice of evening meals and desserts. We observed two people preparing a lunch of their choosing, with staff support and prompts, which included cucumber, tomatoes, meat and soup. People put on protective aprons and washed their hands prior to preparing their food. One person told us, "I have passed all of my exams at Queens Garden college for cooking." Another person using the service became anxious during the inspection and we observed staff asking the person to show them what they wanted. The person went into the

kitchen and pointed to a banana; staff assisted the person to eat the piece of fruit they had requested. This showed us staff understood peoples preferred methods of communication.

The service did not employ a cook and staff prepared all of the meals. The large fridge freezer held ample fresh and frozen foods that had been labelled to indicate when they were opened and when they needed to be disposed of. Cupboards were stocked with tinned / packet foods and snacks and we saw one cupboard was dedicated for gluten free foods for one person that used the service. We observed that there were drinks available throughout the day for people using the service to help themselves. Where support was required, we observed the staff assisting to people to ensure they drank enough. This showed us that people were supported to eat and drink sufficient amounts to meet their needs.

We saw that staff had information about people's special diets and health needs and that people had been consulted about their likes and preferences. These were recorded in their care plans along with any nutritional risk assessments, SALT guidance and any instructions on specialised and soft diets. We saw that, where necessary, the staff maintained records of people's nutritional intake in monthly recording workbooks, to ensure they were eating the right amount of food and keeping to any specialised diets. This enabled staff to monitor people's nutritional well-being during their stay.

Staff told us they were happy with the training provided for them. One member of staff who was currently on induction told us, "Yes, it's good." We saw that the staff induction training covered the topics of safeguarding, whistleblowing, medicines, health and safety, financial transactions, fire, first aid, accidents / incidents, dignity and respect, visions and values and the services policies and procedures. New staff had regular probationary reviews during the induction period; these were carried out at weeks one, eight, 16 and 24.

We saw the registered provider maintained an electronic staff training record. This showed when all training had been completed and when training needed updating. It showed that all staff training was up-to-date. Staff confirmed with us that they had completed training that the registered provider deemed mandatory. This included moving and handling, management of medicines, fire safety, safeguarding adults from abuse, food safety, infection control and first aid. Other training completed by staff included allergen awareness, nutrition, equality and diversity, autism and cognitive behavioural therapy.

Staff had completed National Vocational Qualifications and we saw some qualification certificates in their files to verify this. We also saw staff training certificates in their files to evidence the mandatory training they had completed. These measures ensured people were supported by qualified, trained and competent staff so their needs were effectively met.

We saw that staff received regular supervision and appraisals and these were delivered through one to one meetings and staff meetings. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The supervision included, what was working / not working for the staff member, key working roles and responsibilities, how the person was overall and any training needs. One member of staff told us, "I have supervisions every two months and an appraisal every year. I can discuss anything I like and take time to reflect on things like training and what is working and not working."

Good

Is the service caring?

Our findings

During the inspection there was a comfortable and relaxed atmosphere within the service. It was evident from our discussions that staff knew people well, including their personal history and any likes and dislikes. We could see this knowledge had been used to form good relationships with the people that stayed at the service. People told us they like coming to the service to stay. One person said, "I come two days a week. I like coming here."

The 'provider information return' (PIR) we received told us 'Contact details are provided within the service or on the Voyage website, individuals we support also have concerns cards to enable them to raise concerns'. We saw the service had a small table in the entrance hall, which contained cards with 'are you worried about something' and the registered providers address details and free post envelopes. There was also information on dementia, stroke awareness, easy read copies of the Care Quality Commission (CQC) standards, a copy of the last inspection report and information about advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

We found that the service ensured people were not discriminated against in any way because of having a disability. We were told by the registered manager about incidents where staff had been good advocates for people and their families. This support meant their rights were upheld. One example of this was that one person who used the service had an apparent physical change and, despite their relative taking the person to their GP several times, no action had been taken. The service supported the person to hospital during one of their stays and advocated their issues and concerns on the person and their relative's behalf. This ensured that health care professionals listened to the person, leading to medical examinations, diagnosis and immediate treatment for the person.

We saw that staff carried out their role in a respectful manner. We saw that they called people by their preferred name and respected a person's privacy and dignity. Staff explained to us how they achieved this; they said that they made sure peoples information was kept private, doors were always knocked on before entering and consent was sought before carrying out any care. The service had a member of staff who was a 'dignity champion', they told us, "We ask for consent to care in areas like medicines and personal care. Doors will be closed if someone is being supported with personal care and we always knock and ask if we may come in to someone's private space."

The 'dignity champion' held meetings to discuss dignity and we saw these included what the service currently did, what is a 'dignity champion'? and dignity and the law. We saw staff had completed dignity questionnaires, which gave examples of peoples understanding of dignity; staff had given examples of dignity as helping others, knocking on doors, showing respect and having a nice smile. Observations were made around the service by the 'dignity champion' to look at practices and we saw these observations were recorded, discussed with staff and actions put in place to change practice if necessary.

Care plans included information about a person's lifestyle, including their hobbies and interests and a relationship map, which recorded the persons family, paid support, work and friends. This showed that people and their relatives had been involved in assessments and plans of care.

We observed that there were good interactions between the staff and people using the service, with friendly and supportive care practices being used to assist people in their daily lives. We saw people ask for meals, drinks and support with activities and these requests were promptly responded to. We found that staff knew how to approach people in a variety of ways to ensure that they received the support they required in a prompt and timely manner. We observed staff using thumbs up and smiles to engage with one person and specific personal objects to support another person with levels of anxiety.

Good

Is the service responsive?

Our findings

We looked at the care plans of four people who used the service. We saw that they included a pre-admission assessment which identified the elements of the person's care that required the creation of specific care plans such as mobility, behaviour, physical health, allergies and social skills. Care plans also contained detailed information about the person's normal daily routines, from early morning through until night time. This included key information regarding what time people usually liked to be woken up. One person using the service told us they got up in a morning at a time of their choosing, they told us, "Yes I do, I get up at 7am."

Care plans were reviewed and updated in-house each time the person came to stay. In addition to this, we saw any changes to care plans were communicated to staff through staff meetings, for example, one person's care plan for mobility / physical assistance had been reviewed and it was recorded that staff had been updated on the changes via a staff meeting. This meant that care plans were up to date and a true reflection of the person's current care needs.

We found that for those people who could display behaviours that challenge the service, behaviour management plans were in place. These included thorough information on possible triggers, warning signs, behaviours of concern and strategies to support the person during times of heightened anxiety.

The staff we spoke with showed that they were knowledgeable about the people who stayed at the service and the things that were important to them in their lives. People's care plans contained a 'one page profile', which included information on what was important to and for the person. For example, one person's profile recorded their toys, their budgie at home, their daily routine and being spoken to clearly was important to them. This meant staff had information to assist in understanding the person's needs, experiences and in developing individualised person centred care plans.

People had documents in place that recorded personal details, communication and positive risk taking. Staff told us that they got to know about people's individual needs and wishes by reading their care plans and by talking to them. It was clear that staff knew people's individual personalities and care needs. One member of staff told us, "[Name] can tell you what they want to do, they like to bake, love watching movies, playing dominoes and going to clubs."

On the day of the inspection, we saw that staff encouraged people to take part in group activities, such as making Christmas cards, drawing and making lunch. We noted that there was music playing whilst activities were being undertaken. One person had their own object box with personal objects which included balls and toys and we observed other people choosing to watch Christmas movies or listen to Christmas music. Staff were skilled in engaging people in conversation and activities and these interactions clearly enhanced people's stay at the service.

The registered manager told us the service had access to a minibus and people went on regular trips out to places such as Meadow Hall shopping centre, York, local garden centres, social clubs and coastal areas. We noted people were asked if they would like to go out to the local garden centre on the day of the inspection; people declined this offer and this decisions was respected by staff.

The registered provider had a complaints policy in place and we saw this was visible in the entrance hall and accessible in each bedroom in an easy read format. We checked the complaints log and saw that one complaint had been received in 2015. This had been recorded thoroughly. One member of staff told us, "If I had any concerns I would go to the manager or [Name] the operational manager."

Good

Is the service well-led?

Our findings

We sent the registered provider a 'provider information return' (PIR) that required completion and return to CQC before the inspection. This was completed and returned within the given timescales. The information within the PIR told us about changes in the service and any improvements being made.

The registered provider is required to have a registered manager as a condition of registration. There was a registered manager in post on the day of our inspection which meant the registered provider was meeting the conditions of registration.

We saw that there were clear lines of communication between the registered manager and staff and the registered manager was a visible presence within the service. They knew what was happening and were aware of the specific needs of the people using the service. The staff we spoke with knew what was expected of them and focused on the needs of the people using the service. We asked staff what they thought the culture of the service and if it was well-led. One member of staff told us, "Garfield is so welcoming, flexible, and lovely and everyone is so genuine. People who work here have good values and we treat our guests as guests and make them welcome."

Staff told us they felt supported on all levels from the registered manager. They told us that they felt they could speak to the registered manager if they had any concerns and that these concerns would be listened to. One member of staff told us "[Name] is one of the best people. Always there at the end of the phone and has good values and excellent standards. I have a lot of respect for them."

Meetings were held with staff so they could focus on specific issues and the service held monthly 'house meetings'. We saw the last 'house meeting' in December 2015 included discussions around any issues from the previous meeting, health and safety, the new bad weather risk assessment that had been implemented, 'see something, say something' cards, food, fire safety and if people knew who their 'keyworker' was. The function of a keyworker is to take a social interest in an individual, developing opportunities and activities for them and, in conjunction with the management team, take part in support plan development with the person. This meant people were consulted and able to give their views on the service.

In addition to the meetings, people who used the service, their relatives / friends and staff took part in annual surveys of the service. We saw in 2015 feedback was gathered from 16 people that used the service, 16 relatives / friends and 10 staff. The surveys had been evaluated and actions taken from the feedback. This provided an opportunity for people to provide feedback to the registered manager and make suggestions that could improve the quality of the care and support provided. For example, one relative had suggested they would like a lift fitted in the service. We saw the registered manager had looked into the suggestion and provided a response to their findings. This showed us people's views were listened to.

Quality audits were undertaken by the registered manager to check that the systems in place at the service were being followed by staff. We saw audits were completed weekly, monthly, quarterly and annually on areas such as medicines, infection control, care planning and health and safety. An overall internal quality audit was completed by the organisations operational manager with clear records of any concerns and actions taken. This meant any patterns or areas requiring improvement could be identified. The service had scored 96% in the overall quality audit which was the highest score obtained within the organisation.

We saw that the service had a statement of purpose, which recorded the service aims and its objectives - 'To improve the quality of life for service users, customers, staff and investors'. This provided a clear philosophy of the service's values, which focused on 'Delivering world class outcomes for people'.

We asked for a variety of records and documents during our inspection. We found that all records containing details about people that used the service, in relation to staff employed in the service and for the purpose of assisting in the management of the service, were appropriately maintained, were held securely and were kept up-to-date.