

Liaise Loddon Limited

Sansa House

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 

Overall summary

This announced inspection of Sansa House took place on 29 October 2014. The home provides accommodation and personal care for up to five people. The home is a detached house within a residential area and has been furnished to meet individual needs. People who use the service have complex needs including autism.

The primary aim at Sansa House is to support people to increase their independence and maximise their potential. Support workers promote people's independence and provide emotional and psychological support for people to take part in activities outside and to plan and complete tasks around their home.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff at Sansa House worked with people to identify their individual needs and what they wanted to achieve in the

Summary of findings

future. Staff showed flexibility and creativity in supporting people to become more independent. This often focused on helping people to manage anxiety and frustrations and created a caring family environment.

People told us they trusted staff and valued the support they received. They were supported to be active and achieve their ambitions. Staff supported people to make choices and respected their right to make decisions. This included taking on new challenges with informed risk assessments.

People had comprehensive risk assessments. Where risks to people had been identified there were plans in place to manage them effectively. Staff understood the risks to people and followed guidance to safely manage these risks.

Staff were aware of changes in people's needs and reported any concerns to healthcare services promptly. Support workers sought guidance from health and social care professionals which was then implemented and recorded.

Everyone at Sansa House told us they trusted the staff who made them feel safe. Staff had completed safeguarding training and had access to guidance. They were able to recognise if people were at risk and knew what action they should take. People also had access to guidance about safeguarding in a format that met their needs, to help them identify abuse and respond appropriately if it occurred.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient staff with the necessary experience and skills to support people safely. Whenever possible the registered manager and staff worked together with people to identify in advance when their needs and dependency were likely to increase.

Robust recruitment procedures ensured people were supported by staff with the appropriate experience, skills and character. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed by the registered manager. Staff complied with the provider's medicine's procedures whilst supporting people in the community.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf. The provider utilised advocacy services for people where required.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had completed the required training and was aware of relevant case law. We found the provider to be meeting the requirements of the DoLS.

People's needs in relation to nutrition and hydration were documented in their care plans. We observed people received appropriate support to ensure they received sufficient to eat and drink. Meals, drinks and snacks provided to people reflected their dietary needs and preferences.

There was a friendly and relaxed atmosphere within the home, where people were encouraged to express their feelings, whilst respecting others. People told us that when they had a problem or were worried they felt happy to talk with any of the staff. Whenever people had raised concerns or issues prompt action had been taken by the provider to address them. Feedback was sought and obtained in various ways ranging from provider surveys, house meetings, resident's meetings and support worker meetings.

All accidents and incidents were investigated thoroughly by the registered manager and specialist support workers. Actions identified from complaints or the analysis of incidents and trends were implemented promptly by the registered manager to ensure the delivery of a high quality service and maintain the safety and welfare of people. The registered manager effectively operated a series of audits to assess and monitor the quality of the service.

Staff had received training in the values of the provider as part of their induction. For example, one support worker told us, "All the people we support are encouraged to express themselves and their needs in a safe and

Summary of findings

supportive environment and we treat everyone as individuals, with dignity and respect.” Throughout our inspection staff continually demonstrated these values in the course of their work with people.

The provider placed a strong emphasis on striving to improve. The registered manager had developed an open

and positive culture where people and support workers were encouraged to raise concerns, which were always acted upon. Leadership from the registered manager and the two specialist support workers was highly visible and inspired staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe because risks identified with them were positively managed.

Staff had undertaken safeguarding training and understood their role and responsibilities. Safeguarding incidents had been identified, reported to relevant agencies and actions taken to reduce the risk of re-occurrence.

Sufficient staff were employed to provide people's care safely. Staff had undergone thorough and relevant pre-employment checks to assess their suitability.

People received their prescribed medicines safely.

Good



Is the service effective?

The service was effective.

Staff received appropriate training and supervision to support people with complex needs effectively.

Staff were aware of changes in people's needs and ensured people accessed health care services promptly when required.

Where people lacked the mental capacity to make specific decisions best interest decisions were made in line with legislation. People's freedom and rights were respected by staff who acted within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect. People's preferences about their support were known and understood by staff.

People had opportunities to express their views about their support and the running of the home.

Staff supported people to be as independent as they wanted to be in a manner which ensured their dignity.

Good



Is the service responsive?

The service was responsive.

People had personalised support plans which reflected their care needs and preferences with regards to the provision of their care. These had been updated regularly by staff to reflect any changes.

People were supported to take part in activities of their choice. Staff had provided innovative ideas to stimulate people's interests and promote their self-confidence.

Good



Summary of findings

The registered manager and staff were committed to listening to people's views and making changes to the service in accordance with their comments and suggestions.

People were provided with information about how to complain, which was accessible and in a format of their choice. Complaints were recorded, investigated and responded to. Changes to the service were made as a result of complaints received.

Is the service well-led?

The service was well-led.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements. Learning took place following incidents or complaints, with identified actions and training for individuals and the service as a whole being undertaken promptly.

Good



Sansa House

Detailed findings

Background to this inspection

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

This inspection of Sansa House took place on 29 October 2014 and was announced. The provider was given 48 hours notice because the location was a small care home supporting people who are often out during the day and we needed to be sure that someone would be in.

When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. At our last inspection in January 2014 we did not identify any concerns about the support being provided. We also spoke with the inspector who had completed the previous CQC inspection.

We read all of the notifications received about the service. Providers have to tell us about important and significant events relating to the service they provide using a

notification. We also reviewed the Provider Information Return (PIR) from the home. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Information from the PIR is used to help us decide the issues we need to focus on during the inspection. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

During our inspection we spoke with five people who use the service. We also spoke with the registered manager, two senior specialist workers; three senior support workers, five support workers and the cook. Following the visit we spoke with the relatives of the five people and five health care professionals. These health care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service.

We pathway tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person at the home. We observed how staff cared for people across the course of the day, including mealtimes and when medicines were administered. We reviewed records which included five care plans, nine staff recruitment, supervision and training files. We also looked at records relating to the management of the service, such as health and safety audits and emergency contingency plans.

Is the service safe?

Our findings

People told us they felt safe at Sansa House because they were supported by staff who knew them well. People were able to tell us who they could speak with to get help if they felt unsafe. One person told us, “I have been in other places but this is the best because we are all like a family and everyone cares for each other.”

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. A social care professional told us they had been impressed with the support provided by the manager and staff. Particularly the way they actively managed people’s health needs and promoted their independence whilst keeping them safe.

We looked at records which showed that safeguarding incidents had been reported, recorded and investigated in accordance with the provider’s safeguarding policies and local authority guidance. All of the staff had received safeguarding people from the risk of abuse training and knew how to recognise and report potential signs of abuse. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff and people had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Some of this guidance was clearly displayed on the noticeboards within the home.

All staff were trained in the use of a recognised system for supporting people to manage their behaviour where this was necessary. People’s behavioural support plans identified the appropriate approaches for each individual. Staff we spoke with knew the different approaches for different people. We saw that all incidents were recorded, monitored and analysed by the psychology team, registered manager and specialist support workers.

We observed positive behaviour management and sensitive physical interventions by support workers, which ensured that people’s dignity and human rights were protected. Staff were praised by relatives who gave examples where staff had remained calm and assured,

whilst reinforcing positive behaviour. During our inspection we observed several incidents where staff responded appropriately to behaviour which may challenge different people.

The service had policies and procedures for managing risk and staff understood and consistently followed them. Three people were being supported with epilepsy and each person had a different risk assessment and protocol unique to them. Support workers were able to tell us about the different epilepsy protocols for each person and action needed to keep them safe in the event of a seizure.

Risk assessments were proportionate and centred around the needs of the person. One person wore protective clothing whilst accessing the community to protect them if they were to experience a seizure. They told us how they had discussed the risks involved in various activities and had chosen their protective clothing. We observed two people supported at a local swimming pool. There were already detailed risk assessments completed for these activities. However, before leaving the home staff completed a further risk assessment with people, which dealt with how they were feeling on the day. After a discussion regarding a health issue, one person decided that they would still go and watch their friend, but would not go in the pool.

Staff were able to demonstrate their knowledge of people’s needs and risk assessments, which was consistent with the guidance contained within people’s care plans. Risk assessments were detailed and gave staff clear guidance to follow in order to provide the required support to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff duty rotas confirmed that the level of staffing identified by the registered manager as a requirement to meet people’s needs had been provided. The registered manager said they conducted a daily staffing needs analysis, which accounted for any increase in behaviours which may challenge and people’s dependency. If more staff were needed to meet the complex needs of people, they were recruited from within the provider’s care group. The registered manager also demonstrated how they efficiently used flexible rotas and reduced their own administration time if required.

Is the service safe?

People were supported to manage their medicines safely and appropriately in accordance with the provider's medicine management policy. We observed people receiving their medication appropriately and they were able to tell us why they took the medicine. There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective.

People's medicines were managed safely by trained staff. Staff told us they had received administration of medicines training which was updated and their competency was assessed. This was confirmed by training records. Support workers knew about the different types of medicines taken by people and were able to tell us about any potential side effects. They were also able to demonstrate a clear understanding of the circumstances when medicines that had been prescribed for people to be taken when they required them, should be administered. All support workers had detailed knowledge of the action to take if a person refused to take their medicines.

We observed support workers booking out required medicines before supporting people when they went into the community on activities. We examined the booking in and out procedure and confirmed staff had complied with the provider's policy. This meant that the provider had ensured people who required medicine whilst away from the home were safe, for example if they experienced a seizure whilst in the community.

People took pride in their home and individual rooms, which were clean and tidy. The provider had policies and procedures relating to hygiene and infection control, including the Department of Health guidance on the prevention and control of infections in care homes. Staff understood and followed this guidance, which minimised the risk of infections. The provider completed an infection control audit in September 2014. We saw that actions in relation to minor repairs had been identified and completed by the registered manager.

Is the service effective?

Our findings

Anyone who wished to move to the home was invited to visit first. This enabled people to make a decision about whether it was the right place for them. An assessment of their needs was then carried out by the registered manager and specialist support workers together with them, to make sure the home was able to meet their requirements and expectations. This ensured people were involved in planning their support from the outset.

Newly recruited staff completed an induction course and spent time working with experienced staff to make sure they had the appropriate knowledge and skills to support people effectively. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. Records showed staff training was up to date and care workers had received further training specific to the needs of the people they supported, including autism, learning disability, Downs Syndrome and epilepsy. Staff were encouraged by the registered manager to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development.

Epilepsy training emphasised how to support people who experienced different types of seizures. All staff we spoke with demonstrated clear knowledge of epilepsy including the actions to take when people experienced a seizure. The registered manager kept up to date with new guidance to promote best practice and staff received training from a specialist epilepsy nurse.

Support workers told us that the registered manager and the specialist support workers encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people's needs. The registered manager told us that support workers received a formal supervision every two months and an annual appraisal. We noted staff supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were considered in the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. For

example, staff had identified concerns about an urgent training requirement to enable staff to support a person safely whilst keeping others safe. This was acted on immediately by the registered manager.

Staff had received guidance and training to enable them to understand the requirements of the Mental Capacity Act, 2005 (MCA). Staff understood their responsibilities under the MCA. Where people lacked the capacity to consent to their care, guidance had been followed to make best interest decisions on their behalf. The registered manager told us how care workers used social stories to explain and support people's understanding of information and decisions. We saw a support worker using pictures in this way to calm and reassure one person who had become anxious. The provider was aware who was legally appointed to make decisions for people and had documentary evidence to support this.

We observed people being asked for their consent before they were given medicines and other support. People told us that their medicines were reviewed regularly and they were involved in discussions with their psychiatrist, GP and support workers before decisions were made to change the prescribed medication or the dose. Relatives told us that where required they were involved in decisions to change people's medication.

The CQC monitors the operation of the DoLS which apply to this service. The DoLS are a legal process supported by a code of practice to ensure that people who lack the mental capacity to make decisions about where to live have not been deprived of their liberty, other than in accordance with the law. Staff had received guidance and training to enable them to understand the requirements of the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the registered manager had made an urgent and standard DoLS application in relation to the five people using the service. Receipt of all of these applications had been acknowledged by the local authority and one had been authorised. The decisions in relation the others were awaited.

Where people had been identified to be at risk of choking we observed that staff provided the necessary support, in a way that maintained their dignity. Some people were at risk of malnutrition, and staff took appropriate action to manage this. People's weight was monitored and action taken if they were not maintaining their weight or were gaining too much weight. Some people had their food

Is the service effective?

intake recorded and monitored to ensure they were eating enough. Staff knew people's food preferences and had identified some unhealthy choices. People who had previously eaten an unhealthy diet had been encouraged to try different foods and now enjoyed a varied and balanced diet. People told us they regularly discussed how to maintain a healthy diet with the cook and support workers. Some people had created their own nutrition plans to help them moderate their intake of certain food and drink. The cook told us that they discussed people's preferences quarterly in case they had changed or wished to try something new. Menus were updated weekly in consultation with people, although one person chose their meals the day before, as part of their plan to reduce anxieties.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks.

Weekly staff meetings helped to improve practice. These meetings had been very important when staff were supporting people through periods of severe anxiety and frustration. They had discussed different approaches and had used the staff meetings to agree on a consistent approach based on staff feedback and expert guidance.

People's needs and preferences were consistently taken into account when premises were decorated or adapted. Their wishes and choices were captured in an environmental support plan. The five people living at Sansa House were proud of their own rooms and invited us to see them. They told us how they had chosen their own decorations and furniture. The service had created a large open living area for one person, which allowed them space to move freely and stopped them becoming anxious. Another person also requested a living area and had their room adapted to accommodate this. Specialist and adaptive equipment was made available when necessary. One person was often supported to sing along and dance to musicals with the aid of a hand held listening device.

Is the service caring?

Our findings

There was a warm and friendly atmosphere at Sansa House, where interactions between people living at the home and staff were caring and professional. Staff ensured they used language the person understood and continually reminded them of their achievements.

People and staff also had conversations about topics of general interest that did not just focus on the person's support needs. People looked comfortable with the staff supporting them and chose to spend time in their company. Staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare. One health care professional told us that staff were always attentive to people and fully engaged with them.

People told us they were treated as individuals and with respect. One person told us, "The staff are really good because they are kind and help me to stay happy and healthy". They went on to explain how staff had worked with them to establish routines to support them to stay calm and well.

People were proactively supported to express their views and staff were skilled at giving people explanations they needed. When one person became anxious they sometimes had difficulty verbally expressing their thoughts and wishes. The person was computer literate and on such occasions they alleviated their anxiety by typing what they wished to communicate on a keyboard. The manager had replica keyboards made and fixed to the walls in appropriate places so staff were always able to fully understand the person and able to reassure them. A relative of this person told us "You can see the caring nature of the staff when they are listening to him and watching him use the keyboards."

Staff demonstrated detailed knowledge about the people living in the home. Support workers were able to tell us about the personal histories and preferences of each person living there. Staff had comprehensive knowledge about people's support plans and the events that had informed them.

Support workers had developed trusting relationships with people. We observed one person who chose to eat alone at a small table set up in the kitchen at meal times. The cook explained that the person always sat in the same way on a

special cushion which held fond memories for them. The cook continually engaged in conversation with this person which made them smile. This allowed the person to eat their meal without feeling anxious.

People who lived in Sansa House told us they had close relationships with their parents. The importance of maintaining these relationships was clearly defined in people's support plans. Support workers knew when people had to contact their relatives either by telephone or computer applications such as 'Skype' and supported people to do this.

The manager and support staff took time to explain certain aspects of people's support plans using social stories. We observed staff explaining to one person in a caring way how they should speak with people kindly and the negative impact of shouting or being rude. Later in the inspection this person told us how it was important to be kind and consider other people's feelings.

People and where appropriate their relatives, were involved in making their decisions and planning their own care. Two people derived great personal satisfaction from being involved in writing their own risk assessments together with staff and health professionals.

Staff had provided innovative ideas to stimulate people's interests and promote their self-confidence. For example one person had been encouraged to attend various sporting events. Staff described some of the work they had done with people to develop their independence, including preparation to successfully apply for a job. A relative told us that the support workers not only promoted people's independence and offered them choice but took time to explain the consequences of their decisions.

We saw people being offered choices about social activities and how they spent their time. We heard staff patiently explaining choices to people and taking time to answer people's questions. People told us they were encouraged to be as independent as possible. They told us they were able to make choices about their day to day lives and staff respected those choices.

Support workers were aware of the need to protect people's dignity whilst supporting them with personal care. One way this was achieved was to ensure people were encouraged to be as independent as possible. When staff wished to discuss a confidential matter they did not do so in front of other people. Records showed staff had

Is the service caring?

discussed sensitive issues such as personal relationships with people to ensure they had the necessary support they required. Where required people had support plans which identified clear guidance and boundaries regarding personal relationships.

People were cared for by staff who knew them well and realised when they weren't well or needed support. When

one person appeared anxious staff knew how this person normally presented and immediately checked upon their welfare. A support worker said, "We know the triggers which cause people to become anxious and have discussed with them how they want to be reassured."

Is the service responsive?

Our findings

One person told us, “I like living here. The staff really listen to me and help me to achieve things that make me feel good so I can do even more.” People told us that support workers took time to talk with them to make sure their views were understood.

People told us that they received person centred care that was responsive to their needs. One relative was impressed with the detailed needs assessment completed by the registered manager. This included a comprehensive history of the person’s previous care and treatment, including types of support which were not appropriate because they had caused them to become anxious.

People, their relatives and health professionals told us staff consistently responded to people’s needs and wishes in a prompt manner. Each person had a support plan to set their own goals and record how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual’s wishes and preferences.

People said they were involved in regular meetings with support workers to review their support plan. The registered manager told us that the service did not operate a key worker system because they wanted all of the staff to care for all of the people at Sansa House and not be focused on particular individuals. However, one person had specifically requested a particular key worker and this had been arranged.

The registered manager told us that they were supporting the transition of a person who was moving to another home to be closer to their family. We reviewed the transition plan which demonstrated that staff at Sansa House were working closely with staff from the other home to ensure the person felt safe. Staff from the other service had scheduled eight visits to Sansa House to enable the person to recognise and build a relationship with them before any familiarisation visits at the other home were undertaken. The support workers had also written a “social story” explaining the transition process in a format the person understood. A relative told us that the registered manager and staff “really appreciated” the importance of ensuring their loved one received coordinated care during this process which met their needs.

When people moved between different services, for example whilst attending hospital, the registered manager assured they received consistent personalised care because they were accompanied by support workers and had individual “All about me passports” already prepared.

Staff talked knowledgeably about the people they supported. Support workers took account of people’s changing views and preferences. They told us there was a verbal handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed the morning shift handover and saw that all of the information provided had been accurately recorded and staff had signed to show they had taken part. We heard detailed information discussed about people’s health and different moods, together with the potential risks and impact on planned daily activities.

Each support plan contained a record of any changes to the person’s health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible.

Each person was treated as an individual. Staff got to know the person and the support they then provided was built around their unique needs. People, or where appropriate those acting on their behalf, told us there were no blanket restrictions in place and they felt their care was designed to meet their specific requirements. For example one person was able to discuss their positive behaviour management plan and had agreed a reward scheme.

Some people needed and preferred structured activities whilst others preferred a flexible approach. On the day of our inspection each person was either supported by staff whilst attending work or completing a scheduled activity. At mealtimes people were actively encouraged and supported by the cook in the preparation of meals. We observed people being supported to carve pumpkins and create decorations for Halloween.

People’s support plans detailed relationships that were important to them. People told us they were supported to keep in contact with people close to them, for example by weekly ‘skype’ calls to Australia. Other people told us how they were supported to meet their parents and family on a daily or weekly basis for trips outside, whilst one person told us about their fortnightly home visit.

There was a commitment to listening to people’s views and making changes to the service in accordance with people’s

Is the service responsive?

comments and suggestions. People said they could chat with staff if they were not happy with something. Feedback was sought by the provider and registered manager in various ways ranging from provider surveys, house meetings, resident's meetings and support worker meetings.

People said they felt staff listened to their ideas and concerns, which were quickly addressed. They said they were confident any complaint would be dealt with appropriately. The provider had a complaints procedure and any complaints made were recorded and addressed in

line with this. People had a copy of this procedure in a format which met their needs, which had been explained to them and where necessary their relatives. There had been two complaints since our last inspection in January 2014. Both of these complaints had been resolved to the complainant's satisfaction. We found that necessary learning from these complaints had been addressed during staff supervisions and meetings. Relatives told us they had not had reason to complain but would know how to if necessary.

Is the service well-led?

Our findings

Healthcare professionals from other agencies said their communication with the registered manager was good and they experienced a strong team spirit amongst the staff and people using the service. People, healthcare professionals, and relatives all praised the registered manager and staff for their dedication and support.

The registered manager confirmed that they worked shifts alongside staff which enabled them to speak with people, observe staff interactions with people and to seek staff feedback. Health and social care professionals and care commissioners told us that there was an open and transparent culture in the home. The culture of the home supported communication and people felt able to express their views freely. There were regular house meetings, which were recorded, where people were able to discuss any concerns or ideas to improve the service.

The location of the registered manager's office made it easy for people, their visitors and staff to speak with them. We observed people and staff approaching the registered manager throughout the day to ask questions or chat. Relatives told us they found the registered manager very approachable and always available. Staff told us the registered manager was always available if they needed guidance. They told us that the support the registered manager provided was flexible and the level of their support was increased during challenging periods.

Staff were positive about the management of Sansa House and the support they received to do their job. Staff we spoke with said the registered manager was determined to encourage and support people to be involved in their own care.

Leadership from the registered manager and the two specialist support workers was highly visible and inspired staff. Support workers told us the registered manager was a 'great role model' and always 'led by example'. Staff said there were plenty of opportunities to discuss issues or seek advice. A relative said, "If you tell the manager or staff something needs to be done you know it will be sorted out quickly, even if they do not know the answer there and then."

There were regular staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan service improvements. For example, staff

meeting minutes showed staff had spent time discussing how to support people to meet their unique needs whilst promoting their independence. Staff told us there was an open culture within the home and the registered manager encouraged learning from mistakes. One care worker said, "If you make a mistake the manager and team are supportive and immediately help to put things right. The incident is then discussed to allow everyone to learn from your mistakes." This demonstrated the management team believed in openness and a willingness to listen.

Accidents and incidents were recorded and reviewed by the provider and registered manager. Action was taken promptly in response to individual incidents and when trends were identified. Support plans and any accompanying risk assessments were updated by support workers accordingly. The registered manager carried out regular audits to monitor the quality of the service and plan improvements. This included audits on equipment, fire safety and medicines management.

People benefited from learning that took place across the provider's services. In relation to a safeguarding incident at another service, the registered manager had reviewed the home's processes to ensure people were protected from the risk of financial abuse. This meant that learning took place both within the service and across the provider's services to enable them to improve the quality of the service provided to people.

The registered manager was supported and monitored by the provider's area manager. The registered manager sent weekly reports to the area manager to demonstrate they were driving improvements in the quality of service provision. The area manager also conducted independent checks on staff performance and service quality for example by unannounced visits. These visits confirmed at first hand that improvements had been made where necessary and that the provision of a quality service was sustained. The registered manager also completed regular unannounced night visits.

The registered manager and staff worked closely with health and social care professionals and other agencies and were committed to achieve the best care for the people they supported. People's needs were accurately reflected in detailed plans of care and risk assessments. Staff members were able to find any information we asked to look at promptly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.