

Voyage 1 Limited

# Voyage (DCA) Berkshire

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Voyage (DCA) Berkshire provides care and support to people diagnosed with autistic spectrum disorder, mental health needs or living with learning disabilities, dementia, sensory impairments or physical disabilities. At the time of the inspection it was providing support to 55 people who used the regulated service. This service provides care and support to people living in "supported living" settings so that they can live in their own home as independently as possible.

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

- The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on providing opportunities for them to gain new skills and become more independent.
- People received good quality care that was safe, effective, caring, responsive and well led. Overall, people and their relatives provided positive feedback about all aspects of the care they received.
- People were protected from avoidable harm and abuse by staff, who understood their role and responsibility in relation to safeguarding and keeping them safe. Staff ensured the human rights of people who lacked a voice, were upheld and respected. People experienced safe care, delivered in accordance with their comprehensive risk assessments and management plans. The service always deployed enough suitable staff to meet people's needs.
- Staff felt they were valued and respected by the management team, who actively sought their involvement to improve and develop the service. Staff completed an effective induction programme, then were enabled by the provider to develop and maintain the required skills to meet people's needs effectively. The registered manager completed regular competency checks to ensure staff delivered care in accordance with their training.
- People were treated with kindness and compassion by staff, who were described as caring, gentle and patient. People received care from a consistent staff team, with whom they had built trusting relationships. People were actively involved in making decisions about their care.
- People consistently received individualised care that was tailored and responsive to their needs. Staff identified the communication needs of people with a disability or sensory loss and effectively shared this information with others when required. People were supported to engage in stimulating activities of their choice and to maintain relationships with people that were important to them.
- People knew how to make a complaint and were confident the provider would address their concerns. Complaints were responded to and used to improve the quality of people's care.
- The provider had received compliments from relatives in relation to the compassionate care provided to their family members at the end of their life.
- The service was well-led, with the registered manager providing clear and direct leadership, which had cultivated a positive, open and empowering culture. The registered manager worked effectively in partnership with professionals from multi-disciplinary teams to ensure people were integrated into their local community and had their health and social care needs met.

Rating at last inspection:

This service was registered with us on 15 February 2019 and this was the first inspection.

Why we inspected:

This was a planned, comprehensive 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.

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

## 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?

Good ●

The service was 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.

# Voyage (DCA) Berkshire

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in "supported living" settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service provides support to 55 people who receive a regulated service in 30 locations. Each person has their own room and shared communal areas such as kitchen, living room and dining room. Staff provide support on a rota basis, including cover at night.

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. They are referred to as the "registered manager" throughout the report. The registered manager was supported by field support supervisors who were responsible for the day to day management of each location.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit as we needed to be sure that the registered manager and supporting office staff would be available.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection.

#### During the inspection

The inspection site visit was completed on 9 and 15 July 2019. On 15 July 2019 we visited two locations where seven people lived. We spoke with eight people who used the service, either at the provider's office or their own homes. We observed medicines being administered and the support people received in communal areas, including the preparation and consumption of meals.

We also spoke with the registered manager, the operations manager, the area recruitment officer, two care coordinators, three field support supervisors and eight support workers.

We reviewed the service care records, including nine people's care plans and medicine administration records (MAR), risk assessments relating to skin care, falls management, and nutrition. We reviewed the daily progress notes of four people. We looked at 11 staff recruitment and training files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures, quality assurance documents, audits and satisfaction surveys.

#### After the inspection

We spoke with six community health and social care professionals, four people who used the service and 12 people's relatives.

# 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

- People trusted staff to protect them from harm and keep them safe. Most people made extremely positive comments, which included, "I couldn't wish for better care. Yes, I feel safe because they [named staff] are always there for me" and "Whenever I am worried [named staff] talks through things with me and reassures me." One person told us that their care was "brilliant" when they were well but wished staff were more supportive when they were anxious.
- People were protected from avoidable harm and abuse by staff who had received appropriate training and knew how to recognise and report abuse.
- People and staff were actively encouraged to raise their concerns and to challenge risks to people's safety. Whenever people and staff had raised concerns, the management team had listened and taken decisive action to resolve them concerns.

Staffing and recruitment

- People told us they experienced good continuity and consistency of care from regular staff, who knew them well.
- The area recruitment officer demonstrated how recruitment and retention of staff had improved, which meant the service did not rely on staff from other agencies.
- The provider used a robust recruitment system to ensure only staff suitable to support people made vulnerable by their circumstances were employed.
- The registered manager and area recruitment officer completed a weekly staffing needs analysis to ensure enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.

Assessing risk, safety monitoring and management

- The provider used effective systems and processes for assessing and monitoring risk.
- Risks to people's safety had been identified and were managed safely, for example; risks arising from people's home environments and those associated with treatment for any medical conditions.
- Staff could explain how they minimised risks to people's health and well-being and knew the appropriate support people required to avoid falling, choking or developing pressure sores.
- Risk assessments were reviewed regularly with the person, or their representatives if appropriate, which ensured they were current and accurately reflected people's changing needs.

Using medicines safely

- The provider's policies and procedures provided clear guidance to enable staff to manage people's

medicines safely, in accordance with current guidance and regulations.

- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Daily records confirmed that people received their medicines as prescribed, and in a manner, they preferred.
- When medicine errors had occurred, staff followed the provider's procedures to ensure people were safe and necessary learning was implemented to prevent a further occurrence. For example, by reviewing their procedures and providing additional training and competency checks where required.
- The provider had implemented a more robust auditing procedure to ensure people received their medicines as prescribed, subject to the review of a medicine error.
- Staff understood the risks associated with the use of specific medicines and the importance of ensuring people received these medicines as prescribed. For example, where people were prescribed warfarin. Warfarin is a medicine which thins the blood and can have significant side effects, including prolonged and intense bleeding and bruising. Staff clearly understood the support people needed with the management of their Warfarin, to prevent the risk of bleeding.

Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff had completed relevant training in relation to infection control and food safety.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- Staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves

Learning lessons when things go wrong:

- All accidents and incidents were immediately reported to the field support supervisors covering the respective location or the duty manager out of hours, who recorded the circumstances and initial action taken to ensure people were safe and to prevent a recurrence.
- The registered manager and provider reviewed all accident and incident reports daily to identify any themes or trends.
- Staff raised issues promptly when people's needs changed. For example, where their staffing ratio required to be increased or their personal supportive equipment needed to be changed.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care.



# 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.

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

- The provider carried out comprehensive pre-admission assessments to make sure they understood and were able to meet people's health, care and medical needs. These assessments were person-centred, considered all aspects of their lives and were regularly reviewed and updated.
- People and their relatives told us they had been actively involved in creating and developing their care plans. When people's needs changed, their care plans were amended to ensure people received the care they required.
- People received effective care and support from staff who knew how they liked things done.
- People, relatives and professionals told us staff had the required skills and knowledge to meet people's complex health and emotional needs. People consistently praised the expertise of staff who provided effective care to meet their needs effectively. One person told us, "[Named care staff] are lovely. I couldn't have better care because they listen to me and support me to do what I want to do." However, one person told us the quality of support they received was not always consistent.
- People, relatives and professionals consistently told us the staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection. Ten relatives of people who used the service, consistently told us staff delivered good quality care, which met their family member's needs.

Staff support: induction, training, skills and experience

- The provider operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- New staff had completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. This included a period shadowing a senior staff member to introduce them to people and demonstrate how they wished their care to be delivered.
- Staff received additional training in specialist areas relevant to the needs of individual people, such as autism and epilepsy awareness. Where people needed to be supported with supportive equipment, staff completed training at the person's home.
- Professionals consistently reported that people experienced effective care from staff who had the required skills to carry out their roles and responsibilities competently. One professional told us, "I have no safeguarding concerns. Care I have observed has been exemplary in offering people dignity, choice and tailored care."

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

- The provider placed a strong emphasis on the importance of eating and drinking well.
- Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions, by consistently following guidance from relevant dietetic professionals.
- Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.
- Staff had completed further training in specialist areas relevant to the nutritional needs of individual people. For example; training to support people living with diabetes, and training to recognise and prevent constipation.
- Dietetic professionals consistently reported that staff effectively implemented their guidance to achieve successful outcomes for people. For example, one relative told us, "The support for [relative] has been really good. [Relative's] health has improved because he has lost so much weight, that he is now doing so much more, and his quality of life is much better."
- People and relatives consistently told us they enjoyed food that was nutritious and appetising. However, one relative was concerned their family member was not being supported effectively to manage their diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals to make sure care and treatment met people's current and changing needs.
- Staff had made prompt referrals to GPs, specialist nurses and other relevant healthcare services to ensure people's needs were met.

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.

- We found the service was working within the principles of the MCA, any restrictions on people's liberty had been subject to appropriate applications.
- People's human rights were protected by staff who demonstrated a clear understanding of consent and the MCA.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- The registered manager effectively operated a process of mental capacity assessment and best interest decisions. For example, one staff member had successfully advocated for one person in relation to decisions made as to whether they should undergo medical treatment.

# 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

- People experienced positive, caring relationships with staff who consistently treated them with kindness in their day-to-day care. One person told us "They [staff] are my family and friends and make me happy. They always talk to me listen to what I have say."
- Relatives consistently praised the caring attitude of the staff and made comments like, "They [staff] are absolutely brilliant. My [relative] has come so far because of their relationship it's unbelievable. She's now doing things she's always wanted to do and didn't think were possible" and "They [staff] are very good at making [relative] feel special and treat her real dignity and respect."
- Visiting professionals consistently made positive comments about caring staff interactions with people, which we observed during home visits.
- Staff demonstrated pride and passion in relation to their role and the people they supported. For example, one staff member said, "I work with my heart and I couldn't find a job more rewarding than this." Staff told us how they developed caring relationships with people, which inspired them to provide the best possible care to improve the quality of their lives.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.

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

- Care plans were developed with people, their relatives, and staff knowledge gained from working closely with them. One person told us, "[Staff] will do anything to support me to be independent. I can do so much now because [staff] helps me when I'm struggling but encourages me to do things myself which makes me feel proud."
- Throughout the inspection we observed staff providing reassuring information and explanations to people whilst delivering their support.
- One relative told us a staff member had developed a special bond and empathy with their family member, with whom they shared a life experience. This had allowed them to explain the benefits of providing a blood test, which they subsequently did. Blood tests had been requested by various healthcare professionals and declined for many years prior to the development of this caring meaningful relationship.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded in the service culture.

- People consistently felt respected, listened to, and involved in the development of their care.
- People received care and support from a stable staff team which promoted people's confidence and independence.
- People, relatives, and health and social care professionals told us staff supported people to be as independent as possible.
- Staff supported people to maintain their independent living and social skills.
- Staff treated people with dignity, respect, and maintained their privacy. For example, one person wished to buy some clothing, which required specialist measurements to be taken. Staff arranged for a qualified outfitter to obtain their measurements in the privacy of their own room.
- Staff consistently consulted people and sought their agreement before delivering any care.
- Care plans contained clear guidance for staff about how to respect and promote people's dignity.
- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- Staff gave medication, care and support discretely and language used in care plans was respectful.
- Discussions about people's personal needs took place in private.
- Care plans contained information about respecting and promoting people's dignity.
- People's right to confidentiality was protected. All personal records were kept locked and secure in the office and in a safe place of their choice in people's homes.

## 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 good.

This meant people's needs were met through good organisation and delivery.

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

- Staff planned person-centred care to deliver high-quality care and good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life.
- People consistently experienced support which provided opportunities for them to enhance their social lives and addressed their health needs promptly.
- People were supported to be actively involved, and where appropriate, take the lead in their care planning. One person told us, "I know what I like but [named staff] are always getting me to try new things." A relative told us, "The carers [staff] are very good at supporting [relative] to make decisions about what [relative] wants to do. If [relative] wants to go somewhere or do something they do it. [Relative] is definitely in charge."
- Care plans provided the required information about how to meet people's health, medical and care needs. These included clear guidance to staff on how to monitor and support people to reduce any risks identified. Daily records were kept of the support people had received.
- Care was planned around people's whole lives. This included their personal goals and ambitions, skills and abilities.
- Staff demonstrated an in-depth knowledge about people's individual needs and their personal preferences and how they wished to be supported to manage their health and mental well-being. We observed this reflected in the delivery of their care and support during home visits.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- Staff planned and promoted person-centred care, to deliver high-quality care and good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life, and provided opportunities for people to enhance their social lives and addressed their health needs promptly.
- Professionals thought the service provided personalised care that was responsive to people's needs.

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.

- The registered manager and staff had a clear understanding of the AIS and could explain how they met the standard whilst delivering people's day to day support.
- Staff enabled people to fully understand information about their care and treatment options. Staff could

explain how they identified and recorded people's communication needs and effectively shared them with others.

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 supported people to maintain relationships with people that matter to them, such as family, community and other social links. For example, staff regularly facilitated meetings with relatives who were no longer able to travel to see them. One relative praised the compassionate care staff provided to their relative during a recent hospital admission, which they described as "going above and beyond their expectations." Staff provided transport for this relative to ensure they could visit their family member, whilst they were in hospital.
- Staff encouraged and supported people to engage in activities, and access education and work opportunities, which helped protect them from the risk of social isolation and loneliness. Some people had been supported to find and maintain jobs they enjoyed, whilst others attended college.
- People were supported to choose what they wanted to do and were encouraged to try new activities. People were involved in the local community and visited local shops, clubs, pubs, restaurants and other venues.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy with clear guidance for staff about how to investigate and respond to complaints. Staff could explain the complaints policy and their roles and responsibilities to apply the correct procedures. Records showed complaints were investigated and resolved promptly.
- People were confident to share their worries and concerns with staff, who supported them to achieve successful solutions to problems.
- People were aware of the provider's complaints process and knew how to use it. For example, one relative told us, "[Relative] often jokes with [staff] that [relative] knows how to complain and believe me they would. [Relative] looks out for everyone and will tell them [staff] if they aren't happy. Whenever [relative] has raised anything they have sorted it out quickly."
- The registered manager used concerns raised to drive improvements in the service.

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care. However, the registered manager was reviewing people's care plans to explore their end of life wishes in more detail.
- The registered manager and staff had respected people's advanced decisions in relation to their end of life care, for example; their preferred place to die.
- Staff had received relevant training to enable them to meet people's end of life care needs.
- We reviewed correspondence from relatives of people who had received end of life care from the service. This praised the compassion, commitment and dedication of the staff, which had enabled their loved ones to experience as comfortable, dignified and pain-free death as possible.
- Staff had provided compassionate and sensitive support to family members when their loved ones passed away.

# 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

- Staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The provider had adopted a clear set of values based upon caring passionately about people and supporting them to live life to the full.
- Overall, people and relatives described the service as well managed and very organised. Most people and relatives we spoke with made extremely positive comments about the management of the service and their individual location field support supervisors.
- One relative told us, "[Field care supervisor] is an excellent manager. Not only does she make sure [relative] is happy and well cared for but she also looks out for my welfare." Another relative told us, "The managers and office team always keep us informed about things and always send photos of them [relative] having a great time."
- The registered manager and operations manager had cultivated an open, inclusive and empowering culture, where people and staff felt valued.
- Staff consistently told us they were inspired and motivated by the registered manager, operations director and their individual field support supervisors, to provide the best person-centred care possible to people.
- Staff told us they enjoyed working with people who use the service. They felt they were provided with training that helped them provide care and support to a high standard.
- On the whole people, relatives and staff described the management team to be totally dedicated to the people being supported and excellent role models, who led by example.
- Most people experienced high quality personalised care from a stable staff team who were committed to ensuring they received care which was individual to them.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.

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 understood their duty of candour, to be open and honest when things went wrong, for example; when medicine errors had occurred.
- The provider's duty of candour policy clearly detailed actions staff should take in situations where things had gone wrong. We reviewed records which demonstrated the service staff had complied with the provider's policy, when required.

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

- There was a clearly defined management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.
- The registered manager, operations manager, field support supervisors and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people.
- The operations manager and registered manager were highly visible and provided clear and direct leadership, which inspired staff. Staff told us they felt respected, valued and well supported.
- The field support supervisors often worked alongside staff and monitored the quality of their care in practice.
- The management team had the necessary skills, knowledge, and experience to lead effectively.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support.
- Professionals consistently made positive comments about the person-centred approach of the management team.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.

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

- People's views were listened to and acted upon.
- The provider recognised good work by staff in supervisions and team meetings. Staff consistently told us that the registered manager and operations manager valued their views and encouraged them to share their ideas to improve the quality of care people received.
- We observed the management team were responsive to suggestions and ideas.
- The provider had suitable arrangements to support the registered manager, for example through regular meetings with the provider's operations manager, which also formed part of their quality assurance process. Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were consistently positive. Service improvement plans were developed to ensure action was taken to drive improvements.

Continuous learning and improving care

- Staff effectively recorded accidents and incidents, which were reviewed daily by the management team. This ensured the provider fulfilled their responsibility and accountability to identify shortfalls and act to keep people and staff safe.
- Two relatives told us that the registered manager had acted swiftly when their family member had disclosed they were not happy with the attitude of certain staff members. Records demonstrated the staff members in question had been removed from the person's care provision.

Working in partnership with others

- The registered manager worked effectively in partnership with health and social care professionals from multi-disciplinary teams. This ensured people were integrated into their local community and had their health and social care needs met.
- The registered manager had strengthened relationships with local community learning disability teams by regularly seeking their guidance and providing updates in relation to the implementation of their advice.



