

Sense

SENSE - 5 Seafield Road

Inspection report

5 Seafield Road
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Devon
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sense 5 Seafield Road is a care home providing personal care and accommodation to six deaf blind people who also have a learning disability.

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

The service had a strong, visible, person centred culture. Relatives and professionals praised staff and described them as exceptionally caring and compassionate. People and staff had built strong relationships, cared about each other and enjoyed spending time together. There was a happy atmosphere with lots of good humour. Staff were proud of people and celebrated their achievements. A relative captured the feedback we received from relatives and professionals when they said, "I would not hesitate to recommend Seafield Road as a place for others with learning and sensory disabilities."

Staff supported and upheld people's rights and advocated on their behalf. They were exceptionally skilled at communicating and involving people in decision making. People were supported to express their views, in ways relevant to their communication needs. People's care was organised around their individual needs. Staff promoted people to be as independent as possible and upheld their right to privacy.

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.

People received effective care and consistent support from experienced staff with the right skills to meet their needs. Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required.

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.

People received personalised care to meet their needs. They took part in activities and pursued their hobbies and interests. People enjoyed a variety of social activities which included in house activities, trips out, social events, holidays and family visits.

People were protected from abuse by staff who were aware of the different types of abuse, and ways to protect people. People received their medicines safely and on time.

The service was well-led by the registered manager and their deputy. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. The provider had systems in place to monitor the quality of care provided and made

improvements in response to their findings.

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 Good (Report published 14 February 2017.) At this inspection the rating has remained the same.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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.

SENSE - 5 Seafield Road

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

This inspection was carried out by one inspector.

Service and service type

Sense 5 Seafield Road 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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection we met all six people who lived at the home. None of the people we met could converse with us, so we observed interactions between people and staff in communal areas. We looked at

two people's care records and at their medicine administration records. After the inspection, we contacted those people's relatives, spoke by telephone to one relative and received e mail feedback from another.

We spoke with the registered manager and five members of staff. We looked at systems for recruitment, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home. We received a response from two of them.

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 positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People appeared safe, relaxed and comfortable at the home. Relatives said, "Yes, staff make sure he is kept safe," "I am very happy [name of person] is cared for safely at all times and any potential risk situations are well managed."
- The risks of abuse to people were minimised because the provider had a robust recruitment process. This made sure all staff were thoroughly checked before they began work in the home. The registered manager made sure all background checks were satisfactory before new staff started work.
- Staff received training in how to recognise and report abuse and discussed any safety concerns at daily handover and at staff meetings. Staff felt confident to raise any safeguarding issues with the registered manager and that action would be taken to protect people.
- There were enough staff to keep people safe and meet their needs. Rotas included dedicated one to one staff support for each person each week, so people could go out. This meant people benefitted because staff had time to support people at a time convenient for them and spent time socialising with them.
- Some staff had recently left and the registered manager was recruiting new staff. Meanwhile, the service used regular bank and agency staff who knew people well, which maintained continuity of care for them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments to promote their safety, independence and social inclusion. For example, when using the stairlift, going into the community and when travelling on the minibus.
- To promote people's well-being, staff were trained to use positive behaviour support methods to reassure people who became anxious and agitated. Where a person was prescribed a medicine 'as required' to reduce their anxiety, staff hadn't used it for over a year. This was because other methods such as engaging with the person and reassurance worked so well.
- People lived in a home which was maintained to a safe level. Regular checks of the environment were undertaken to make sure it was safe. For example, checking the fire panel, fire exits, security and hot water temperatures to minimise risks to people.
- Any accidents or incidents which occurred at the home were recorded and seen by the registered manager which enabled them to put in extra measures to avoid recurrence. This included seeking advice and support from other professionals to look at how changes in practice could be made to better support people.

Using medicines safely

- People received their medicines safely and on time from staff who had received relevant training. Staff

were assessed to check they had the knowledge and skills to safely administer medicines to people.

- Staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed medicines to be monitored.
- Where people needed emergency medication, staff had been trained in its use and had clear protocols in place about its use. This minimised restrictions on people's freedom, as staff felt confident to use it in the community, if needed.

Preventing and controlling infection

- People lived in a clean and fresh environment and staff followed daily cleaning schedules. There were appropriate hand washing facilities and staff had access to personal protective equipment such as disposable gloves.
- People were protected against the risk of the spread of infection because staff received training in good infection control practices. This helped ensure everyone knew how to minimise the risks of the spread of infection.

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 good. At this inspection this key question has remained the same.

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; Staff support: induction, training, skills and experience

- People had their needs assessed and care plans were created to give staff guidance about how to meet people's individual needs. Assessments were comprehensive and involved people and families.
- People's care and support needs were regularly reviewed and updated with them, to make sure they reflected their wishes and preferences.
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date. People's care records showed the service took account of best practice guidance. For example, in relation to assessing and meeting people's total communication and sensory needs.
- Most staff were experienced and knowledgeable about how to meet people's individual needs. New members of staff completed an induction programme. They had opportunities to shadow more experienced staff to enable them to get to know people and any preferred routines and preferences.
- The provider and registered manager promoted staff training and continuous learning. Staff had regular individual supervision sessions, where they could highlight any learning needs. The service also used video practice supervisions of individual staff interactions with people as a tool to help staff continuously improve their effective communication skills. This enabled staff to reflect on their practice and highlight good practice to share with other staff. These methods helped to ensure people were always cared for by staff who understood their needs and effectively supported them.

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

- People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. Menu planning was based on peoples' preferences and any dietary needs.
- People were encouraged to participate in meal preparation. For example, at lunchtime a person helped choose their preferred filling, and made their own sandwich. Another person helped staff to make the evening meal and others enjoyed baking bread and cakes. If people did not want what was on the menu, staff were always able to offer alternatives.
- Where people needed special diets or had the consistency of their food modified because of swallowing difficulties, staff had received appropriate training to manage these safely. For example, care plans showed staff needed to cut a person's food into small pieces and supervise them during mealtimes because of choking risks. We saw staff followed these instructions during lunch.

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

- People were supported to access healthcare services and staff ensured they received medical treatment promptly when they required it. Care staff monitored people's on-going health conditions through Health Action Plans (HAP) and made sure they attended health appointments. For example, staff worked with local health staff to support a person who needed regular blood tests, so they were no longer fearful of visiting their GP. A relative said, "[Name of person] health issues are very well managed by the staff and that all instructions/ advice from health professionals are appropriately followed." A social care professional praised how staff at Seafield were pressing hospital staff to explore all avenues to ensure a person with an old arm injury was considered for all available treatment to try and further improve their movement.
- Staff were creative in encouraging people to exercise and keep fit to help improve their mobility. For example, introducing treadmill sessions, creating floor exercises and encouraging people to walk upstairs, as well as visits to the hydrotherapy pool. They sought specialist advice from a physiotherapist and helped people follow recommended exercise programmes.
- Staff worked with other professionals to make sure people received care and treatment to meet their needs. There were detailed guidelines for staff to ensure people received consistent support for any health needs. Each person had a 'hospital passport' which provided hospital staff with key information about the person, their medical history, preferences and communication needs.
- People's health care records showed people were being seen by dentists, doctors and other health professionals. Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

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

- People lived in a homely environment which was adapted to their own tastes and sensory needs. For example, contrasting colours were used for doorways, and there was textured flooring outside a person's room with a visual impairment which helped them find their room. The fire alarm system used appropriate visual and auditory signals and sounds to alert sensory impaired people in the event of a fire.
- The ground floor area of the home was accessible for wheelchair users. For example, ramps were fitted so a person could move around independently. A ceiling hoist was fitted so a person could access their bathroom from their bedroom. People's ability to use the first floor was included in their assessments, and a stairlift was fitted. Handrails, seating in showers and adapted baths were provided which promoted people's independence.

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. At the time of the inspection two people were being cared for under the Deprivation of Liberty Safeguards, which staff acted in accordance with. DoLS applications had been submitted for the other four

people, who were awaiting assessment. This was because people were subject to close supervision within and outside the home for their safety and protection.

- People were able to make day to day decisions about their care and support. For example, choose what they wanted for lunch. Using hand over hand signals, staff helped another person decide whether they wanted a hot or cold drink.
- People had their capacity assessed to determine their ability to make decisions about some elements of their care. Where complex decisions, such as medical treatment, needed to be made, staff had worked with healthcare staff, family members and independent advocates to make sure decisions were made in the person's best interest. For example, about dental treatment. A relative said, "I have always been kept very well informed by the staff at Seafield Road of any major concerns, more day to day/ minor matters are effectively dealt with by staff without the need to involve me."

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 improved to Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had a strong, visible, person centred culture. Relatives and professionals praised staff and described them as exceptionally caring and compassionate. A relative said, "I know [person's name] is treated with enormous dignity and respect by staff. They have a deep understanding of his moods and attitude. It is evident that he trusts them and is completely at ease with their proximity and close care of him. I have no doubt he regards staff as his family and Seafield Road as his home." Another said, "I know that [person's name] is really happy there, it's perfect for him. They really care about him, I think they do an absolutely amazing job. He always smiles when he is going back home." A social care professional said, "Staff there are just brilliant, more outstanding than any other home I visit."
- Most people had lived at the home for many years and had built strong relationships with other people and staff. There was a happy family atmosphere, people and staff cared about each other and enjoyed spending time together. Staff were proud of people and celebrated their achievements. For example, in the lounge a staff member was playing a sensory game with a person, which involved them choosing coloured textured beads. The staff member praised the person's achievements, saying, "absolutely amazing [person's name]," "clever lady" whenever they named a colour.
- Staff supported people to keep in touch with family and friends through cards, letters, text, phone calls and visits. For example, staff supported a person to ring their mother and send them a card and flowers on mothers' day. Even though the person was not able to talk, they could hear and respond to their relatives' voice.

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

- Staff supported and upheld people's rights. A local authority appointed advocate praised the "impassioned representation" staff made for a person, whose health had declined. When it was suggested the person should move elsewhere, staff successfully made strenuous representation for the person to receive the increased support they needed at their current home. Their family and their advocate fully supported this view. Staff used photographs of the person enjoying their day to day life to demonstrate to professionals the importance of considering the whole person, not just their health needs. A relative said, "I have no doubt [person's name] regards his long-term carers as his family and Seafield Road as his home." The person's advocate said, "His family are the people he lives with and the staff, he responds to their voices."
- Staff were exceptionally skilled at communicating and involving people in decision making. They knew

people well and were in tune with their needs. For example, when a person walked to the back door, this indicated to staff they wished to go outside in the back garden and sit on the swing. At lunch, when a person had enough to drink, they pushed the carton of juice away which indicated they had finished. Using sign language, staff asked a person if they would like to help them cook dinner. A relative said, "Staff at Seafeld constantly strive to communicate with, and respond to [person's name] in ways they have identified he will understand and offers him the most opportunity to express himself. They successfully look for ways to bring him both joy and contentment."

- An equality, diversion and inclusion plan provided staff with bespoke guidelines for each person to promote choices, dignity, equality and independence. Each person had a communication dictionary which provided staff with personalised details about how each person expressed themselves. For example, through vocal sounds, gestured and facial expressions and using touch, British Sign Language (BSL), sensory equipment and objects of reference. An object of reference is any object which is used systematically to represent an item, activity, place, or person.
- For a person with visual difficulties but good hearing, their care plan said, "I know where things are but need a sighted guide to support me. Please approach me from front and speak normally, use short clear sentences and instructions for me to understand and follow."
- Each person had a core care team and individual person-centred meetings were held with each person every six weeks. This included reviewing the person's health and wellbeing and planning outings and activities. Three people had an independent advocate who visited them regularly and attended care reviews meetings so were involved in people's important care decisions. They said, "They keep me involved and are really forthcoming with information."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knocked or rang people's flashing doorbell before entering their room, so people were aware of their arrival. Each person had their own room, personalised for their needs. People could enjoy company of others or spend quiet time in their room or in the garden.
- Staff promoted people to increase their independence and develop new skills. For example, helping to prepare meals, drinks and baking and helping keep their room clean and tidy. The registered manager described how much more outgoing and independent a person had become since coming to live at Seafeld. The registered manager said, "She is like a different person, she has grown her hair, asks for things she wants, enjoys going out and gets up at night to use the toilet." Another person recently planned a trip to the cinema with a staff member to see a film using public transport. This was very challenging for the person and a photograph of their delighted expression showed how much it had meant to them to overcome their fears to achieve this.
- People's care records captured what aspects of care people could manage independently and what they needed staff support with. For example, that a person needed staff help to access the shower but liked to hold the shower head to rinse off the shampoo and soap.

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 received personalised care because staff knew people well and what made a good day for each person. For example, a relative praised a staff member who took the person to the seaside. They said, "[Person and staff member] went to Saunton Sands and swam in sea, he loved it, staff are fantastic like that."
- Person centred care plans showed in detail how each person liked to be supported. For example, the support they needed with personal care and how to help each person choose their own clothes, preferred hairstyle and other things important to them.
- The service had a sensory room, which helps people stimulate and develop their senses through special lighting, listening to various sounds and sensory music.
- Where people's needs changed the registered manager made sure all staff received additional training to help them to understand and support people. For example, in relation to a person's exercise needs.

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

- People were supported to pursue their interests and hobbies. For example, one person loved their computer. With staff help they liked to watch live webcam footage of flights taking off and landing at a London airport, live images from Japan and Lyme Regis. They also enjoyed watching YouTube videos of cats and kittens.
- Each person had a photo album entitled 'Memories, Moments and Me' that captured what each person had been doing and activities they had enjoyed over the past 12 months. For example, people going shopping, baking, enjoying dips in the hot tub in the garden, visits to the local park, a fun fair and to the beach. These photographs helped offer people individual choice about what activities they might like to plan in future.
- People were well known in their local community and local people stopped to chat to them in shops, pubs, cafes and restaurants. They attended community events such as Seaton Carnival, the street fair and enjoyed visits to Seaton tramway seasonal events.
- On the day we visited, three people went to Exeter to visit a sensory park and have a picnic lunch. Others went out locally or spent time relaxing quietly at home and catching up with household tasks. After a busy day, people enjoyed spending time sitting in the lounge relaxing and spending time with staff. One person was enjoying a relaxing foot massage, another was playing a game with a staff member and a third person was having a nap.

- People and staff invited friends and family to the home. Staff accompanied people on holidays and to go and visit relatives, so they could spend quality time together.

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.

- Within Sense, people had access to sensory impairment and behavioural specialists who could work with them and staff to meet their individual needs. Staff had been taught to provide information in simple and straight forward ways, for example, using symbols / photos / easy read formats. People were given time to process the information before they were expected to choose. One person used a software system to write letters to family and friends using an easy read picture and symbols format.

Improving care quality in response to complaints or concerns

- Relatives said staff were approachable, listened to them and acted on any concerns or suggestions. One said, "They do a really good job."
- Staff recognised from people's demeanour, body language and vocal sounds, if they had any concerns and acted immediately to address them. For example, reassuring and calming a person who was getting anxious and overexcited about a forthcoming family visit.
- The provider had a complaint policy and procedure and a complaint log was kept. No complaints were received in the past 12 months. In addition to the formal complaints policy the registered manager was very visible in the home so any worries were discussed.
- Any concerns or suggestions raised were listened and responded to, with positive actions taken in response. For example, staff implemented a family members' suggestion about a person's skin care and placed a mirror at suitable height in a person's bedroom.

End of life care and support

Currently, there were no guidelines for staff about the care people would like to receive, or where they would like to be cared for, if they became very unwell or were approaching the end of their lives. We discussed with the registered manager the need to ensure people and families wishes were captured. For example, about life-saving treatments, funeral arrangements and any religious or cultural aspects which might be important for them. They said they planned to start addressing this soon.

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 good. At this inspection this key question has remained the same.

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; 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 and deputy manager worked well together and had an open and approachable management style. They knew people well and led by example. A staff member said, "It's really well run, staff are treated well, and everyone gets along."
- A relative described the staff at Seafield Road as an effective and happy team. They said, "I have enormous regard for the work they do, my dealings with staff have always been very positive and they are always pleased to have contact from relatives." Another relative said, "100%, I would recommend them, I really think they do their absolute best for [person's name]." A social care professional said, "I can't speak highly enough of them, staff are really welcoming."
- Staff were motivated and enthusiastic about their work. They worked well together as a team to support people and felt valued for their contribution. Staff were happy in their work and demonstrated a real sense of pride in the service. They developed close relationships with people, which helped to create a happy environment.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy.
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. They contacted families to make them aware of any incidents and outlined actions taken in response.

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

- The registered manager was visible around the home and had an excellent knowledge of people's preferences and routines and led by example. This enabled them to monitor that staff worked in accordance with people's preferences and lifestyle choices.
- Regular audits of care records, the environment and medicines management were carried out and any issues addressed. A development plan captured ongoing improvements. For example, implementing 'Memories, Moments and Me' to capture what was important for people.
- Regular provider audits included visits to the home were carried out by an area manager. Between visits, they were available by phone to discuss any issues and provide support and advice.

- Staff had daily handover meetings to keep up to date with any key information, such as people's appointments or changes to their medicines. They also did daily checks to monitor the safety of the environment and standards and cleanliness.
- The registered manager notified the Care Quality Commission (CQC) about any safeguarding concerns or injuries, as required by the regulations. They responded to any requests for more details.

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

- People and staff were included in decisions made in the home and were able to make suggestions and put forward ideas with staff who supported them.
- A family questionnaire survey had been sent to all people/family members as appropriate and their resulting comments and suggestions implemented. For example, when a person said they wanted to change their bedroom décor, staff helped them research new colours, lamp shades and soft furnishings. They recorded the person's choices using pictures, and shared this information amongst the staff team, so everyone knew what the person wanted.
- Regular staff meetings were held where staff felt able to contribute their ideas and suggestions. For example, giving feedback on musical sensory equipment on loan for people to try.

Continuous learning and improving care; Working in partnership with others

- People lived in a home where staff worked with other professionals, family members and advocates to make sure people received the care and support they needed. For example, family members attended reviews and appointments and were fully involved in people's care.
- Staff at the service were continuously learning and improving through working with Sense specialists about people's communication and sensory needs. Also, through local partnerships with health, social care professionals and members of the local learning disability team. The registered manager received updates about regulatory changes through monthly newsletters from Care Quality Commission.