

Aitch Care Homes (London) Limited

Oak View

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: Oak View is a residential care home for up to four people and there were four people using the service at the time of our inspection. People living at Oak view have profound and multiple learning disabilities. Accommodation was on ground floor only and the building had been specifically designed to meet the needs of people with physical disabilities.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were supported to make choices in all areas of daily living from choosing clothes to wear to what they ate on a daily basis. Opportunities to use local facilities and amenities had increased and people had equipment that enabled them gain new skills to increase their independence in whatever way they could.

There were enough staff who had been appropriately recruited, to meet people's needs. Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. Staff understood what they needed to do to protect people from the risk of abuse. Incidents and accidents were well managed. People's medicines were managed safely.

People's needs were effectively met because staff attended regular training to update their knowledge and skills. Care staff attended regular supervision meetings and told us they were very well supported by the management of the home. People were encouraged to make decisions and choices. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of people and had developed positive relationships with them. People were supported to attend health appointments, such as the GP or dentist and attended appointments for specialist advice and support when needed. People had enough to eat and drink and menus were varied and well balanced.

Relatives commented on the improvements in the service over the past year. This was attributed to the reduction in the staff turnover and the manager growing in experience in the role. Professionals spoke positively of the staff and how they interacted with people and how they always acted on specialist advice and guidance.

Staff had a very good understanding of people as individuals, their needs and interests. Everyone needed support with communication and were not able to tell us their experiences; we observed that they were happy and relaxed with staff. People were supported to take part in activities to meet their individual needs

and wishes. This included trips to the local parks, theatres, cafes and restaurants. Emphasis had also been placed on increasing opportunities for activities, so people had attended football matches, had enjoyed trips to London and arrangements were being made for one person to go to Disneyland Paris.

The environment was clean and well maintained. The provider had ensured safety checks had been carried out and all equipment had been serviced. Fire safety checks were all up to date.

Rating at last inspection: At the last inspection the service was rated requires improvement. (The last inspection was published 1/05/2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will review the service in line with our methodology for 'Good' services.

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.

Oak View

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Oak View is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

The service had a manager registered with the Care Quality Commission. This means 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 was an unannounced, comprehensive inspection. The inspection was carried out on 30 April 2019.

What we did:

Due to technical problems, the provider was not asked to complete a Provider Information Return (PIR). 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. However, we referred to the previous (PIR) and the

registered managers gave us an update on progress made since then. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

People were not able to tell us their views of life at Oak View, so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Oak View.

We spoke with the registered manager and three support workers. We met briefly with the regional manager. We reviewed a range of records. This included two people's care records in full and aspects of other people's records. We looked at recruitment records for two staff, medicine records, quality assurance records and training records for all staff. We reviewed records relating to the management of the service including audits and meeting minutes.

Following the inspection, we received feedback from four visiting professionals and we spoke with two relatives by telephone.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last two inspections we found a breach of Regulation. This was because the provider had not ensured the safety of people by assessing the risks to their health and safety during care or treatment and doing all that is reasonably practicable to mitigate any such risks. At this inspection we found improvements had been made and the provider was meeting legal requirements.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us, "Yes I know what to do if I have concerns, I have raised a concern in the past." Each staff member had been given a pocket size booklet on safeguarding.
- The registered manager had made appropriate referrals to the local authority safeguarding team as needed.

Staffing and recruitment

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.
- There were enough staff to meet people's assessed needs and keep them safe. There were four care staff on each shift and a waking member of staff at night. There were a small number of vacant hours and these were covered by staff working overtime or by regular bank staff.
- There was a half hour overlap of staff between each morning and afternoon shift. This gave staff the opportunity to provide a detailed handover to staff coming on duty and ensured they were aware of any issues that had arisen on the previous shift.
- There were detailed on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.

Using medicines safely

- There were good procedures to ensure medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.

- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols in use that clearly described when to give these medicines and how people liked to take them.
- There were body charts to demonstrate where creams should be applied. People's records clearly stated how they preferred to receive their medicines.
- Staff had received training in the management of medicines and had been assessed as competent to give them.
- There were person centred guidelines for the use of emergency medicine which clearly stated when such medicine should be used and when professional assistance should be sought.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use and were used during our inspection. Hand gels were strategically placed for use throughout the building.

Learning lessons when things go wrong

- There were good systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring.
- Details of any accidents or incidents were sent to the Regional Manager monthly. We saw that lessons were learned when mistakes were made. For example, one person did not receive their medicine one evening. This was investigated, and appropriate professional advice was taken. It was found to have been caused through miscommunication between staff. A new procedure was introduced to ensure there was always a medicine's lead, that the shift leader would always check all MARs at the end of each shift, and that a daily medicine stock count would be carried out daily. These measures decreased the likelihood of a similar incident occurring.

Assessing risk, safety monitoring and management

- At our last inspection we had concerns that people may not always have had enough to drink each day. This had been addressed by the second day of our inspection. At this inspection we saw that people were offered and received regular drinks throughout the day. Records demonstrated that people had plenty to drink. Care plans also included advice on signs of dehydration that staff should be aware of.
- Since our last inspection each person's needs had been assessed by a physiotherapist and there were individual exercise programmes for three people. Staff ensured these programmes were followed in line with the recommendations.
- Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP) that described the support they needed in an emergency. A 'grab bag' was kept to be used in the event of a fire and this contained a variety of information that would be required to ensure continuity of care could be achieved.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event

of a fire.

- A fire risk assessment had been carried out by an external professional in August 2018 and recommendations as a result had been addressed.
- A legionella risk assessment had been carried out to ensure the ongoing safety of water.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.
- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, one person received support that could be deemed invasive and presented risks to the person in terms of safety. Advice had been sought from the person's GP and there were guidelines that detailed how staff should seek consent and ensure the person was treated with dignity and respect throughout the process.

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

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 had lived at the service for a long period of time. Their likes, preferences and dislikes were all known, documented and observed by the staff.
- Regular checks were carried out to make sure expected outcomes were identified and care and support was provided in line with people's needs.

Staff support: induction, training, skills and experience

- The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- Specialist training was also provided that reflected the complex needs of people who lived at Oak View. Since our last inspection 10 staff had completed training on cerebral palsy and further training had been booked for additional staff to attend. Specialist training was also provided in relation to epilepsy and moving and handling. We asked staff about the training on cerebral palsy. One staff member said, "It was really interesting. It was good to pause and reflect on how we work." Another said, "We learned damage is irreversible, the importance of exercise to help with stretches. It made me try harder to give good care as I understand the importance and am more proactive in ensuring the exercises are done."
- Staff told us they were supported through supervisions and records confirmed this. Records showed staff had received supervisions as well as appraisals. We asked a staff member if they felt supported. They said, "100% supported. It's very good here I can't fault it. I can go to the manager if I have a problem, absolutely. She is approachable and professional."
- New staff completed the provider's induction process. This included working supernumerary to get to know people and understand the policies and processes at the service. A staff member told us they felt well supported throughout their induction.
- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

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

- People had enough to eat and drink. Their nutritional needs were met and any specialist diets were catered for.
- There were pictures of each of the meals to assist people in making informed choices and these pictures

were then displayed on a notice board in the hallway. It was noted the menus were positioned low enough to ensure people in wheelchairs could easily see them.

- There were easy read cook books. They showed a picture of each meal, along with a list of the foods needed to make each meal, the kitchen utensils needed and a detailed step by step list of instructions on how to make each meal.
- People were offered and received a choice of drinks throughout the day. Some people had specialist cups and dishes to support their eating and drinking and to encourage independence.
- A new touch and feel approach to choosing cereal had been introduced to help people choose which cereal they would like every day. We were told that for some, this had been effective and they were continuing to use this approach to try to increase decision making. Two people were able to pour their own cereal and if given a small beaker of milk they could pour this over their cereal.

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

- Where appropriate, referrals had been made for specialist advice and support. One person had recently been referred to a dietician for advice. A visiting professional told us staff, "Noted a change in eating and drinking presentation and appropriately contacted SaLT for review as per previous dysphagia guidelines risk plan." SaLT refers to the local Speech and Language Therapy team.
- Each person had a health action plan that provided details of their individual health needs and any appointments they had attended or were due.
- People were supported to attend healthcare appointments or, if assessed as needed, professionals visited them at the service.
- People attended dental appointments. If people had epilepsy they attended annual appointments with a specialist for ongoing review.
- A relative told us that the, "staff had gone above and beyond what they could have done when their relative needed to attend hospital appointments. Staff were so caring and despite a few glitches around medicines we worked together to manage the complex medicine instructions." They said, "There are ups and downs, but we can always talk it through. It's a good place and everyone is well looked after."

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

- The service continued to meet the needs of people living there. There was a large garden to the rear of the house. The garden had been designed with sensory stimulation in mind. There was a specially designed swing chair. There was also a small windmill as one person liked objects that revolved. There were raised garden beds and each person had planters outside their bedroom windows. Staff had built a barbeque and we were told that this had already been used regularly this year.
- One person had a small area of the garden that they and staff had helped to grow plants and this had been designed using creative objects. Since our last inspection the sheds in the garden had been repositioned and this had increased the size of the area available for decoration. There was a decorated tree, a message in a bottle, a birdfeeder and a scarecrow. There were plans to add a water feature. The fencing had also been painted. We were told people loved spending time in the garden and this was evident during the inspection.
- People's bedrooms were personalised with photographs and individual furniture. Everyone had specially designed wheelchairs, comfy chairs, beanbags, shower chairs and toilet seats. One person had an electric wheelchair and a manual wheelchair. Trays were used to fit to wheelchairs for activities or if needed when eating meals outside of the home. Each person had a large ensuite shower room. In addition, there was a specially adapted communal bathroom. The registered manager told us that bath time was generally a

water therapy experience. There were sensory lights, bubbles and lights.

- New sofas had been bought for the lounge area. They were specifically designed to recline and ensure people's hoists were able to be positioned underneath. This gave people the opportunity to spend time in the lounge on the sofas rather than in their wheelchairs.
- One person's shower room had just been redecorated and it was noted the mirrors were lowered to ensure the person could see themselves. We were told the person chose the tiles and décor.
- There was a sensory room with specialist lights and equipment and staff told us people enjoyed spending time there.
- Everyone had an iPad or tablet so staff took photographs when out and about doing activities. This meant the photos could be seen by relatives when they visited or took them home for visits.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Applications for DoLS authorisations had been sent and the home were awaiting final decisions. The applications included detailed information about why restrictions were needed. In addition, written assessments had been carried out to demonstrate how these decisions had been reached. When one person received hospital treatment recently, a best interest meeting had been held to make sure everyone was in agreement with the need for the treatment.
- Agreement had been reached with a professional, relatives and staff to take a video recording of one person when they experienced a seizure. This unusual decision had been reached as a best interest decision so that the professional could determine the most appropriate medicine and staff approach to use.
- Staff ensured that people were involved as much as possible in decisions about their care. They understood the process that needed to be followed when people were not able to make decisions.
- People were asked for their consent before personal care was undertaken. We saw staff offering people choices of drinks and choices of activities.
- Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew them well. They were caring in their approach and checked regularly with people to make sure they were meeting their needs and wishes.
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.
- They communicated well with people and in a way, they could understand; people responded warmly to them. For example, one person liked it when staff repeated what word or sound they made. They showed absolute delight whenever this was done.
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "We have enough staff to make sure people can do activities individually and we also do group activities. Sometimes it's hard to know if we have got it right so we have to look at people's body language to see if they have enjoyed a task or activity."
- Another staff member told us, "I supported one person in a shop, but all the aisles were blocked. We asked if the boxes could be moved so we could get to where we wanted to go but the shop assistant was rude to us. We raised a complaint about our treatment as we felt we had been discriminated against."
- Staff were in the process of decorating corridors to ensure each person had a personalised wall with photos of activities and events they had participated in over the past year.
- A visiting professional told us, "The staff are all very friendly and helpful if I need anything. The service users there appear to be looked after and appear happy when I am there. They always have something going on or are out somewhere which is great to see. The place is great and from my view caters to their needs very well."

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

- People and families were involved in planning care delivery.
- Each person had an, 'All about me' booklet that included details of people's likes and dislikes. Advice in care plans was detailed. For example, for one person it stated, come down to my level so I can see you, use short sentences and give me time to take in what you say. Use pictorial prompts to help me to make choices.
- Records confirmed regular meetings were held with people, and their relatives had the opportunity to attend. At service user reviews, staff looked at activities that went well and those that did not go well and the possible reasons.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values, and was embedded with staff.

We saw that after mealtimes, staff took people to their rooms to ensure their dignity was maintained by changing clothes, where appropriate and ensuring people's face and hands were cleaned.

- The service promoted people's independence. People were encouraged to take part in activities around their home. Whilst some had limited ability to take part on daily living tasks, they were given opportunities to observe and where appropriate to take part. For example, one person liked to hold the Hoover.

- Bedrooms were decorated and reflected their individual tastes and personalities. People's relatives had been consulted for their views in relation to changes to bedrooms and the type of furniture used. People's privacy was respected, and staff knocked on people's doors before entering. A staff member told us, "We treat people with dignity. We always knock on bedroom doors. When giving personal care I always try to put myself in their shoes and make sure their dignity is respected."

- One person's relatives had found it difficult to take their relative out in the car. A new social leave wheelchair had been bought which made this easier. Staff said this had a very positive affect for the person as their relatives now visited more regularly and took them out more.

- One person has a self-propelling wheelchair, but we were told they did not use it to move about the home very well. Staff had suggested getting rock climbing holds that could be positioned along the corridor. These had recently been bought and staff were waiting for these to be fitted. It was hoped that this would improve the person's ability to move about the home independently.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were reviewed regularly, and when people's needs changed, and were up to date.
 - Staff knew people well, and knew their likes, dislikes and background.
 - A visiting professional told us, "I have been impressed with how person-centred they are. They engage well with both the service users and their families. Additionally, they engage well with all health and social care professionals and respond positively to any changes recommended." A second professional told us, "Overall I thought the interaction with the residents was brilliant from the staff and I could see that (manager) was keen to make the improvements needed."
 - We observed staff supporting people in a person-centred way; they adapted their approach from person to person.
 - Each person using the service had detailed care plans that identified and recorded their needs.
 - The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
 - There was guidance about how people communicated their needs and how staff should engage through sign, verbal communication or body language. Picture prompts were used so that people could make an informed choice. Each person had a communication passport that gave information about how they presented when they were happy, sad, angry or scared. These documents helped staff to get to know people and provide appropriate care.
 - One person used basic Makaton (A form of sign language using symbols) to communicate. In the dining room we saw there was a 'Makaton sign of the week'. The week of our inspection the sign was 'toilet'.
 - People were supported to take part in meaningful activities. People's activities varied from person to person. Everyone received aromatherapy once a week. Some liked swimming, going to parks and cafes. Inhouse they had opportunities to do sensory cooking and musical sensory. One staff member had recently learned how to play the guitar specifically so they could play for one of the people who enjoyed this type of music.
 - Attention had been given to increasing the types of opportunities and experiences people received. Two people had been on a tour of Wembley stadium and had help the 'cup'. One person had been to a Harlem Globetrotters basketball event. Some had gone to a Beatles day in Hastings. There had been a day trip to Ashford for abseiling and a holiday to a centre that included rock climbing, canoeing, abseiling and wheelchair bike rides. Photos were displayed that showed people involved in these activities and staff told us it had been hugely successful.
- Two people had attended major football matches. The registered manager told us that it didn't really matter who was playing, it was the atmosphere that was important and the people loved the experience.
- Staff were exploring the possibility of one person going abroad to Disneyland Paris with staff support.

Improving care quality in response to complaints or concerns

- The registered manager told us there had been no complaints to the service since our last inspection. At the time of our last inspection there had been a longstanding complaint from a relative about the transport provided. Since then a car that could accommodate two people in wheelchairs had been purchased. There was also a car that could take one person in a wheelchair and a fourth person had their own Motability car. The registered manager told us the relative who raised the concern had been involved in selecting a car that met people's needs.
- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format.
- People were unable to verbally communicate concerns but staff knew people well and understood how people expressed their emotions of sadness, anger and anxiety. Staff told us they always tried to find out the cause to resolve the matter.
- A relative told us, "If I had a concern I would have no hesitation in contacting the manager. Whenever I have contacted her about any matter she has always got back to me straight way."

End of life care and support

- People living at Oak View were young. They were not able to express their wishes in relation to end of life.
- The registered manager told us they had discussed end of life wishes with relatives. One person's family did not feel able to discuss this subject and this had been documented. Records showed that in the event of death the person's family would be contacted and the family would make arrangements. In relation to another person the family had completed a very detailed booklet on their wishes should their relative die.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in January 2018, this key question was rated requires improvement with a breach in Regulation 17. This was because the systems for good governance were not effective. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided. At this inspection we found improvements had been made and the provider was meeting legal requirements.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.

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

- The registered manager completed a quality monitoring tool on a monthly basis. This included details such as staff support hours, sickness, supervision meetings, staff training completed, fire safety, health and safety, meetings held and outstanding maintenance. This was then sent to the regional manager who visited regularly to check up on any outstanding matters and to check on the running of the service.
- Staff had clearly defined roles and were aware of the importance of their role within the team.
- A relative told us, "The staff turnover has slowed down, and the manager has grown in experience and maturity." Another relative said, "I've seen a lot of staff changes over the years but with (manager) and the staff team, it's now the best it has ever been. I have total confidence in them."

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

- There was a positive workplace culture at the service. Staff said they had been able to raise concerns and felt any suggestions or concerns would be listened to and acted on.
- Staff meetings were held regularly and provided an opportunity for staff to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices. Detailed minutes were kept which meant any staff not in attendance had a record of discussions and agreed actions.

- A staff member told us they were kept up to date with all aspects of the running of the service and felt the registered manager was, "Very supportive."
- Annual surveys were sent to people's relatives asking for their views of the care provided. Following these a meeting was set up with each person's relatives and an action plan was drawn up that detailed what action would be taken.

Continuous learning and improving care

- Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety. The registered manager acted on any shortfalls identified. For example, when a problem was arranged with a window, a request was immediately sent to the maintenance team to address the problem quickly.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.
- The home had recently been part of a pilot project whereby a pharmacy technician from the local Optimisation team visited the home to help implement, 'self-care and homely remedies', and undertake a system and processes review (this looked at ordering, waste management, medicines management policies and procedures.' A small number of recommendations had been made and each had since been addressed. We were told that a positive result of the pilot was that one person had been taken off an emergency medicine that had been prescribed ten years ago and had not been used. The medicine had been restrictive, as a trained staff member had always needed to accompany the person when they went out.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, physiotherapist, opticians and chiropodists.
- The registered manager had also recently joined a behaviour support network across East Sussex. The forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff." They were looking forward to developing these links and the impact this could bring for people and staff.
- The registered manager had attended a mentoring and leadership workshop in London and as a result, a representative was coming to do engagement work with staff.
- The registered manager had registered to attend a, 'Well led programme of support for adult social care providers on how to achieve an outstanding rating.'
- Recently the registered manager had developed links with the local safeguarding adults board and had put their name forward to attend for a new learning disabilities forum.