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Sea Gables Residential

Home

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

Sea Gables Residential Home is a care home. Sea Gables is registered to provide accommodation and personal care for up to seven people and predominantly supports people living with a learning disability and mental health needs. At the time of the inspection there were five people living at the service. The service was a large family style home, which had been adapted to suit the needs of the people living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "I feel very safe here."

Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met. Staff knew how to keep people safe from harm. The provider had a policy and procedure for safeguarding adults and the registered manager and staff understood the signs to look for. Risk assessments and management plans were completed for people and the home environment to ensure safety. There was a system to manage accidents and incidents and to reduce them happening again.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

Staff had received appropriate training and support to enable them to carry out their role safely.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. 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 them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they were happy living at Sea Gables and felt supported to live their lives. One person said, "It's a good place to live." Staff were observed to treat people with kindness and compassion.

People's needs were assessed to ensure these could be met by the service. The registered manager and staff worked with other external professionals to ensure people received effective care.

Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People and their relatives were involved in the planning and review of their care and people were supported to be as independent as possible.

There was a clearly defined management structure and regular oversight and input from the provider. Staff were positive about the management of the service and told us the registered manager and provider were very supportive and approachable. Any concerns or worries were listened to, addressed and used as opportunities to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 14 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sea Gables Residential Home on our website at www.cqc.org.uk.

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?

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.

Sea Gables Residential Home

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.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Sea Gables Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including care staff, the registered manager, the deputy manager and the provider. We carried out observations of people's experiences throughout the inspection. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident records and policies and procedures were reviewed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

After the inspection

We sought feedback from two professionals who work with the service. We looked at records relating to the management of the service including audits, staff training records and staff rotas.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff had a good knowledge of individual risks to people and followed guidance to ensure risks were managed safely. For example, one person could have behaviour that was a risk to themselves and others. Support and advice had been sought from external healthcare professionals and detailed guidance was recorded within the person's care plan. We observed staff supporting the person following the guidance, that included using de-escalation techniques and supporting them to express how they were feeling. This meant that the likelihood of harm was reduced. A staff member said, "We know them [person] well and can usually support them to express how they are feeling so it avoids them becoming upset or agitated."
- Environmental risks had been assessed and managed to keep people safe, but still enabled people to do things independently where they could, such as helping to prepare meals and making drinks.
- Fire safety risks had been assessed. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency. These were updated when needed. For example, one person's mobility had changed, and their PEEPS had been updated to reflect their increased need.
- Health and safety audits identified when maintenance work was required, and the provider ensured that work was completed in a timely way.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe and the service had a policy and procedure for safeguarding adults. We saw records which confirmed where abuse was suspected, this was thoroughly investigated, and action was taken in a timely way. There were systems in place so that any concerns were reported to CQC and the local safeguarding team when needed.
- The service was proactive in supporting people to understanding and recognise safeguarding concerns. For example, safeguarding and what it means, was always included on the residents meeting agenda. In addition, one person had the role of 'resident's safeguarding lead.' They told us, "I am safeguarding lead, if people are worried about anything they tell me, and I will tell staff." This person met with a senior staff member each week to discuss any potential issues.
- Staff we spoke with told us they completed safeguarding training and were aware of the provider's whistleblowing procedure. They said they would use it if they needed, to ensure that people were kept safe. One staff member said, "I would report to CQC or the local authority if I needed to."
- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "Yes, the staff are good and look after me." One relative said, "I can raise any concerns, not that I have any." Another relative commented, "I have no concerns and know [relative] is well

looked after."

Staffing and recruitment

- There were sufficient staff available to meet people's needs, keep them safe and support them with their individual activities. Staffing levels were based on people's individual needs. One staff member told us, "We have time to spend with people, so we don't have to rush." Staff were observed to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.
- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- People received their medicines safely. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance. Staff monitored fridge and room temperatures to ensure that medicines stored in them, were within the safe temperature range.
- Staff who gave medicines had received training in medicines administration and their competency was assessed.
- Medicine administration records were completed by staff for each administration. People who received 'as required' medicines had clear protocols in place to ensure staff knew when these should be given and how people liked to take them. For example, one person's medicine protocol said, '[Person] likes to take all their medicines in one and not separately.'

Preventing and controlling infection

- Staff had received infection control training and completed daily cleaning tasks to maintain cleanliness throughout the service.
 - People were safely supported by staff to be involved in cleaning tasks where possible and to maintain cleanliness in their own rooms.
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection. We observed that PPE was available to staff when needed.
- The provider had an infection control policy, and the registered manager and deputy manager reviewed the systems in place and updated guidance for staff, when needed.

Learning lessons when things go wrong

- Records of any accidents or incidents that had taken place in the home were recorded, including what action was taken at the time or to prevent future risk. For example, following one incident a person's care plan had been updated and included specific guidance on how staff should support the person, to reduce the likelihood of a recurrence.
- Accident and incident records were reviewed by the registered manager to monitor and improve safety.
- Any accidents, incidents and near misses were discussed and analysed during handovers between shifts and at staff meetings.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People living at the service had lived there for a long time. Detailed assessments had been completed and clearly identified the choices they had made about the care and support they received.
- People's care plans were held on an electronic care records system. They were detailed, expected outcomes were identified and their care and support regularly reviewed. For example, one person had recently had a change in their health. Their care plan had been updated to reflect their changing needs and had involved the person in decisions about how they wished to be supported.
- The provider had an equality and diversity policy and staff understood how to ensure people's individual needs and wishes were met.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, there was information in each person's care plan about their specific diagnosed conditions. This gave staff the signs to look out for and guidance on how they could best support the person and what action to take.

Staff support: induction, training, skills and experience

- New staff had a robust induction and completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff received regular and appropriate training and were able to demonstrate they were knowledgeable and skilled. Training staff had completed included; mental capacity awareness; medicines management, safeguarding, equality and diversity and infection control. Training methods included online and face to face training. Staff told us their training was regularly updated. One staff member said, "Our trainer is fantastic, they make it interesting." Another said, "Training here is good, I had an induction and had to do all my training first."
- Where people had specific needs, staff had received relevant training. For example, staff had completed training in positive behaviour support and one senior staff member had received detailed training in how to meet a person's specialised dietary needs. They were able to share this information with the staff team and took responsibility for assessing risks in relation to this.
- Staff had regular supervision and an annual appraisal, which had enabled the registered manager to monitor and support them in their role and to identify any training opportunities.
- Staff told us they felt supported in their roles by the management team and the provider. One said, "Having a deputy and a duty manager is brilliant, their door is always open."

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

- People could access food and drink when they wanted to and were supported by staff who had received food hygiene training. The service supported people to decide what they wanted to eat for each night of the week, at resident's meetings. Each night the person who had chosen the meal was supported by staff to buy, cook and prepare the food for everyone, if they wished to. One person told us, "I can choose what I eat, curry is my favourite."
- People were encouraged to maintain a healthy, balanced diet, based on their individual needs. For example, one person required a specific diet to maintain good health and wellbeing. Staff actively supported them to understand the foods that could pose a risk to them and helped them to make healthy choices where possible.

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

- The service had developed strong links and worked with local healthcare professionals including a GP surgery, community learning disability nurses, mental health professionals, and speech and language therapists.
- Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by professionals. For example, when a person had required support from a specialist dietician, staff worked alongside them and undertook additional training, so they could meet the person's needs.
- Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.

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

- The service was clean and decorated in calm and homely colours. People could move around freely. There was a large lounge/dining room with patio doors, which led onto an accessible garden. In the garden there was a games room and a hot tub, which people had raised money to buy for themselves.
- People's rooms were personalised and reflected their personal interests and preferences.
- Where people's needs had changed, the home was adapted to meet their needs. For example, one person's changing needs meant they needed a more accessible bedroom. It was promptly arranged so their needs could be safely 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.

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 had a good knowledge of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected. One staff member particularly impressed us by being able to easily tell us the five principles of the MCA. This demonstrated that the

training they had received was embedded in their knowledge.

- Care plans were developed with people, and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care. One staff member said, "We will always try to support them [people] to do what they want."
- Decisions were made in people's best interests, and any meetings and outcomes were recorded.
- Appropriate applications had been made in respect of deprivation of liberty safeguards and the registered manager kept these under review and liaised with the local authority when needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Information about people's life history and preferences was recorded, which staff used to build positive relationships. Staff promoted care that was tailored to the individual, taking into account their preferences. One staff member said, "It is easy to build a relationship with people, we get to know them so well."
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against in relation to any protected characteristics, in line with the Equality Act 2010.
- Our observations of staff demonstrated that they were kind, respectful and listened to people. For example, we observed one person become a little upset when talking about their health needs. A staff member approached them and speaking gently, reassured them whilst holding their hand. They listened patiently to the person and then used gentle distraction to help them to move on and not become more distressed. The staff member said, "How about we watch a funny film to cheer you up?" The person laughed, and they chose a film to watch together.
- External health and social care professionals told us they thought the staff were caring. Comments included, "Yes, they are" and "I have found that the staff were really caring and helpful and supported the residents and their families in a positive way."
- People were relaxed in the company of the management team and provider and enjoyed the interactions they had. The provider told us they visited the service regularly and knew people well, which staff confirmed.
- Relatives were very complimentary about the care and support that was in place and the opportunities people had to live full lives. Comments included, "I have nothing but praise for this home and the staff, they are absolutely marvellous", "I think they know [person] really well and are so marvellous with them" and "I am very happy with the care here."

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

- Staff involved people and their relatives in the assessment, planning and review of their care.
- Staff respected people's choices and preferences. For example, they ensured people's choices were respected, such as the clothes they wanted to wear, food and drink preferences, and what they wanted to do during the day. Staff gave people time to process information so that they were able to make decisions.
- We saw staff addressed people by their preferred names or titles in line with the information in their care plan.
- People were supported to maintain and develop relationships with those close to them. One relative said, "They [staff] keep me informed and I feel very involved, I can visit whenever I want."
- People were regularly involved in meetings to discuss their views and make decisions about the care

provided and we saw records that confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected. We saw people were very relaxed with staff and they had warm, positive relationships with each other.
- People had their own private spaces and staff demonstrated that they understood when people wished to be on their own and respected this. For example, one person chose to spend time in their room after returning home from an activity. Staff recognised that it was important to the person to have some quiet time on their return to the service.
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- People were placed at the centre of the service and were consulted on every level. People were respected, listened to, and their views sought.
- Staff promoted positive engagement with each other and encouraged the ethos that support, and kindness was good for everyone's positive mental wellbeing. Empowerment, respect and working together was integral to the service's culture and values.
- People had keyworkers, who were key members of staff allocated to provide additional support to one person. Their role included supporting the person to maintain contact with family members, reviewing their care plan and supporting the person to access activities they may enjoy.
- People were supported to maintain their independence. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, people were supported to make their own drinks and snacks, to help with planting bulbs in the garden, to do their laundry and to tidy their rooms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care plans were person centred and people, their families and external professionals, where relevant, were involved in developing them. One external professional told us, "The staff are really caring and helpful and support [people] and their families in a positive way."
- Care plans were reviewed on a regular basis and reflective of people's current needs.
- Things that were important to people were clearly recorded and staff were knowledgeable about people's preferences. For example, one person liked their belongings in their room, in a particular place and did not want staff to move them. This was clearly documented, and staff respected this.
- Daily electronic records were kept and detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.
- The service supported people to develop their skills of independent living. They had recently completed some successful transition work with two people who lived at the service for many years. The staff team had supported them over a long period of time to develop the skills they needed to move on into a supported living service. This work also included offering support to a third person who did not live at the service but, was friends with them and was moving in to the same accommodation. The registered manager told us, "We recognised that the three people wanted to be able to live together so we supported them to continue building on their friendship and learning skills together for their futures."

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's individual communication needs were explored, and staff could easily tell us how individual people's needs were met through the use of differing communication methods. For example, one person used some Makaton to communicate with staff. Makaton is a type of sign language used by people with disabilities and uses signs with speech to help clarify what is being said.
- The provider had invested in electronic systems that could record people's voices. This enabled electronic care records to capture people's views and feelings and details of activities they had participated in. We did not observe this being used but were told that it was available for people with staff support.
- Pictures and videos were used to support people to communicate and recall activities they had

participated in, so staff were able to initiate conversations about them. For example, the service had made a video, with permissions, for one of the gym sessions that people had attended. In addition, photographs of holidays and activities were captured and added to individual people's care records.

- Resident's meetings were recorded using a picture format to aid understanding for people.

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

- Each person had a social activities chart in place that was based on how they liked to spend their time. These documented what people had been doing and things they wanted to try. For example, people were supported by staff to look at travel routes and bus times and planned their activities together. This included budget planning, which staff supported people to understand, so they could save their money for specific activities they may want to participate in.
- A wealth of activities were available to people to enhance and promote positive wellbeing. For example, people were supported to go for walks along the sea front, attend voluntary work, go to a local gym, attend social groups, have picnics, go camping, use local shops and café's and be part of a sports club. A staff member said, "It's all about people and what they want to do and that is how it should be."
- The registered manager told us they had arranged for people to be able to undertake some training opportunities to promote their health and wellbeing. For example, people had been able to participate in training about safe internet access, safeguarding, keeping safe in the community and an external provider had delivered training on 'hate crime'. One person had also completed an accredited course in first aid. This demonstrated that the provider was committed to supporting people to develop awareness about their own safety and learn new skills.
- People were encouraged to join in with the daily 'wake up shake up' activity that staff organised. This was designed to promote positive mental wellbeing and each day one person chose a song. Everyone met in the lounge and they all danced and had fun for five minutes. The registered manager said, "It's to start the day on a positive frame of mind. People don't have to join in, but we have found it helps set the mood for the day and has been rewarding."
- People were supported to maintain relationships that were important to them. Visitors were welcome at any time. People went out with their relatives regularly and also visited them in their homes. One relative said, "[Person] comes to stay with me and we enjoy that, I am so involved it has been great and we feel so lucky they live at Sea Gables."

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since our last inspection.
- There was a complaints policy in place, with a pictorial version in place to support people to raise any concerns they may have. Residents meetings were also used to check if people had any concerns they wished to raise.

End of life care and support

- At the time of the inspection, nobody living at the service was receiving end of life care.
- The registered manager told us that although other people did not yet have this information captured, this was being planned and would be approached sensitively at the right time for each person.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. They had detailed knowledge about people living at the service and made sure they kept staff updated about any changes to people's needs.
- Following the previous inspection, the registered manager had acted to address the shortfalls we found, and improvements had been made to meet the regulations.
- The provider had an effective system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments.
- The registered manager held regular management team meetings. The deputy and duty manager reported to them about systems and processes such as, identifying any training needs, how the service was running, and people's views.
- The registered manager and provider had high expectations about standards of care the service provided and people, relatives and staff confirmed this was achieved. We found staff were motivated and committed to providing a person focused service.
- Staff told us they enjoyed working at the service and could seek support from the registered manager, provider or management team. One staff member said, "The management team are very supportive and approachable, I am always given opportunities to develop and learn new things."

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

- People and their relatives told us the service was well managed, and the care and support was good. One person said, "Yeah, it's good living here. The staff are nice." A relative told us, "I have no concerns and know they [person] are well looked after here."
- The provider and registered manager had clear values which they shared with all the staff team. These included, person centred care and encouraging people to reach their full potential. Our observations demonstrated that these values were embedded in the culture of the service and were adhered to by staff. An external professional told us, "[Registered manager] and [deputy manager] are both friendly and approachable. I have witnessed very good interactions between them and residents and their families."
- The service had a 'house mate of the month' scheme. This meant people and staff could vote for a person if they had been particularly kind or helpful. The person who won each month was rewarded with a small gift of their choice. We were told this supported people and staff to embed the principles of thinking about each other and showing kindness.

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 manager and provider demonstrated an open and transparent approach to their role.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- The service has an accessible complaints procedure for people to understand, and it was on the agenda for all residents' meetings.
- CQC were notified of significant events.

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

- People and relatives told us they were involved, and their opinions were sought. One relative said, "We have two-way communication, so I am reassured." A person said, "I get asked what I want, yes I am involved."
- People's feedback about their care, the service and what they wanted was sought through day to day support from staff and through regular meetings. People were listened to and actions were taken to follow those wishes.
- The provider produced monthly newsletters for people living at the service and their families. These identified upcoming activities or special events and what people had been enjoying in the previous month. The format was accessible to people and used pictures and photographs, with relevant permissions.
- When new staff were being interviewed to work in the service, people were involved in meeting them and their views were taken into consideration. This meant that people had a say in who was supporting them in their own home.

Continuous learning and improving care; Working in partnership with others

- We observed that people, relatives and staff were comfortable approaching the registered manager, provider and management team and their conversations were friendly and open.
- The registered manager and provider used their quality assurance processes to review safeguarding concerns, accidents and incidents. Information was analysed on an electronic data management system and action taken where needed.
- The registered manager kept up to date with any changes to best practice by signing up to email alerts from nationally recognised organisations, such as the Health and Safety Executive (HSE), National Institute of Care Excellence (NICE) and CQC. They were also a member of the local safeguarding adults board and sat on a local care partnership group. This meant that the registered manager was proactive at ensuring they accessed new information to continue to drive improvements.
- The staff team worked well with external professionals to meet the needs of people living at the service. Support from external health and social care professionals was promptly sought when needed. There was evidence of strong relationships with specialist healthcare professionals. One external healthcare professional told us, "They [staff] are very quick and proactive to contact us if concerned about any of the residents. They take proactive steps in meeting the needs of residents."